

Understanding cervical screening



About this booklet

This booklet is about cervical screening and cervical intra-epithelial neoplasia (CIN). It is for women, trans men and people assigned female at birth.

The booklet explains what cervical screening involves and what your test results mean. It also 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**.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

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

On pages 50 to 53, there are details of other organisations that can help.

Quotes

In this booklet, we have included quotes from people who have had cervical screening and CIN, which you may find helpful. These are from people who have chosen to share their story with us. To share your experience, visit [macmillan.org.uk/shareyourstory](https://www.macmillan.org.uk/shareyourstory)

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](https://www.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](https://www.macmillan.org.uk/otherformats) or call **0808 808 00 00**.

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ABOUT CERVICAL SCREENING

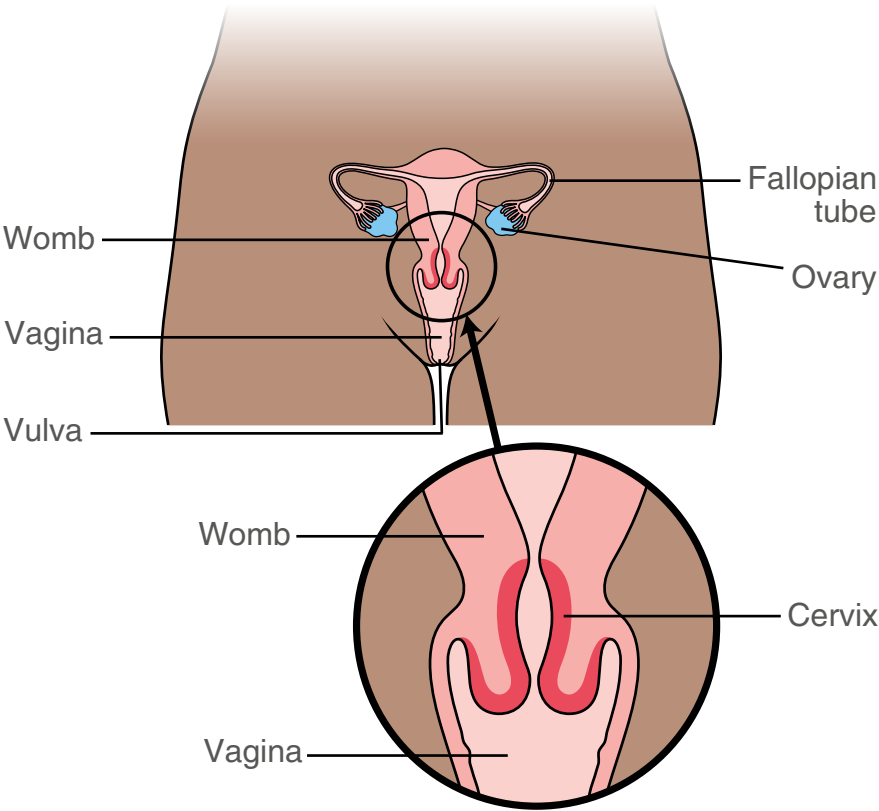
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What is cervical screening?

Cervical screening is a way of preventing cancer of the cervix (cervical cancer). It uses tests to find 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. It is the part of the womb that opens (dilates) during childbirth to allow a baby to be born. People who have a cervix include women, trans men and people assigned female at birth.

The cervix



Why have cervical screening?

Abnormal cell changes in the cervix are common, and often improve naturally. But sometimes these changes need treatment because there is a risk they may develop into cancer.

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

What is HPV?

The main risk factor for cervical cancer is an infection called the human papilloma virus (HPV). There are over 100 types of HPV. Some types of HPV can affect the cervix. The types that cause abnormal cell changes in the cervix are called high-risk HPV.

Usually, the body's immune system gets rid of the infection 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 get rid of the infection and the virus stays in the body for longer. If the cervix is affected by HPV for a long time, the virus can cause damage that may eventually cause cancer.

HPV is very common, and most people are infected with it at some point. It can affect all sexual orientations and anyone who has ever been sexually active. This includes people in a long-term relationship with one partner. HPV may still affect you even if you have not been sexually active for some years.

The virus can live on the skin around the whole genital area. It passes easily from person to person during any type of sexual contact, including skin-to-skin genital contact, or sharing sex toys. Using a condom or other barrier contraception may reduce your risk of HPV infection, but it does not offer complete protection.

If you smoke

Smoking makes it harder for your body to get rid of an HPV infection. This means that if you smoke you have a higher risk of cervical cancer. If you want to give up smoking, your GP can give you advice. Or you can contact a stop smoking helpline (see page 52).

Who can have cervical screening?

Cervical screening is for anyone who has a cervix. It is important to have, even if you have had the HPV vaccination. The vaccination protects against the most common types of high-risk HPV that cause cervical cancers. But it does not protect against all types.

It is safe to have cervical screening if you are pregnant, but you can usually delay it if you prefer. A screening test (the cervical smear test) during pregnancy may cause a small amount of bleeding afterwards. This is normal and does not affect your baby.

Women

The NHS will contact you when it is time for your cervical screening if you are:

- aged between 25 to 64 years old
- registered as female with a GP.

You do not need screening if 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 cervical screening for any reason, talk to your GP, practice nurse or sexual health service.

Transgender (trans) and non-binary people

If you are a trans man or non-binary person and have a cervix, you should have screening too. But if you are registered as male with your GP, you may not be sent an invitation. Tell your GP if you want to have cervical screening, so they can arrange regular tests for you.

Jo's Trust has detailed information about cervical screening for trans and non-binary people (see page 50). This includes information about having a smear test, trans-specific clinics and further support.

You do not need cervical screening if you are a trans woman or were assigned male at birth. The NHS has more information about other types of screening for trans women (see pages 51 to 52). You can find more information at [gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people](https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people)

Cervical smear test

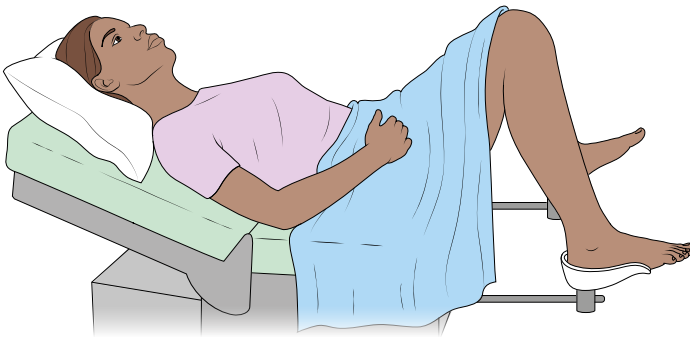
A smear test is usually the first part of cervical screening. This is a way of collecting a small sample of cells from the cervix. It is also called the cervical screening test.

Usually a nurse or doctor can do the test for you at your GP practice 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.

Having a smear test

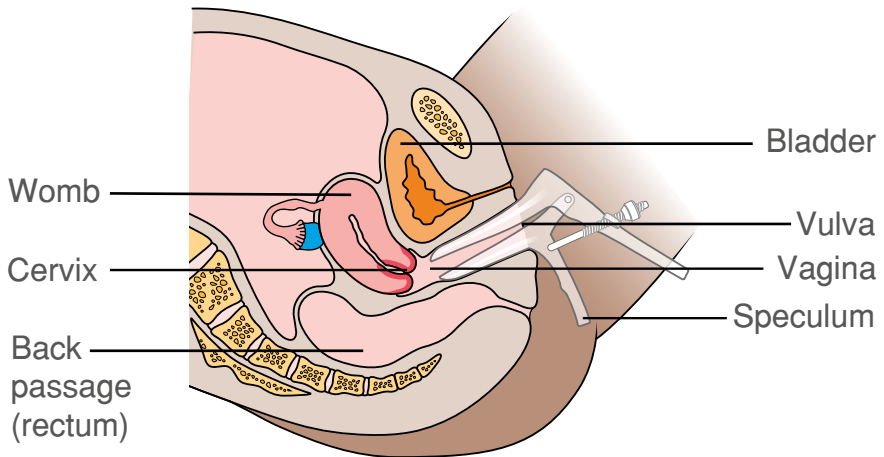
When you are ready, you undress from the waist down. You then lie on your back on an examination couch. Some clinics have couches with foot or leg supports that you can rest your legs up on. You will be asked to lie with your knees bent and apart.

Having a cervical smear test



The doctor or nurse gently puts an instrument called a speculum into the vagina. This holds the vagina open so that they can see the cervix. They then sweep a small, soft plastic brush over the cervix to take the sample of cells.

How a smear test is done



A cervical smear test takes less than 5 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 sample is sent to a laboratory to be checked.

Getting your test results

Ask the nurse or doctor when you will get your test results. Usually you will get a letter with the results within 2 to 4 weeks. If you do not hear anything by 6 weeks, tell your GP so they can check for you.

Your feelings about the smear test

A cervical smear test is a very personal procedure. You may 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 about it 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 do not know. Some organisations provide information and support about having cervical screening (see pages 50 to 53).

Home or self-sampling

The NHS is researching a new way of doing cervical screening. Instead of having a cervical smear test, you are given a vaginal swab to do yourself. If your test shows HPV, you will then be offered a cervical smear test.

Self-sampling is being researched in some areas of London in 2021.



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Test results in England, Scotland and Wales

In England, Scotland and Wales, your cervical smear sample is tested for high-risk HPV (see page 9). Samples that show HPV are then checked under a microscope for abnormal cells. Your test result may show one of the following.

No HPV

If you are not infected with HPV, your risk of cervical cancer is very low. You will be offered another cervical smear test in 3 years (or 5 years if you are aged over 50).

HPV but no abnormal cells

If you have HPV but no abnormal cells, you will be offered another cervical smear test earlier than usual. This is to check that your body has got rid of the HPV. Your results letter will explain when. Usually the HPV is gone by the next test.

HPV and abnormal cells

If you have HPV and abnormal cells, you will be referred for a procedure called a colposcopy (see pages 26 to 27). This finds out more about the cell changes and shows if you need treatment to remove abnormal cells.

An unclear result

This means the laboratory could not get a result from the sample for technical reasons. It is nothing to worry about, but you will need to have the cervical smear test again.

The screening saved my life. It takes 5 minutes. It is not a pleasant experience, but it can save your life.

Kate

Test results in Northern Ireland

In Northern Ireland, your cervical smear sample is checked under a microscope for abnormal cells. Your test result may show one the following.

No changes

This means your sample showed no abnormal changes to the cells in the cervix. This is also called a negative result. You will be offered another cervical smear test in 3 years (or 5 years, if you are aged over 50).

Not enough cells to test

This means there were not enough cells in the sample. You will be asked to have the test again in 3 months.

Minor changes

If your sample showed slight abnormal changes to the cells, it will be tested for high-risk HPV (see page 9).

If you are not infected with HPV, the minor changes are likely to go back to normal on their own. You will be offered another cervical smear test in 3 years (or 5 years if you are aged over 50).

If you have an HPV infection, you will be referred for a procedure called a colposcopy (see pages 26 to 27). This finds out more about the cell changes and shows if you need treatment to remove abnormal cells.

Changes which require further tests

If your sample shows any other type of change, you will be referred for a procedure called a colposcopy to find out more.

If you need more tests

If your cervical smear result shows you need a colposcopy or another smear test, this does not mean you have cervical cancer. But it can still be a shock.

You may 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.

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**.





COLPOSCOPY AND CERVICAL INTRA-EPITHELIAL NEOPLASIA (CIN)

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Colposcopy

Having a colposcopy

This test uses a microscope called a colposcope to look closely at the cervix. You usually have the test at a hospital outpatient clinic. It shows any abnormal areas of the cervix and how abnormal these are.

A specialist doctor or nurse will do the colposcopy. The test takes 15 to 20 minutes.

When you are ready, you undress from the waist down. You then lie on your back on an examination couch. Some clinics have couches with foot or leg supports that you can rest your legs up on. You will be asked to lie with your knees bent and apart (see illustration on page 12).

The doctor or nurse gently puts an instrument called a speculum into the vagina. This holds the vagina open so that they can see the cervix (see illustration on page 13). It should not hurt but sometimes it can feel uncomfortable.

The doctor or nurse puts a liquid on the cervix to show any abnormal areas. They then shine a light onto the cervix and look at it through the colposcope. The colposcope is on a stand outside your body, between your legs or feet.

During the colposcopy, you may be able to see the cervix on a monitor in the room. You can ask to have the monitor turned away from you if you prefer.

Having treatment during colposcopy

Sometimes the doctor or nurse can see during the test that the cells are abnormal. They may offer you treatment to remove these cells during the colposcopy (see pages 32 to 39).

Your doctor or nurse will only offer treatment if they are sure the cells are very abnormal, and that there is a risk of cancer developing. If you have questions, or are not sure, the treatment can always be done on another day.

Having a biopsy during colposcopy

Sometimes the colposcopy shows abnormal cells, but it is not clear how serious the changes are. The doctor or nurse will collect a small sample (biopsy) of the cells. After the colposcopy, they send the sample to a laboratory to be checked under a more powerful microscope. This will show if you need treatment.

The biopsy can cause slight bleeding and you may have some vaginal bleeding for up to 2 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.

A colposcopy is not usually painful, but if a biopsy is taken you may feel some discomfort. Biopsy results may take 2 or 3 weeks. Ask your doctor or nurse when you will get the results.

What is cervical intra-epithelial neoplasia?

Cervical intra-epithelial neoplasia (CIN) is a term that describes the most common type of abnormal cells found during a colposcopy. CIN is not cancer. But if the abnormal cells are not treated, over time they may develop into cervical cancer.

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

CIN 1

CIN 1 means one third of the thickness of the cervical surface layer is affected by abnormal cells. This will often return to normal without any treatment at all. You will have further cervical smear 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

CIN 2 means two thirds of the thickness of the cervical surface layer are affected by abnormal cells. There is a higher risk the abnormal cells will develop into cancer.

You may be offered treatment to stop this happening, or another colposcopy.

CIN 3

CIN 3 means the full thickness of the cervical surface layer is affected by abnormal cells. CIN 3 is also called carcinoma-in-situ. This sounds like cancer, but CIN 3 is not cervical cancer. Cancer develops when the deeper layers of the cervix are affected by abnormal cells. You will be offered treatment to stop this happening.

TREATING ABNORMAL CELLS

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About treatment

If cervical screening finds abnormal cells on the cervix, you may be offered treatment (see page 6).

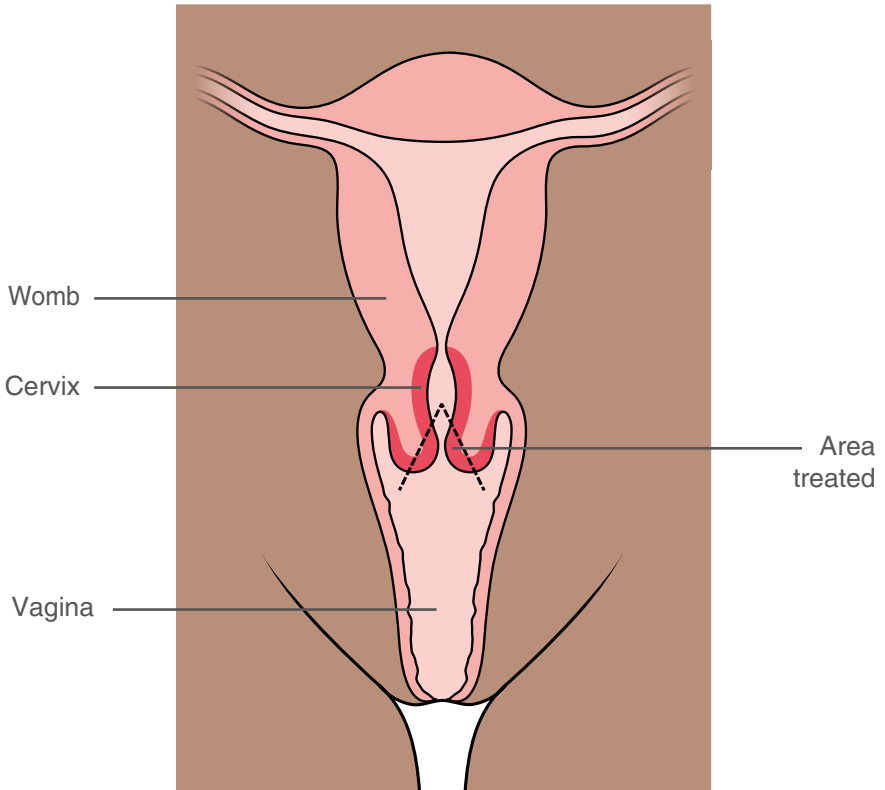
Abnormal cells such as CIN usually affect a small area where the outer cervix meets the cervical canal (see pages 28 to 29). Most treatments aim to remove or destroy only this small area of abnormal cells. This means nearby healthy areas of cervix are not likely to be damaged.

Getting ready for any of these treatments is similar to having a colposcopy (see pages 26 to 27). When you are ready, you undress from the waist down. You then lie on your back on an examination couch. Some clinics have couches with foot or leg supports that you can rest your legs up on. You will be asked to lie with your knees bent and apart (see illustration on page 12).

The doctor or nurse gently puts an instrument called a speculum into the vagina. This holds the vagina open so that they can see the cervix. It should not hurt but sometimes it can feel uncomfortable.

You may 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.

Area of cervix treated



Types of treatment

There are different 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. It may also depend on the type of abnormal cells and the area of the cervix that is affected.

Treatments that remove the abnormal area include:

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

After these treatments, the removed area of tissue is sent to a laboratory. It is checked to confirm the type of abnormal cell changes.

Treatments that destroy the cells in the abnormal area include:

- laser therapy
- cold coagulation
- cryotherapy.

Sometimes, a type of surgery called a 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.

We have more information about having a hysterectomy as a treatment for cancer in our booklet **Understanding cervical cancer** (see page 46).

Large loop excision of the transformation zone (LLETZ)

Large loop excision of the transformation zone (LLETZ) is a common way to remove abnormal cells from the cervix. It is sometimes called LEEP (loop electrosurgical excision procedure). It takes about 5 to 10 minutes and is usually done under a local anaesthetic as an outpatient.

If a larger area of the cervix is removed, you may need a general anaesthetic and may stay in hospital for the day or overnight.

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

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 a 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.

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 a 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 the cervix. Then, a small heated probe is placed onto any abnormal areas to burn them away.

Cryotherapy

A small probe is used to freeze the abnormal cells on the cervix. You may be given a local anaesthetic, but often this is not needed.

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 you may 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 4 weeks, but may last up to 6 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 2 hours
- the discharge smells unpleasant
- you have a fever or temperature
- you have severe pain
- 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 penetrative sex for at least 4 weeks after your treatment. This allows the cervix to heal properly. You may also be advised not to use tampons or swim for 4 weeks, and to wash or shower rather than have a bath.

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

Fertility and pregnancy after treatment

Your treatment should not affect your ability to get pregnant.

Very rarely, the cervix can become tightly closed after treatment. This is called stenosis. It may make it harder for sperm to enter the womb and so can affect your chances of getting pregnant naturally. Tell your doctor if your periods stop after treatment or you have worse period pain than usual.

Removing some of the cervix may also make it slightly weaker. This depends on how much needs to be removed. You may be more likely to give birth early if the 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.

I ended up reassuring others and supporting them. But I made it very clear that my way forward was to remain as positive as possible and tackle it day by day.

Sonia

Follow-up appointments

Treatments for abnormal cells of the cervix are usually very successful. You will be asked to have another cervical smear test about 6 months after your treatment. Your sample will be carefully checked for signs of abnormal cells and for high-risk HPV. What happens next depends on the results:

- **If the sample shows no HPV**, you will be asked to have cervical screening again in 3 years. Your risk of developing more serious abnormal changes in this time is very low.
- **If the sample shows HPV**, you will be asked to have another more detailed check-up, with a colposcopy.

Sometimes the colposcopy shows that an abnormal area of cells has come back, and more treatment is needed. This is not very common. The same types of treatment 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 this is right for you.

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



YOUR FEELINGS ABOUT TEST RESULTS

Your feelings

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Your feelings

Often, 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. You may 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.

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 50 to 53.

Or call our cancer support specialists on **0808 808 00 00**.

It was nice to hear a different voice that wasn't family. Being in shielding, that was a huge thing. It was just me and her chatting away. It was something to look forward to, something different.

Sonia



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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 booklets or leaflets like this one.
Visit be.macmillan.org.uk or call us on **0808 808 00 00**.

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

Online information

All our information is also available online at macmillan.org.uk/information-and-support You can also find videos featuring 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
- eBooks
- Braille
- large print
- British Sign Language
- translations.
- easy read booklets

Find out more at macmillan.org.uk/otherformats

If you would 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**.

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are 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 would 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 is 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 have 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](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you are 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](https://www.macmillan.org.uk/work)**

Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser (Monday to Friday, 8am to 6pm).

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Cervical screening support organisations

Eve Appeal

Helpline **0808 802 0019**

Email **nurse@eveappeal.org.uk**

www.eveappeal.org.uk

Information and support for anyone affected by gynaecological cancers. Also provides information about cervical screening for trans, non-binary and intersex people.

Jo's Cervical Cancer Trust

Helpline **0808 802 8000**

www.jostrust.org.uk

Information and support for anyone affected by cervical cancer or abnormal cervical cell changes.

Women's Health Concern

www.womens-health-concern.org

Information and advice about women's gynaecological and sexual health, well-being and lifestyle concerns.

Cervical screening programmes

England

www.nhs.uk/conditions/cervical-screening

Has information about cervical screening in England.

Scotland

www.nhsinform.scot/healthy-living/screening/cervical/cervical-screening-smear-test

Has information about cervical screening in Scotland.

Wales

www.screeningservices.org.uk/csw

Has information about cervical screening in Wales.

Northern Ireland

[www.cancerscreening.hscni.net/](http://www.cancerscreening.hscni.net/Overview_Cervical_Programme)

[Overview_Cervical_Programme](http://www.cancerscreening.hscni.net/Overview_Cervical_Programme)

Has information about cervical screening in Northern Ireland.

General health information

Health and Social Care in Northern Ireland

online.hscni.net

Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk

The UK's biggest health information website. Has service information for England.

NHS Inform

Helpline **0800 22 44 88** (7 days a week, 8am to 10pm)

www.nhsinform.scot

NHS health information site for Scotland.

NHS Direct Wales

www.nhsdirect.wales.nhs.uk

NHS health information site for Wales.

Patient UK

www.patient.info

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health- and illness-related websites.

Stopping smoking

NHS England

Helpline **0300 123 1044** (Mon to Fri, 9am to 8pm, and Sat to Sun, 11am to 4pm)

www.nhs.uk/better-health/quit-smoking

Free support, expert advice and tools to help you stop smoking.

NHS Scotland

Helpline **0800 84 84 84** (Mon to Fri, 9am to 5pm)

www.nhsinform.scot/healthy-living/stopping-smoking

Free advice and support service for anyone trying to stop smoking.

NHS Wales

Freephone **0808 252 8307**

www.helpmequit.wales

A free NHS service to help people quit smoking.

PHA Northern Ireland

www.stopsmokingni.info

Free information and support to quit smoking.

Emotional and mental health support

Mind

Helpline **0300 123 3393** (Mon to Fri, 9am to 6pm)

Email **info@mind.org.uk**

www.mind.org.uk

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Samaritans

Helpline **116 123**

Email **jo@samaritans.org**

www.samaritans.org

Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

LGBT-specific support

LGBT Foundation

Tel **0345 330 3030** (Mon to Fri, 10am to 6pm)

Email **info@lgbt.foundation**

www.lgbt.foundation

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

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 Senior Medical Editor, Professor Nick Reed, Consultant Clinical Oncologist.

With thanks to: Miss Alexandra Lawrence, Consultant Gynaecological Oncologist; and Miss Adeola Olaitan, Consultant Gynaecological Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **cancerinformationteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our cervical screening information. If you would like more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

GOV.UK. Cervical screening: programme overview. Last updated 18 November 2019. Available from **www.gov.uk/guidance/cervical-screening-programme-overview** [accessed March 2020].

GOV.UK. Colposcopic diagnosis, treatment and follow up. Last updated 5 February 2020. Available from **www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management/3-colposcopic-diagnosis-treatment-and-follow-up** [accessed April 2020].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are 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 are here 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.

5 ways you can help someone with cancer

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

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Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

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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

Valid from

Expiry date

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Security number

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Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand 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 would rather donate online
go to macmillan.org.uk/donate



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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 women, trans men and people assigned female at birth.

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).

At Macmillan, we give people with cancer everything we've got. If you are diagnosed, your worries are our worries. We will help you live life as fully as you can.

For information, support or just someone to talk to, call **0808 808 00 00** 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.

The logo consists of a blue rounded rectangle containing the text 'Trusted Information Creator' in black. To the right of the text is a large green checkmark.

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