WHAT IS A PAP SMEAR?
A Pap smear is a screening test that looks for abnormal cells in the cervix concerning for cancer and pre-cancer. The cervix is the lower part of the uterus, which opens during childbirth to allow a baby to pass into the vaginal (birth) canal. Because early cervical cancer frequently has no symptoms, screening for cervical cancer with a routine Pap smear is key to prevention and early diagnosis.

WHAT CAUSES CERVICAL CANCER?
Cervical cancer is caused by specific strains of the Human Papillomavirus (HPV). There are over 100 different types of genital HPV, but most do not cause cancer. Only "high-risk" HPV types can lead to cervical cancer. "Low-risk" HPV types cause genital warts but not cancer.

Sexual activity increases the risk of exposure to HPV and other sexually transmitted infections (STIs). Genital HPV is spread by direct skin-to-skin contact with an infected person’s genital area. Many people do not know that they are infected with HPV because they have no symptoms. Please refer to our handout “HPV & Cervical Cancer” for more information.

At least 80% of women are exposed to HPV during their lifetimes. Fortunately, in most cases, the immune system will clear the virus on its own without treatment.

WHAT ARE RISK FACTORS FOR CERVICAL CANCER?
High-risk sexual activity increases exposure to HPV. Examples include having sex prior to age 18, having multiple or high-risk sexual partners, and being diagnosed with STIs.

Other risk factors for cervical cancer are associated with having a compromised immune response to HPV infection. These include tobacco use and diseases that cause immunodeficiency (eg. HIV).

WHEN DO I NEED TO START GETTING A PAP SMEAR?
In the United States, the recommendation is to get your first Pap smear at age 21. Some other countries recommend getting your first Pap smear by age 25.

HOW DO I PREPARE FOR A PAP SMEAR?
A Pap smear can be performed at any time during your menstrual cycle; however, it is best to schedule your Pap for a time when you are off your period.

- If you plan to have your Pap smear completed at Student Health, you must call to set up an appointment, stating clearly that you are scheduling a Pap smear.
- During the 2 days prior to your Pap, you should not douche, use tampons, have sex, or put anything (including medications) into your vagina.

WHAT HAPPENS DURING A PAP SMEAR?
A Pap smear is a procedure that samples cells from your cervix with a brush. Two samples are taken, one from the outside of the cervix and the other from the canal that leads into the uterus. This procedure does not hurt, but you may feel pressure during the exam. You may also experience slight cramping and a small amount of spotting afterwards.

WHAT DOES MY PAP SMEAR RESULT MEAN?
The results from your Pap smear will be available in about 2 weeks. Results can be “normal”, “unsatisfactory for evaluation”, or “abnormal”. Sometimes a Pap smear will incidentally identify other vaginal infections (like yeast or trichomonas), even though it was not designed for this purpose.

- Normal. This means that no changes concerning for pre-cancer or cancer were found on the cervix.
  - If you are 21-29 years old and have a normal Pap smear, your next Pap smear is due in 3 years.
  - If you are 30 years old or older, a Pap smear plus HPV testing (also known as cotesting) will be completed. If you have a normal Pap smear and a
    - Negative HPV test, you will need a Pap smear with HPV cotesting in 5 years.
    - Positive HPV test, you will need a Pap smear with HPV cotesting in 1 year.

- Unsatisfactory for evaluation. This is NOT an abnormal result. It simply means that insufficient cells were obtained during testing.
  - If the cause is an infection, the Pap smear should be repeated after the infection has been treated.
  - If the cause is insufficient sampling of the cells, the Pap smear should be repeated in 2-4 months.
WHAT IS AN ABNORMAL PAP SMEAR?
If you receive a call from Student Health stating that your Pap smear is abnormal, don’t panic!
Most abnormal Pap smears show mild cellular changes that are not cancer. These changes are usually
due to HPV infections, which frequently clear on their own within 8 to 24 months without treatment.
However, it is still important to follow up on all abnormal Pap smears to ensure proper monitoring and
treatment if needed.

If you have an abnormal Pap, make an appointment to see us. We will review your results, discuss what
steps to take next, and answer questions you may have. Write down your questions ahead of time, so
you won’t forget them when you come in.

The most common causes of abnormal Pap smears are described below:

■ Atypical squamous cells of undetermined significance (ASCUS). This means that the cervix
has cells with slight abnormalities that are not clearly precancerous. These changes may or may not be
related to HPV. If HPV is the cause, most young women will clear the HPV infection within one year
without any intervention.
  - If you are 21-24 years old & have ASCUS, you will need a repeat Pap smear annually for 2 years.
  - If you are 25 years old or older & have ASCUS with a
    o Negative HPV test, your next Pap smear is due in 3 years.
    o Positive HPV test, you will be referred to a specialist for a procedure called a colposcopy.

■ Low-grade squamous intraepithelial lesions (LSIL). This means that the cells of the cervix
show mildly abnormal changes likely due to “low-risk” strains of HPV. These low-grade findings often
resolve on their own without treatment. The risk of cervical cancer with LSIL is less than 1%.
  - If you are 21-24 years old & have LSIL, you will need a repeat Pap smear annually for 2 years.
  - If you are 25 years old or older & have LSIL with a
    o Negative HPV test, you will need a Pap smear with HPV cotesting in 1 year.
    o Positive HPV test, you will be referred for a colposcopy.

■ High-grade squamous intraepithelial lesions (HSIL). This means that the cells of the cervix
show moderate to severe changes likely due to “high-risk” strains of HPV. These high-grade lesions
require treatment because they are unlikely to resolve on their own. With HSIL, the risk of precancer is as
high as 71%, and the risk of cervical cancer is up to 7%. Although progression to cancer requires
persistent HPV infection for many years, it is important to follow up with a gynecologist for colposcopy
and treatment as soon as possible.

WHAT IS A COLPOSCOPY? (COL-POS-COPY)
A colposcope is a type of microscope used by your medical provider to see your cervix more clearly. The
procedure is similar to getting a Pap smear, except your cervix will be swabbed with a vinegar solution to
outline any abnormal tissue. Biopsies will be taken of any abnormalities, and results are usually available in
2-3 weeks. Depending on the results, your specialist may recommend further treatment.

The colposcopy procedure may cause some mild discomfort, similar to menstrual cramps. Afterwards,
you may engage in your normal activities. However, you should not insert anything into your vagina for at
least a few days afterwards or until any bleeding has stopped.

HOW CAN I PROTECT MYSELF?
■ Use condoms every time you have sex to decrease your exposure to genital HPV and other STIs.
  Studies show that condom use is associated with a lower rate of cervical cancer.
■ Limit your number of sexual partners.
■ Get vaccinated against HPV. Gardasil and the newer Gardasil 9 are safe and effective vaccines that
  protect against HPV strains that cause the majority of cervical cancers and genital warts. Both vaccines
  are approved for use in females ages 9-26 and are given in 3 doses over 6 months. Even if you have
  already been diagnosed with HPV, these vaccines can still protect against other HPV types to which you
  have not yet been exposed. These vaccines do not treat or cure existing HPV infections.
■ Get your Pap smear on a regular basis, and follow-up as directed on any abnormal results. You will still
  need Pap smears even if you have completed your HPV vaccines.
■ Don’t smoke. Cigarette smoking can increase the risk of cervical cancer up to four-fold. Smoking also
  makes it harder to treat abnormal cells found on the cervix.