

MACMILLAN
CANCER SUPPORT

UNDERSTANDING CERVICAL SCREENING AND CIN



About this booklet

This booklet is about cervical screening. It is for anyone who wants information about how screening is used to find and treat abnormal cells to prevent cervical cancer.

The booklet explains what cervical screening involves and what your test results mean. It has information about the most common abnormal result, called cervical intra-epithelial neoplasia (CIN).

We hope it helps you deal with some of the questions or feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

This booklet does not have information about cancer of the cervix. We have another booklet about this called **Understanding cervical cancer**.

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit **macmillan.org.uk**

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call **0808 808 00 00**.

How to use this booklet

The booklet is split into sections to help you find what you need. You don't have to read it from start to finish. You can use the contents list opposite to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

We have included quotes from people who have had cervical screening, which you may find helpful. Some are from members of our Online Community (**macmillan.org.uk/community**) and others are from **healthtalk.org**. Some names have been changed.

Contents

About cervical screening	5
Understanding your test results	13
Colposcopy and CIN	23
Understanding treatment	29
Your feelings about test results	43
Further information	47



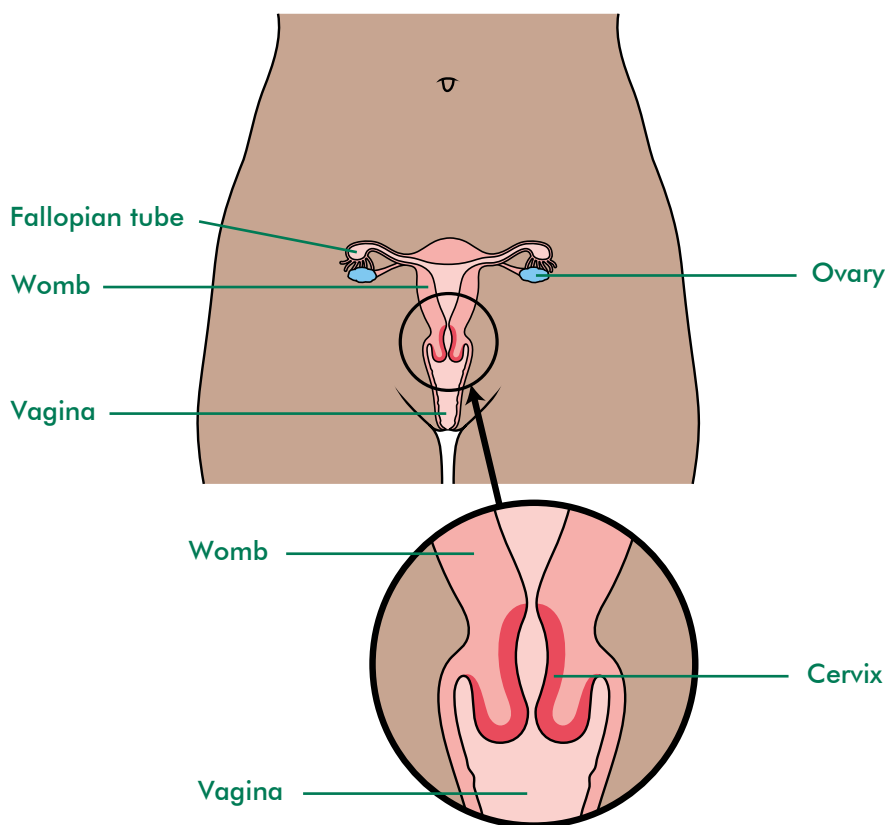
ABOUT CERVICAL SCREENING

What is cervical screening?	6
Your feelings about cervical screening	11

What is cervical screening?

Cervical screening is a simple test that checks for abnormal changes in the cells of the cervix. The cervix is the lower part of the womb (uterus) that joins to the top of the vagina. It is sometimes called the neck of the womb.

The cervix



Why have cervical screening?

Abnormal cell changes in the cervix are common and often improve naturally. But sometimes they can develop into cancer of the cervix (cervical cancer).

Abnormal changes cause no symptoms. So you will not know if you are affected unless you have cervical screening. Screening finds any abnormal cell changes. It then identifies the changes that are most likely to become cancer. These cells can then be treated. This is an effective way of preventing cervical cancer.

Who can have cervical screening?

The NHS offers regular cervical screening from the age of 25 to 64 to women who are registered with a GP.

Cervical screening is important for anyone in this age group who:

- has a cervix

and

- has ever been sexually active with a man or a woman.

If you are a trans man and still have a cervix, you should have screening too. However, you may not be sent an invitation if you are registered as male with your GP. Let your GP know if you want to have cervical screening, so they can arrange regular tests for you.

If you are pregnant, you can usually delay having your screening test. Your GP or midwife will explain if there is a reason you need the test while you are pregnant. It is safe to have the test but it may cause a small amount of bleeding afterwards. This is normal and does not affect your baby.

You do not need screening if:

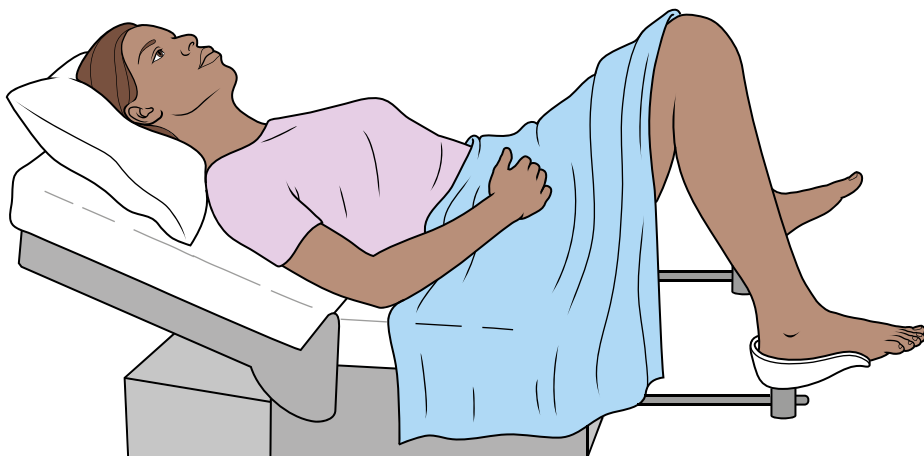
- you are a trans woman
- you have had surgery to remove your cervix.

If you have had surgery to the cervix, vagina or womb but you are not sure what your operation involved, your GP can find out from your medical records. If you are not sure about having screening for any reason, ask your GP for advice.

What does cervical screening involve?

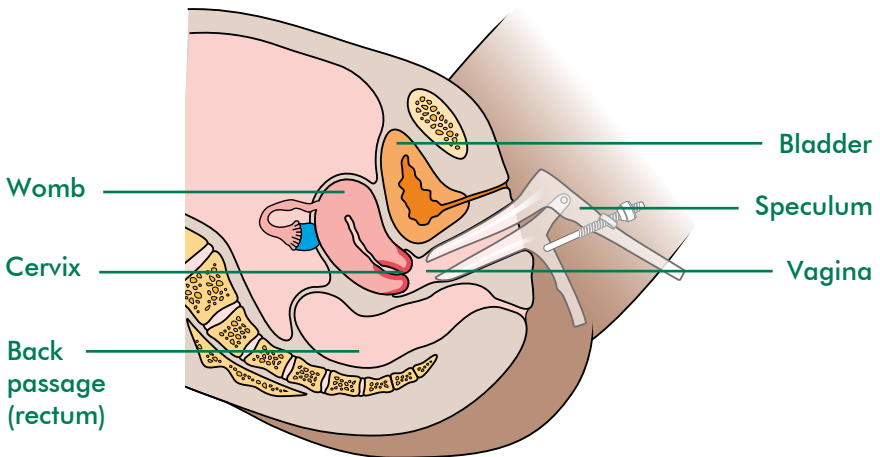
Usually a nurse or doctor can do the cervical screening test for you at your GP or sexual health clinic. If you have questions or worries about the test, let the nurse or doctor know. They will understand and try to make you comfortable.

Getting ready for cervical screening



When you are ready, you undress from the waist down. You lie down on your back on an examination couch. You will be asked to lie with your knees bent and feet flat on the couch or with your feet together and knees apart. Some clinics have a couch with leg supports.

How cervical screening is done



The nurse or doctor gently puts an instrument called a speculum into your vagina. They use this to open the vagina just enough to see your cervix. They then sweep a small soft plastic brush over the cervix to take the sample of cells.

The test takes less than five minutes. It should not hurt but sometimes it can feel uncomfortable. You may have some very light vaginal bleeding for a day after. You should always tell your GP if you have heavy bleeding, bleeding after sex or bleeding between periods.

After the test, the small brush is sent to a laboratory and your cells are examined under a microscope.

'It takes a matter of minutes that could, ultimately, save your life. It certainly saved mine and I will never miss or delay screening again.'

Emma

Getting your test results

After your test, ask the nurse or doctor when you will get the results. In most areas of the UK, you will get a letter with your test results within two to four weeks. If you do not hear anything by six weeks, tell your GP so they can check for you.

Your feelings about cervical screening

The cervical screening test is a very personal procedure. Many people find it a bit embarrassing. For some, the thought of having the test is too frightening and stressful and they decide they cannot cope with it.

If you are finding it difficult to cope but you want to have the test, it may help to talk it through with someone. You may want to talk to a friend or family member. Your GP or practice nurse can answer any questions you have and explain ways they can make the test easier for you. Sometimes it is easier to talk to someone you don't know. Some organisations provide information and support about having cervical screening – see pages 53 to 56.



UNDERSTANDING YOUR TEST RESULTS

Possible test results	14
HPV	18
Other abnormal results	20

Possible test results

Your cervical screening test may show the following:

- Normal cells – Your sample showed no changes to the cells in the cervix. This is also called a negative result. You will be asked to come for your regular screening again in three years (or five years if you are over 50).
- The result was unclear – This may mean there were not enough cells in the sample. Or if you had your period or an infection, these may have affected the result. You will be asked to have the test again.
- Abnormal cells – Your sample showed some type of change to the cells. Depending on the type of change you might need further tests to find out if these need treatment.

Abnormal test results

If your cervical screening test shows abnormal cells, this does not mean you have cancer. But it can still be a shock if you are told you need more tests. You should have the chance to talk about your results with your GP or practice nurse. You can also call our cancer support specialists for free on **0808 808 00 00**.

People often feel anxious waiting for the next appointment and more test results. This can be the hardest part of having cervical screening. It may help to remember that the aim is to stop cancer before it develops. Treating a small area of abnormal cells is usually a simple and effective way to do this.

'Waiting for tests and diagnosis is a really stressful time. It is human nature to think the worst and whatever anyone says, you won't have peace of mind until all this is sorted out. Try not to get ahead of yourself and take it one step at a time.'

Sue

Slightly abnormal or mild changes

Most abnormal results from the cervical screening test show only very minor or slight changes. This is also called borderline changes (low-grade dyskaryosis).

If you get a slightly abnormal result, what happens next depends on where you live.

If you live in England, Wales or Northern Ireland

Your sample of cells will be tested for the human papilloma virus (HPV) – see page 18. HPV is a common virus that causes the abnormal changes that are most likely to develop into cervical cancer.

If your sample does not show HPV, the changes are likely to go back to normal on their own. You will be asked to come for your regular screening again in three years (or five years if you are over 50).

If your sample shows HPV, there is a chance the cells will not improve. Your GP will arrange for you to have a test called a colposcopy to look at the cervix in more detail. For more information about colposcopies, see pages 24 to 25.

If you live in Scotland

Slightly abnormal changes often improve naturally over time. You may be asked to have another cervical screening test in a few months to check the cells have gone back to normal. Or your GP may arrange for you to have a test called a colposcopy (see pages 24 to 25) to look at the cervix in more detail.

From 2019 or 2020, your sample of cells will be tested for HPV instead.

If you smoke

If you smoke, this type of mild change is less likely to go back to normal. If you want to give up smoking, your GP can give you advice. We have more information about stopping smoking on pages 55 to 56.

Very abnormal (moderate or severe) changes

Sometimes the cervical screening test finds very abnormal cell changes. This is also called high-grade dyskaryosis. If you have this type of change, your GP will arrange for you to have a test called a colposcopy (see pages 24 to 25) to look at the cervix in more detail.

HPV

The human papilloma viruses (HPVs) are a group of common infections. Some types (called high-risk HPV) cause the abnormal changes that are most likely to develop into cervical cancer. These types can pass from person to person during sex.

This virus is very common and most people are affected by it at some point. Usually the body's immune system gets rid of it naturally. There are no symptoms and often the virus does not cause damage. Most people will never know they had it.

In some people, the immune system does not clear the infection and the virus stays in the body for longer. If the cervix is affected by HPV, it means the virus may cause damage that over a long time can develop into abnormal cells.

If your cervical screening test shows HPV or abnormal changes, this does not reveal details about your sex life. The virus can be passed on through any type of sexual contact. Using a condom or other barrier contraception may reduce the risk of infection with HPV but does not offer complete protection.

HPV can affect people who:

- have had one or more sexual partners
- have had sex with men or with women
- are in a long-term relationship with one person.

If you are in a sexual relationship, it is likely that your partner has already been affected by HPV. This is unlikely to cause them any harm. They do not need to be tested or treated for it.

Some people feel ashamed of having a condition that is linked to sex or worry what others will think. If you have worries or questions about HPV, ask your GP or nurse. Or you can talk to one of our cancer support specialists by calling **0808 808 00 00**.

We have more information about HPV on our website (**[macmillan.org.uk](https://www.macmillan.org.uk)**).



Other abnormal results

CGIN

Sometimes the screening test finds changes in a type of cell that lines the cervical canal. This can be a sign of a condition called cervical glandular intra-epithelial neoplasia (CGIN). If left untreated, CGIN may develop into a less common type of cervical cancer called adenocarcinoma.

If you have signs of CGIN, your GP may arrange for you to have a test called a colposcopy (see page 24) to look at the cervix in more detail. Or they will arrange for you to be seen by a gynaecologist. This is a doctor who treats female reproductive system problems.

Cervical cancer

Rarely, cervical screening finds changes that may be a sign of very early cervical cancer. You will have a colposcopy (see page 24) to look at the cervix more closely. If any cancer is found you will see a gynaecologist for advice about treatment.

We have more information about treating cervical cancer in our booklet **Understanding cervical cancer**.





COLPOSCOPY AND CIN

Having a colposcopy	24
Your colposcopy results	25
What is CIN?	27

Having a colposcopy

This test uses a microscope called a colposcope to look closely at your cervix. You usually have it done at a hospital outpatient clinic.

A specialist doctor or nurse will do the colposcopy. To get ready for the test you undress from the waist down. You then lie on your back on an examination couch. Some clinics have ones with foot or leg supports you can rest your legs up on. You will be asked to lie with your knees bent and apart (see diagram on page 8).

The doctor or nurse puts an instrument called a speculum into your vagina. This holds the vagina open so that they can see your cervix (see diagram on page 9). They put a liquid on the cervix to show any abnormal areas. They then shine a light on to the cervix and look at it through the colposcope. The colposcope is on a stand outside your body, between your legs or feet.

The doctor or nurse may take a small sample of cells from the cervix (a biopsy). These will be sent to a laboratory to be looked at.

A colposcopy takes 15 to 20 minutes. It is not usually painful, but if a biopsy is taken you may feel some discomfort. The biopsy can cause slight bleeding and you may have some vaginal bleeding for up to two weeks. You may be advised not to have penetrative sex, use tampons or go swimming for a few days after a biopsy. This is to reduce the risk of infection and to give your cervix time to heal.

Your colposcopy results

A colposcopy shows the abnormal areas of the cervix and how abnormal the cells there are.

Sometimes the doctor or nurse can see during the test that the cells are very abnormal. They may offer you treatment to remove these cells straight away. Before any treatment, you should be given time and information to make a decision. If you have questions, want more time or are not sure, the treatment can always be done another day.

Your doctor or nurse will only offer treatment if they are sure the cells are very abnormal and there is a risk of cancer developing. Sometimes they can see the abnormal cells but it is not clear how serious the changes are. A small sample (biopsy) of the cells will be collected and examined under a more powerful microscope to check if you need treatment. Biopsy results may take two or three weeks. Ask your doctor or nurse when you will get the results.



What is CIN?

Cervical intra-epithelial neoplasia (CIN) is a term that describes the most common type of abnormal cells found during a colposcopy.

CIN is graded by how deep the cell changes go into the surface of the cervix:

- CIN 1 – one third of the thickness of the surface layer is affected.
- CIN 2 – two thirds of the thickness of the surface layer are affected.
- CIN 3 – the full thickness of the surface layer is affected.

CIN 3 is also known as carcinoma-in-situ. Although this sounds like cancer, CIN 3 is not cervical cancer. Cancer develops when the deeper layers of the cervix are affected by abnormal cells.

CIN 1

Cells showing CIN 1 will often return to normal without any treatment at all. You will have further screening tests or colposcopies to check the cells have improved. If these tests show the CIN 1 is not improving, you may be offered treatment.

CIN 2 and 3

CIN 2 and 3 have a higher risk of developing into cervical cancer. You will usually be offered treatment to prevent this happening.



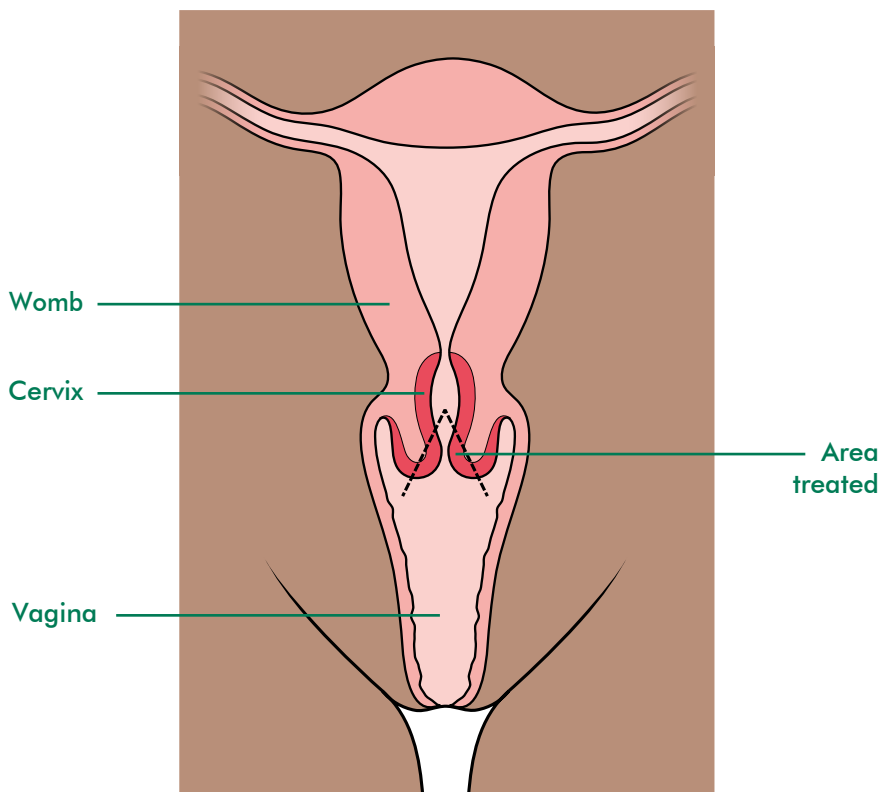
UNDERSTANDING TREATMENT

Treating abnormal cells	30
Types of treatment	32
After treatment	37
Follow-up	40

Treating abnormal cells

Abnormal cells such as CIN usually affect a small area where the outer cervix meets the cervical canal. Most treatments aim to remove or destroy only this small area of abnormal cells. This means nearby healthy areas of cervix are not likely to be damaged.

Area of cervix treated



Treatments that remove the abnormal area include:

- large loop excision of the transformation zone (LLETZ)
- cone biopsy.

Treatments that destroy the cells in the abnormal area include:

- laser therapy
- cold coagulation
- cryotherapy.

We have more information about these treatments over the next few pages.

Sometimes, a type of surgery called hysterectomy is used to remove the whole cervix and womb. This is not a common treatment for abnormal cells. Your doctor will explain if they think it is right for you.

Our booklet **Understanding cervical cancer** has more information about having a hysterectomy.

Types of treatment

You usually only need one treatment to remove the abnormal cells completely. Your doctor will explain what type of treatment they suggest for you. This may depend on:

- the treatments your local hospital can provide
- the type of abnormal cells
- the area of cervix affected.

Your doctor will explain possible side effects and what to expect during and after your treatment. Some people find this type of treatment upsetting or embarrassing. Your healthcare team will try to help. Let them know how you are feeling and tell them if you have any questions or worries. If you want to bring someone with you for support during the treatment, this can usually be arranged.

Getting ready for any of these treatments is similar to having a colposcopy (see page 24). You lie on your back on a couch or chair with leg supports.

The nurse or doctor gently puts an instrument called a speculum into your vagina. They use this to open the vagina just enough to see your cervix and do the treatment through the open speculum (see page 9).

'I think it's good to take somebody with you because there's a lot of information being thrown at you. It's just nice to have someone afterwards to be able to discuss things with.'

Anna

Large loop excision of the transformation zone (LLETZ)

LLETZ is the most common treatment for removing abnormal cells from the cervix. It is sometimes called LEEP (loop electrosurgical excision procedure). It takes about five to ten minutes and is usually done under local anaesthetic as an outpatient. If a larger area of the cervix is treated, you may need a general anaesthetic and may have a night in hospital before you go home.

Some local anaesthetic is used to numb your cervix. Then the doctor or nurse removes the abnormal area of tissue using a thin loop-shaped tool. The loop is heated with an electric current, which cuts and seals the tissue at the same time. This should not be painful but you may feel some pressure inside your cervix.

The removed area of tissue will be sent to a laboratory to be checked and to confirm the type of abnormal cell changes.

'The only uncomfortable bit was the local anaesthetic into my cervix. I flinched a bit at that, but it wasn't unbearable. It was all very quick and painless. They were very courteous and caring, and really looked after me afterwards.'

Gemma

Cone biopsy

A cone biopsy is a small operation to cut a small, cone-shaped piece of tissue from the cervix. This is usually done under general anaesthetic and you may need to stay overnight in hospital.

Afterwards, you may have a small pack of gauze (like a tampon) in the vagina to prevent bleeding. You may also have a tube to drain urine from the bladder while the gauze pack is in place. The gauze pack and tube are usually removed within 24 hours. Then you can go home.

The cone-shaped piece of tissue will be sent to a laboratory to be checked and to confirm the type of abnormal cell changes.

Laser therapy

This treatment uses a laser beam to burn away the abnormal cells. It is also called laser ablation. It is usually done under general anaesthetic and you may need to stay overnight in hospital.

Cold coagulation

Despite the name, this treatment uses heat to destroy the abnormal cells. Some local anaesthetic is used to numb your cervix. Then a small heated probe is placed onto any abnormal areas to burn them away.

Cryotherapy

You may be given a local anaesthetic but often this is not needed. A small probe is used to freeze the abnormal cells on the cervix. During the treatment you will hear a hissing noise from the gas used to cool the probe. You may have a slight stinging feeling or period-like pain while the probe is touching the cervix.

After treatment

If you have a general anaesthetic, you will stay in hospital for the day or overnight after your treatment. If you have a local anaesthetic you will be able to go home the same day.

You may feel fine after your treatment. But some people feel slightly unwell for a few hours after the local anaesthetic. It is a good idea to have the day off work, in case you need to go home and rest. You may want to arrange someone to help you home.

You may have some period-like pains for a few hours after the treatment. Some bleeding or discharge after treatment is normal. This usually stops within four weeks, but may last up to six weeks. The bleeding should not be heavier than a moderate period and should get steadily lighter.

You should contact your GP or the clinic where you had your treatment if:

- the bleeding gets heavier, for example completely soaking a pad within two hours
- the discharge smells unpleasant
- you have a fever or temperature
- you have severe pain or you are worried for another reason.

It will take a few weeks for the cervix to heal. Your doctor or nurse will probably advise you not to have sex for at least four weeks after your treatment. This allows the cervix to heal properly. You may also be advised not to use tampons or swim for four weeks, and to wash or shower rather than have a bath.

Your treatment should not affect your ability to enjoy sex once your cervix has healed.

Fertility and pregnancy after treatment

Your treatment should not affect your ability to get pregnant. But very rarely, the cervix can become tightly closed after treatment. This is known as stenosis. It may make it harder for sperm to enter the womb and so can affect your chances of becoming pregnant naturally. Your cervix is not completely closed if you still bleed during your periods.

Removing some of the cervix may make it slightly weaker. This depends on how much needs to be removed. Towards the end of your pregnancy, you may be more likely to give birth early if your cervix is weakened. Some women may be referred to a local specialist maternity service for closer monitoring during pregnancy. Your doctor can tell you more about this.



Follow-up

Treatments for abnormal cells of the cervix are usually very successful. To check, you will be asked to have another cervical screening test about six months after your treatment. Your sample will be carefully checked for signs of abnormal cells and for HPV. HPV is a common virus that causes the abnormal changes that are most likely to develop into cervical cancer.

If your sample shows no HPV and normal cells, or only slightly abnormal changes, you will be asked to come for cervical screening again in three years. Your risk of developing more serious abnormal changes in this time is very low.

If your sample shows HPV or more abnormal changes, you will be asked to come for a more detailed check-up with a colposcopy (see page 24) again. For some people, the colposcopy will show that an abnormal area of cells have come back and more treatment is needed.

Treating abnormal cells that have come back

Sometimes abnormal cells come back and more treatment is needed. This is not very common but it can happen. The same types of treatment (see pages 32 to 36) can often be used again to remove or destroy the abnormal area of cells.

Very occasionally, if the abnormal cells keep coming back after treatment, your doctor might suggest having surgery to remove the cervix completely. This usually means having an operation called a hysterectomy. Your doctor will explain if they think it is right for you.

We have more information about having a hysterectomy in our booklet **Understanding cervical cancer**.

After a hysterectomy, you may still need tests to check for abnormal cells. This is similar to having a cervical screening test but the sample of cells is taken from the top of the vagina. It is sometimes called a vaginal vault smear.

'I went back to the same clinic. I had a cervical screening test and they were asking me how things had gone since the last appointment, how I had been and how was I feeling. It was nice that they actually took time to ask questions and didn't just jump in and do the procedure.'

Penny



YOUR FEELINGS ABOUT TEST RESULTS

Your feelings	44
Who you can talk to	45

Your feelings

People often say the hardest part of cervical screening is waiting for results. It is natural to worry about this.

Getting an abnormal test result can be stressful. Some people find the uncertainty difficult to cope with. And it can be frustrating to find you need more tests or treatment and will have to wait for results again.

It is important to remember that most people who have an abnormal test result will not develop cervical cancer. The aim of screening is to find the small number of people who need treatment to prevent cancer. Research shows that screening tests in the UK are good at this.

'Your mind goes into overdrive with thoughts just whirling round your head. I found taking a walk and being in the fresh air distracted me a bit. I hated being on my own so meeting up with friends is also a good strategy.'

Sue

Who you can talk to

If you are struggling to cope with worries about cervical screening, it may help to talk about it. You may want to talk to a friend or family member. Your GP or practice nurse can answer any questions you have and explain ways they can support you. There are several organisations that provide information and support about this on pages 53 to 56. Or you can call our cancer support specialists on **0808 808 00 00**.

'Don't keep things bottled up. I am a bad one for keeping my feelings bottled up and I learnt the hard way that it is not a good thing to do. Finding someone that you can talk to really helps. Even if it's an internet forum. It doesn't have to be face to face.'

Catrin



FURTHER INFORMATION

About our information	48
Other ways we can help you	50
Other useful organisations	53
Your notes and questions	57

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

Online information

All of our information is also available at **macmillan.org.uk/information-and-support**

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **macmillan.org.uk/selfhelpandsupport**

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **macmillan.org.uk/community**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **macmillan.org.uk/financialsupport** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **macmillan.org.uk/work**

My Organiser app

Our free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Cervical cancer support

Jo's Cervical Cancer Trust (Jo's Trust)

Tel 020 3096 8100

Helpline 0808 802 8000

Email info@jostrust.org.uk

www.jostrust.org.uk

The only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. Its aim is to offer information, support and friendship to women of all ages, to help them to understand the importance of cervical screening, and to provide support if their screening shows up abnormalities or if they are diagnosed with cancer.

Cervical screening programmes

Cervical Screening Wales

www.screeningservices.org.uk/csw

Coordinates the NHS Cervical Screening Programme in Wales. The website provides information on cervical screening, abnormal test results and HPV infection.

NHS Cervical Screening Programme

Tel 020 3682 0890

Email

phe.screeninghelpdesk@nhs.net

www.nhs.uk/conditions/cervical-screening

Coordinates the NHS Cervical Screening Programme in England. The website provides information on screening, and leaflets are available to download.

Northern Ireland Screening Programme Email

screening.cervical@hscni.net
www.cancerscreening.hscni.net/cervical/toc.html

Gives information on cervical screening in Northern Ireland.

Scottish Cervical Screening Programme (NHS National Services Scotland)

Tel 0800 22 44 88

Email

nss.nsd-enquiries@nhs.net
www.nhsinform.scot/healthy-living/screening/cervical/cervical-screening-smear-test

Coordinates the NHS Cervical Screening Programme in Scotland.

General cancer and support organisations

Cancer Black Care

Tel 020 8961 4151

Email

info@cancerblackcare.org.uk
www.cancerblackcare.org.uk

Offers UK-wide information and support for people with cancer, as well as their friends, carers and families, with a focus on those from BME communities.

Cancer Focus Northern Ireland

Helpline 0800 783 3339
(Mon to Fri, 9am to 1pm)

Email

nurseline@cancerfocusni.org
www.cancerfocusni.org

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

Cancer Support Scotland**Tel** 0800 652 4531

(Mon to Fri, 9am to 5pm)

Email

info@cancersupportscotland.org

www.cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Maggie's Centres**Tel** 0300 123 1801**Email**

enquiries@maggiescentres.org

www.maggiescentres.org

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Tenovus**Helpline** 0808 808 1010

(Daily, 8am to 8pm)

Email

info@tenovuscancercare.org.uk

www.tenovuscancercare.org.uk

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

Stopping smoking**Help Me Quit Wales****Tel** 0800 252 8937**Text** 'HMQ' to 80818**www.helpmequit.wales**

A free NHS service to help people quit smoking.

NHS Smokefree**Tel** 0300 123 1044

(Mon to Fri, 9am to 8pm,

Sat to Sun, 11am to 4pm)

www.smokefree.nhs.uk

Get free support, expert advice and tools including the Quit Kit to help you stop smoking. Watch videos from real quitters on what helped them stop.

Quit Your Way Scotland

Tel 0800 84 84 84

(Mon to Fri, 8am to 10pm,
Sat to Sun, 9am to 5pm)

**www.nhs24.scot/
our-services/quit-your-
way-scotland**

Scotland's national
stop-smoking helpline.

Want2stop

Tel 0808 812 8008

Text 'QUIT' to 70004

www.want2stop.info

Website run by the Northern
Ireland Public Health
Agency. Offers a range of
information and advice for
those wanting to quit smoking,
including information on local
cessation services.

Support for the LGBT+ community

LGBT Foundation

Tel 0345 3 30 30 30

Email info@lgbt.foundation

www.lgbt.foundation

Charity offering services,
resources and support to
the lesbian, gay, bisexual
and transgender community.
Has a helpline and email
advice service.

YOUR NOTES AND QUESTIONS

A series of horizontal green lines for writing notes and questions. The lines are evenly spaced and extend across the width of the page, providing a structured area for student input.

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our senior medical editor, Professor Nick Reed, Consultant Clinical Oncologist.

With thanks to: Adeola Olatain, Consultant Gynaecological Oncologist and Marianne Wood, Colposcopy Clinical Nurse Specialist/HBPC. Thanks also to the people affected by cancer who reviewed this booklet, and those who shared their stories. We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

We've listed a sample of the sources used in this publication below. If you'd like further information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

NHS cervical screening programme. NHS cervical screening call and recall: guide to administrative good practice. 2017. PHE Publications. www.gov.uk/government/uploads/system/uploads/attachment_data/file/607503/Cervical-screening-call-and-recall.pdf (accessed February 2018).

NHS cervical screening programme: colposcopy and programme management. NHSCSP publication number 20. 3rd edition. 2016. PHE Publications. www.gov.uk/government/uploads/system/uploads/attachment_data/file/515817/NHSCSP_colposcopy_management.pdf (accessed May 2017).

Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Date / /

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If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

This booklet is about cervical screening. It is for anyone who wants information about how screening is used to find and treat abnormal cells to prevent cervical cancer.

The booklet explains what cervical screening involves and what your test results mean. It has information about the most common abnormal result called cervical intra-epithelial neoplasia (CIN).

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am to 8pm) or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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