UNDERSTANDING CIN (CERVICAL INTRA-EPITHELIAL NEOPLASIA)
About this booklet

This information is about cervical intra-epithelial neoplasia (CIN).

CIN refers to changes in the cervix (see pages 8–9). Your doctor may describe CIN as a pre-cancerous condition. It is usually found at a routine cervical screening test.

CIN is not cancer. But you may need treatment to stop cervical cancer developing.

We can’t advise you about the best treatment for you. This information can only come from your own doctor, who knows your full medical history.

We have a booklet called Understanding cervical cancer, which is for women who have been diagnosed with cancer of the cervix. We can send you a copy.

If you’d like to discuss this information, call the Macmillan Support Line free on 0808 808 00 00, Monday–Friday, 9am–8pm. If you’re hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

Throughout this booklet, we’ve included quotes from women affected by CIN. We hope you will find these useful. The quotes come from the website healthtalk.org
Turn to pages 44–47 for some useful addresses and websites. On pages 48–49 there is space for you to write down questions for your doctor or nurse.

If you find this booklet helpful, you could pass it on to your family and friends. They may want information to help them support you.
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What is CIN?

Cervical intra-epithelial neoplasia (CIN) is a term that describes changes in the squamous cells of the cervix (see page 9).

CIN is not cancer, but you may need treatment to stop cervical cancer developing. You may hear doctors call CIN a *pre-cancerous condition*.

You might not need treatment for CIN. If you do need treatment (see pages 25–30), it’s usually simple and very successful.

‘The more people I spoke to about it, the more common I suppose it was. Everybody I spoke to had had some abnormalities at some time. My sister had had several abnormal smears.’

Melanie
The cervix

The cervix is the lower part of the womb (uterus). It is often called the neck of the womb.

Your doctor or nurse can see and feel the cervix during an internal (vaginal) examination.

The cervix and surrounding structures
The surface of the cervix is covered with flat cells called **squamous** cells. The cervical canal (endocervix) is lined with longer cells called **columnar** cells or **glandular** cells, which produce mucus. The area where these cells meet is known as the **transformation zone**. Cells in this transformation zone can become abnormal. These are the cells examined in a cervical screening test.

**The transformation zone**

![Diagram of the cervix showing the transformation zone](image)
Causes of CIN

We don’t know all the causes of CIN. But they include human papilloma virus (HPV) and smoking.

Human papilloma virus (HPV)

The main cause of CIN is infection of the cervix with certain types of human papilloma virus (HPV). There are over 100 types of the virus. It is normal for us to come into contact with them at some point. The most common types can cause warts, or verrucas on the feet. These are not the same as the types that can lead to CIN. They are known as low-risk types of HPV.

Some human papilloma viruses are sexually transmitted. You only need to have had one partner to come into contact with HPV. But the chances of contact with HPV increase with the number of sexual partners a woman or her partner has had. It’s more common in women who are having sex at a young age. This is because their cervix may be immature and more vulnerable.

HPV is so common that most sexually active women will be exposed to it at some time in their life. Barrier methods of contraception, such as the cap or condoms, may give some protection against getting HPV, but they don’t cover all the susceptible areas. A woman’s immune system will usually get rid of the HPV naturally without her ever knowing it was there.
Some types of HPV can make women more likely to develop CIN. These are known as high-risk types of HPV. In some women they cause changes in the cervix, which show up during screening tests. Rarely, these changes can develop into CIN or cervical cancer if they are left untreated. Regular cervical screening can spot the changes caused by HPV early. Any treatment needed is simple and effective.

**Smoking**

Women who smoke are almost twice as likely to develop CIN as non-smokers.
HPV vaccines

Two vaccines have been produced to protect against HPV. These are called Gardasil® and Cervarix®. It’s hoped that they will prevent at least 7 in 10 cases (70%) of squamous cell cervical cancer. This is the most common type of cervical cancer. But HPV vaccines won’t replace the need for regular cervical screening tests in women.

Any vaccine works best if it’s given to children before puberty. As the HPV virus is passed on during sex, the vaccine is most effective if it’s given to girls before they might start having sex. Girls aged 12–13 are now routinely offered the HPV vaccine Gardasil. Gardasil protects against two of the most important types of HPV (known as HPV 16 and 18) that can cause cervical cancer. It is also effective against the types of HPV that cause genital warts. It is possible for girls who may have missed the vaccination to have it up to the age of 18.

We can send you more information about HPV and cancer and about HPV vaccines.
Symptoms of CIN and HPV

CIN and HPV on the cervix have no symptoms. It’s essential for women to have regular cervical screening tests to find any early cell changes.
Cervical screening

Cervical screening is not a test for cancer. It is used to find early cell changes in the cervix, which may develop into cancer in the future.

In the UK, the NHS provides a cervical screening programme for all women who are registered with a GP. The ages when you are invited to attend, and how often screening happens, depends on where you live. England, Scotland, Wales and Northern Ireland all have national programmes with information about what screening is and how it works (see pages 44–45 for their details).

Cervical screening uses a test called liquid-based cytology. The doctor or nurse takes cells from the cervix and puts them into a fluid to preserve them. This is often referred to as a cervical smear.

Cervical screening is very effective at finding early changes. But you should see your GP if you have any unusual symptoms, such as bleeding after sex or between periods. Your GP may refer you for an appointment with a gynaecologist.

‘In my experience it’s not painful. I’m not particularly embarrassed, and it’s one of those things that you want to get done to make sure everything is all right. It’s not something you can see that might be wrong from the outside.’

Cathy
Abnormal test results

You will usually get a letter with your screening results within two weeks of having the test. The GP practice where you had the test will also get a copy. If you don’t hear anything within six weeks, you can ask the surgery or clinic to check your results.

Your test report may show an abnormal result. This means the laboratory has found some cell changes that may need further investigation.

If the results show there may be abnormal cells in the cervix, your GP practice should either:

• arrange another test, or
• refer you to a specialist – for example, a gynaecologist or a colposcopist. The colposcopist may be a doctor or nurse (see pages 21–22).

Often the changes may be due to inflammation or infection. Sometimes certain medicines, such as hormonal therapies for gynaecological conditions or breast cancer, can cause changes in the cervix. So it’s important to tell the person doing the screening about any medicines you’re taking.

Cell changes

Any cell changes may be called dyskaryosis in your screening report. You’ll usually hear them called:

• borderline or mild cell changes (mild or low-grade dyskaryosis)
• moderate cell changes (moderate or high-grade dyskaryosis)
• severe cell changes (severe or high-grade dyskaryosis).
Cell changes in the cervix are often caused by infection with HPV (see pages 11–12). Only high-risk types can cause changes in the cervical cells that may go on to develop into cancer.

Testing of cervical screening samples for high-risk types of HPV is now being introduced in some areas of the country. If you live in an area where it is being done, your cervical screening sample may be tested to see if it contains a high-risk type of HPV. This is explained in more detail on the next page.

**Borderline or mild cell changes (low-grade dyskaryosis)**

Most abnormal results from screening tests show only very minor changes. The majority of these changes go back to normal on their own. If your screening test shows that you have borderline or mild cell changes, what happens next depends on whether HPV testing is available where you live.

**If HPV testing isn’t available where you live**

Your GP may refer you for a colposcopy, which is a more detailed examination of the cervix (see pages 21–22). Or they may arrange for a second screening test in six months’ time. This may allow the cell changes to go back to normal on their own. If your second screening test shows that the cells have gone back to normal, you’ll be asked to have two further screening tests at six-monthly intervals. If the cells remain normal, you’ll be invited again for screening in three or five years’ time (depending on your age).

If your second screening test still shows abnormal cells, your GP or practice nurse will arrange for you to have a colposcopy.
If HPV testing is available where you live
Your screening sample will be tested for HPV. If high-risk HPV isn’t found, you won’t need any further tests. This is because the cell changes are likely to go back to normal on their own. You’ll be invited for screening again in three or five years’ time (depending on your age).

If your sample contains a high-risk type of HPV, you’ll be referred for a colposcopy (see pages 21–22).

If you smoke, mild cell changes are less likely to go back to normal. If you’d like to give up smoking, your GP will be able to give you advice. We can also send you more information on giving up smoking.

Moderate or severe cell changes
(high-grade dyskaryosis)
A small number of women will have moderate or severe cell changes. If you have these, your GP or practice nurse will suggest that you have a colposcopy within a few weeks (see pages 21–22).

Cervical glandular intra-epithelial neoplasia (CGIN)
Sometimes a screening test may find changes in the glandular cells that line the cervical canal (see diagram on page 9). This is called cervical glandular intra-epithelial neoplasia (CGIN). If left untreated, these changes may develop into a type of cancer called adenocarcinoma. It’s much less common for changes to occur in these cells.
Cervical cancer

A cervical screening test can very occasionally find early cervical cancer. Most women with an abnormal test result have early cell changes and not cancer.

If the result of your cervical screening test shows there are cell changes in the cervix, you should have the chance to discuss this with your GP or practice nurse. You can also call our cancer support specialists for free on 0808 808 00 00.
How CIN is diagnosed

If you have an abnormal test result after your screening test, your doctor may refer you for a colposcopy.

Colposcopy

A colposcopy shows the cervix in detail using a type of microscope called a colposcope. It acts like a magnifying glass, so that the person doing the examination can see the whole cervix clearly. A colposcopy is used to confirm whether you have CIN (or very rarely, if you have cancer) and how severe it might be (see page 24).

You will have your colposcopy at your local colposcopy unit, which is usually at a hospital outpatient’s clinic. Almost all hospitals with gynaecological units have the facilities for a colposcopy.

A specialist doctor or nurse colposcopist will do the colposcopy. Before your examination, you’ll have a chance to discuss your screening test results and any worries with the doctor or nurse at the clinic.

You’ll be helped to position yourself on a specially-designed chair or examination table. When you are lying comfortably, the colposcopist will use a speculum, in the same way as in the screening test, so that your cervix can be seen. They will then paint the cervix with a liquid to make any abnormal areas show up more clearly. The doctor or nurse will shine a light onto the cervix and look through the colposcope at the surface of the cervix. The colposcope stays outside your body. They may take a small sample (biopsy) of cells from the cervix. These cells are examined under a microscope in the laboratory.
A colposcopy takes 15–20 minutes. It’s not usually painful, but you may feel some discomfort if a biopsy is taken. The biopsy may also cause some slight bleeding for a couple of days afterwards.

Colposcopists follow national guidelines when deciding whether you need further tests or treatment.

‘It was not an unpleasant experience. The doctor was superb, as was the nurse. They took me through what was going to happen and asked me if I had any worries about the procedure.’

Anna
Grading of CIN

CIN is graded depending on 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 is affected.
- **CIN 3** – the full thickness of the surface layer is affected.

Knowing the grade of your CIN helps your colposcopist plan the best treatment for you.

With all three grades of CIN, often only a small part of the cervix is affected by abnormal changes.

CIN 3 is also known as **carcinoma-in-situ**. Although this may sound like cancer, CIN 3 is not cervical cancer. Cancer develops when the deeper layers of the cervix are affected by abnormal cells. If CIN 3 is found during screening tests, it’s important to make a treatment plan.
Treating CIN

CIN 1

Often, cells showing CIN 1 will return to normal without any treatment at all. If your colposcopist decides not to treat these minor changes, they will arrange for you to have further screening tests or colposcopy, or both (see pages 21–22). This is to make sure that any further changes are found quickly.

CIN 2 and 3

Most doctors and researchers agree that CIN 2 and 3 should be treated. The aim of treatment is to remove the abnormal area, while causing as little damage as possible to surrounding healthy tissue. It’s also possible to destroy the abnormal cells, rather than remove them, although this isn’t commonly done.

Ways of removing the abnormal area include:

• large loop excision of the transformation zone (LLETZ) (see page 27), which is currently the most commonly used method of treatment

• a cone biopsy (see page 28)

• a hysterectomy or trachelectomy, although this is rare (see page 30).

Ways of destroying the cells in the abnormal area so that normal cells can grow back in their place (see page 29) include:

• laser therapy

• cold coagulation

• cryotherapy.
How treatments are given

Most women only need one of the treatments described on the next few pages. All of the treatments are usually very effective at removing the abnormal cells. The type of treatment you have will depend on a number of factors. These include:

• the facilities available at your local hospital
• the type of treatment that your doctor thinks is best for you.

It may be possible for the treatment to be done at the same time as your initial colposcopy appointment, or you may have to come back at a later date.

LLETZ, laser therapy, cryotherapy, cold coagulation and sometimes cone biopsies are usually done in a hospital outpatient clinic using a local anaesthetic. This means that you can go home after treatment. It can be helpful for someone to come with you while you’re having treatment or pick you up afterwards.

Don’t be afraid to ask the colposcopist any questions about your treatment. Before your treatment, the nurse will help you lie comfortably on the couch. The colposcopist will then use a speculum so that they can see your cervix.

Try to relax as much as possible. The treatment itself is likely to take around 5–10 minutes. It may be uncomfortable but it isn’t painful.
Treatment types

Large loop excision of the transformation zone (LLETZ)

LLETZ is the most commonly used treatment for removing abnormal cells from the cervix. It’s sometimes called LEEP (loop electrosurgical excision procedure). It takes about 5–10 minutes and is usually done under local anaesthetic as an outpatient procedure. Sometimes, if a larger area of the cervix is treated, you may need a general anaesthetic.

Once you’re in a comfortable position, the colposcopist will put some local anaesthetic into your cervix to numb it. The colposcope helps them to see a magnified image of your cervix (see page 21). They remove the abnormal tissue using a thin wire loop. The loop is heated with an electric current, which cuts and seals the tissue at the same time. This shouldn’t cause any pain although you may feel some pressure inside your cervix.

The tissue will be sent off to a laboratory to be checked and to confirm the type of abnormal cell changes. Depending on the result, your colposcopist will decide whether you need to be followed up either at the colposcopy clinic or with your GP.

LLETZ is not usually painful. You may feel a period-like pain or a burning sensation. After the treatment, you may have some light bleeding or discharge. This can last for around four weeks. Your doctor or nurse will give you more information about what to expect after your treatment.
Cone biopsy
This is another treatment for CIN that involves removing abnormal tissue from the cervix.

A cone biopsy is usually carried out under a general anaesthetic, but sometimes a local anaesthetic may be given. The doctor uses a scalpel (a sharp tool) to take a small, cone-shaped piece of tissue from the cervix, which will be examined under a microscope. Afterwards, a small pack of gauze (like a tampon) may be put into the vagina to prevent bleeding. This is usually removed within 24 hours before you go home. Some women may also have a tube (catheter) put into the bladder to drain urine while the gauze pack is in place.

It’s normal to have some light bleeding and discharge for around four weeks. You should avoid any sex and strenuous exercise for at least four weeks to allow the cervix to heal properly.

Sex after LLETZ or a cone biopsy
Having a LLETZ or a cone biopsy will not affect your ability to enjoy sex once your cervix has healed. You should avoid sex, swimming, tampons and baths until the cervix has healed and any bleeding has stopped. Your colposcopist will give you more information about this.

Fertility after LLETZ or a cone biopsy
Very rarely, the cervix can become tightly closed after treatment. This is known as stenosis. It can make it harder for the sperm to enter the womb and so can affect your chances of becoming pregnant naturally. Your cervix is not completely closed if you’re still bleeding during your periods.
Pregnancy after LLETZ or a cone biopsy
Sometimes treatment can make the cervix slightly weaker. This is unlikely with a single treatment. But if you need more than one treatment, the cervix may weaken. Very rarely, this may mean that towards the end of a pregnancy, when the baby is bigger, the weakened cervix may start to open early causing a premature birth. To stop this happening, a stitch may be put into the remaining part of the cervix during pregnancy. The stitch is removed before you go into labour. Your doctor will discuss this with you if you’re concerned about future pregnancies.

Laser therapy or laser ablation
Under local anaesthetic, a laser beam is directed at the abnormal areas of your cervix and the cells are destroyed. During the treatment, you may notice a slight burning smell from the laser. This is normal.

Cold coagulation
This is a misleading name as the abnormal cells are removed by heating, not cooling. Firstly, a local anaesthetic is given to numb your cervix. Then a hot probe is placed onto its surface to destroy the abnormal cells.

Cryotherapy
You may be given a local anaesthetic, and a probe will be put on your cervix to freeze the abnormal cells. Cryotherapy has a slightly lower success rate than the other treatments for CIN, so it is not often used.
Hysterectomy or tracheloctomy

These types of surgery are rarely needed for CIN.

**Hysterectomy**

This is an operation to remove the womb and cervix. It is sometimes done for recurrent, persistent or high-grade CIN if you have other gynaecological problems. You will usually have a hysterectomy if you are past childbearing age, or don’t want to have more children.

Your doctor may discuss with you whether to remove your ovaries during the surgery. Removing the ovaries will cause an early menopause if you haven’t had the menopause already.

We can send you more information on having a hysterectomy.

**Trachelectomy**

It’s sometimes possible with a very early cancer to have an operation where the cervix is removed and the womb is left in place. This is called a trachelectomy. Because the womb is left in place, you can still become pregnant after this operation. A trachelectomy is mainly carried out in younger women with cervical cancer who still want to have children. Your doctor will be able to give you more information about whether this type of surgery is suitable for you.
After treatment

Unless you’ve had a hysterectomy, trachelectomy, or possibly a LLETZ or cone biopsy under a general anaesthetic, you’ll be able to go home on the day that you’re treated.

Most women feel fine after treatment to the cervix with a local anaesthetic, but some women feel slightly unwell for a few hours. It’s a good idea to have the day off work, in case you need to go home and rest. You may find it helps to bring a relative or friend to support you and drive you home.

If you had treatment under local anaesthetic, you may have some period-like pains for the rest of the day once the anaesthetic has worn off. You should expect to have some bleeding or discharge after treatment. This usually stops within four weeks but may last up to six weeks. The bleeding shouldn’t 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 starts to get heavier – for example, completely soaking a pad within two hours

• the discharge starts to smell unpleasant, which can mean that you have an infection

• you develop a temperature

• you have severe pain

• you have any other concerns.
Your doctor or nurse will probably advise you not to have sex for at least four weeks after your treatment to allow the cervix to heal properly. You may also be advised not to use tampons for four weeks. You should feel completely back to normal within six weeks.

Research has shown that treatments for CIN are usually very successful. Although most women will have no further problems and the CIN will not come back, all women still need to continue with regular cervical screening tests.
Follow-up

If you have no treatment

If your colposcopy shows you have CIN 1 and your colposcopist decides not to treat these minor changes, you’ll usually have a repeat screening test or colposcopy after six or twelve months. This is to make sure that the minor changes have gone and that no more cell changes develop.

If you have treatment

You’ll be invited to have a follow-up screening test six months after your treatment. This is to make sure that the treatment has been successful and that the abnormal cells haven’t come back.

Moderate or severe cell changes
If your follow-up screening test shows that abnormal cells have come back, and you have moderate or severe cell changes, you’ll be referred for another colposcopy.

Normal, borderline or mild cell changes
If your follow-up screening test shows that you have normal, borderline or mild cell changes, what happens next depends on whether HPV testing is carried out where you live.
If HPV testing isn’t available where you live
After your follow-up screening test, you’ll usually have a further screening test 12 months after treatment. If both these tests are normal, you may continue with yearly screening tests for a period of time and then go back to routine tests every 3–5 years (depending on your age). If any of your tests show abnormal cells, you’ll be referred back to the colposcopy clinic.

If HPV testing is available where you live
Your sample from your follow-up screening test will be checked to see if the HPV infection has gone. If high-risk HPV is found, you’ll be referred for another colposcopy. If it isn’t, you’ll be screened again in three years’ time.

Treating abnormal cells that come back
Most treatment for CIN is very successful. But for some women the abnormal cells can come back. If this happens, you’ll be invited for another colposcopy and further treatment if necessary.

Very occasionally, if the abnormal cells continue to come back after treatment, some women are advised to have a hysterectomy or trachelectomy (see page 30) to prevent them from developing cervical cancer. Your doctor will discuss the most suitable treatment options with you.

Even if you’ve had a hysterectomy, you may still need to have a few more smear tests. The sample of cells will be taken from the top of the vagina. This is sometimes called a vaginal vault smear. Your GP or gynaecologist can organise this for you, as vault smears aren’t done as part of the NHS Cervical Screening Programmes.
Pregnancy and abnormal cervical screening results

If you become pregnant and are not up to date with your screening tests, or you have previously had an abnormal test result, your GP or midwife may ask you to have a screening test at your first antenatal appointment. It is safe to have a smear test during pregnancy but it may cause a small amount of bleeding afterwards. This is normal and does not affect your baby.

If the test result is abnormal, you will be asked to have a colposcopy. A colposcopy does not harm the developing baby. If you need to have treatment, it is usually safe to wait until after the baby is born.
Your feelings

Fear
If you are told you have an abnormal screening test result, your first reaction may be fear. You may immediately think that you have cancer. It’s important to remember that most women who have an abnormal result have early changes in the cells and do not have cancer.

Shame
There has been a lot of publicity about CIN and its link with sexual activity and HPV. This has sometimes led to women feeling guilty or ashamed if they have CIN. However, you should not feel you are to blame in any way.

Most women have HPV at some point in their life without even knowing it. In most cases, the immune system will get rid of the virus naturally.

Embarrassment
You may find the treatments for CIN embarrassing and possibly frightening. Don’t be afraid to ask your doctor or nurse as many questions as you like, as this may help to put your mind at rest.

If you feel that you need support, you can contact our cancer support specialists on 0808 808 00 00 or any of the organisations on pages 44–47.
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.

All of our information is also available online at macmillan.org.uk/cancerinformation. 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. No one should face cancer alone.

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 Monday–Friday, 9am–8pm. Our cancer support specialists can:

• help with any medical questions you have about your cancer or treatment
• help you access benefits and give you financial advice
• 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.
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 advice

Our financial guidance team can give you advice 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

Macmillan’s My Organiser app

This 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)
CAN Mezzanine,
49–51 East Road,
London N1 6AH
Tel 020 7250 8311
Helpline 0808 802 8000
Email info@jostrust.org.uk
www.jostrust.org.uk
Jo’s Cervical Cancer Trust (Jo’s Trust) is the only UK charity dedicated to women and their families affected by cervical cancer and cervical abnormalities. Their 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
18 Cathedral Road,
Cardiff CF11 9LJ
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
Fulwood House,
Old Fulwood Road,
Sheffield S10 3TH
Tel 0114 271 1060
Email info.cancerscreening@nhs.net
www.cancerscreening.nhs.uk/cervical/index.html
Coordinates the NHS Cervical Screening Programme in England. The website provides information on screening, and leaflets are available to download.

**Northern Ireland Screening Programme**
18 Ormeau Avenue,
Belfast BT2 8HS
**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)**
Gyle Square,
1 South Gyle Crescent,
Edinburgh EH12 9EB
**Tel** 0131 275 5555 555
**Email**
nss.nsd-enquiries@nhs.net
*www.nsd.scot.nhs.uk/services/screening/cervicalscreens/index.html*
Coordinates the NHS Cervical Screening Programme in Scotland.

**General cancer and support organisations**

**Cancer Black Care**
79 Acton Lane,
London NW10 8UT
**Tel** 020 8961 4151
**Email**
info@cancerblackcare.org.uk
*www.cancerblackcare.org.uk*
Offers information and support for people with cancer from ethnic communities, their friends, carers and families.

**Cancer Focus Northern Ireland**
40–44 Eglantine Avenue,
Belfast BT9 6DX
**Tel** 0800 783 3339
(Mon–Fri, 9am–1pm)
**Email**
hello@cancerfocusni.org
*www.cancerfocusni.org*
Offers a variety of services to people affected by cancer, including a free helpline, counselling and links to local support groups.
Cancer Support Scotland
The Calman Centre,
75 Shelley Road,
Glasgow G12 0ZE
Tel 0800 652 4531
Email info@
cancersupportscotland.org
www.cancersupport
scotland.org
Runs cancer support
groups throughout Scotland.
Also offers free complementary
therapies and counselling to
anyone affected by cancer.

Maggie’s Centres
20 St. James Street,
London W6 9RW
Tel 0300 123 1801
Email enquiries@
maggiescentres.org
www.maggiescentres.org
Provides information about
cancer, benefits advice,
and emotional or
psychological support.

Tenovus
Head Office,
Gleider House,
Ty Glas Road,
Cardiff CF14 5BD
Tel 0808 808 1010
(Mon–Sun, 8am–8pm)
Email info@
tenovuscancercare.org.uk
www.tenovus.org.uk
Aims to help everyone get equal
access to cancer treatment
and support. Funds research
and provides support such as
mobile cancer support units,
a free helpline, an ‘Ask the
nurse’ service on the website
and benefits advice.
**Stopping smoking**

**NHS Smokefree**  
**Tel** 0800 022 4332  
(Mon–Fri, 9am–8pm,  
Sat–Sun, 11am–5pm)  
[www.smokefree.nhs.uk](http://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**  
4 Sovereign Close,  
St Katharine’s & Wapping,  
London E1W 3HW  
**Helpline** 0800 00 22 00  
[www.quit.org.uk](http://www.quit.org.uk)  
Provides support and practical guidance to people who want to give up smoking.

**Smokeline**  
**Tel** 0800 84 84 84  
(Mon–Sun, 8am–10pm)  
[www.canstopsmoking.com](http://www.canstopsmoking.com)  
Scotland’s national stop smoking helpline.

**Stop Smoking Wales**  
**Tel** 0800 085 2219  
[www.stopsmokingwales.com/home](http://www.stopsmokingwales.com/home)  
A free, NHS service to help people quit smoking.

**Want2stop**  
**Tel** 0808 812 8008  
[www.want2stop.info/](http://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.
YOUR NOTES AND QUESTIONS
Understanding CIN (cervical intra-epithelial neoplasia)

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 David Luesley, Professor of Gynaecological Oncology, and by our Chief Medical Editor, Dr Tim Iveson, Macmillan Consultant Medical Oncologist.

Thanks to Mr Russell Luker, Consultant Gynaecologist; Dr Patrick Walker, Consultant Gynaecologist; and Marianne Wood, Nurse Colposcopist/Hysteroscopist HBPC. Thanks also to the people affected by cancer who reviewed this booklet, and those who shared their stories.

Sources

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

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

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Surname
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Email

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I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & CASCs I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

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
More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you’re entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.
Non-English speaker? Interpreters available. Braille and large print versions on request.