



Protecting
yourself against
cervical cancer



**Pap tests and the
HPV vaccine**



*PapScreen
Victoria*



**Cancer
Council
Victoria**

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Introduction

Most women who develop cervical cancer haven't had regular Pap tests.

Cervical cancer is the second most common cancer in women worldwide. This is because women in some countries don't have access to Pap tests like we do in Australia.

Cervical cancer is caused by infection with the human papillomavirus (HPV). This virus is spread by genital-skin to genital-skin contact during sexual activity.

Both men and women can get HPV and pass it on to sexual partners.

HPV can cause changes in the cells of the cervix. Depending on the type of HPV, these changes can become cervical cancer if not treated.

These cell changes usually have no symptoms. The only way to know they are there is to have regular Pap tests. If these changes are found early, they can often be easily treated.

Regular Pap tests save 1,200 Australian women from cervical cancer every year.

However, around 200 women die in Australia each year from cervical cancer. Most of these women have not had regular Pap tests.

A Pap test every two years could save your life.



The human papillomavirus (HPV)

Infection with HPV is so common it can be considered a normal part of being sexually active.

What is HPV?

There are different types of HPV that infect different parts of the body. Around 50 types can infect the genital skin, including the cervix.

Four out of five people who have ever had sex will have HPV at some point in their lives. In most of us, it goes away after a few months without causing any problems.

Sometimes, some types of HPV stay in the body. We don't know why this happens in some people and not others; though things like smoking seem to make it happen more easily. Condoms may offer some protection from HPV, but this is limited as condoms do not cover all the genital skin.

How is HPV related to cervical cancer?

Most women with genital HPV infection do not go on to have cervical cancer.

Although genital HPV infection is very common, most women with HPV do not go on to have cervical cancer. However, when cervical cancer does occur, HPV is always present.

Genital HPV types are called 'low risk' or 'high risk', depending on their potential to cause cell changes that could lead to cancer.

Low-risk types can cause minor changes to cervical cells. These usually go away over one to two years and the cells return to normal.

High-risk HPV types are less likely to go away than the low-risk type. These can lead to more serious cell changes. However, these can be found by a Pap test and treated.

Cervical cancer usually takes many years to develop. It is important to have Pap tests regularly so that cell changes can be found early.

If women don't have regular Pap tests, cell changes may remain undetected and untreated. This means that there is a greater risk of cervical cancer.

In some people, HPV may remain inactive in their bodies for many years. For this reason it is important to continue having regular Pap tests.

How do I know if I have HPV?

Most people have HPV at some time in their life but do not know it. There is a test that can detect some of the high-risk HPV types. This is not recommended in women under the age of 30 because infection with high-risk HPV is very common in this age group and usually goes away. For more information about the HPV test, speak to your doctor or nurse.

Most women only know they have HPV when their Pap test shows some cell changes or if they are infected with HPV types that cause genital warts.

Genital warts are caused by low-risk HPV types and do not cause cervical cancer.

How is HPV treated?

There is no 'cure' for HPV – the body usually clears the virus naturally.

Cell changes caused by HPV and found by a Pap test should be followed up by:

- › repeat Pap tests to see if the virus has been cleared
or
- › (if they are more serious) confirmed by other tests, such as a colposcopy, and treated if necessary.

Genital warts can also be treated – ask your doctor or nurse about the best treatment for you.



How can I protect myself against cervical cancer?

Regular Pap tests can prevent around 90% of cervical cancers.

Pap tests

An instrument called a speculum is used to part the walls of the vagina to get a clear view of the cervix. A small sample of cells is then taken from the surface of the cervix and put onto a glass slide. The slide is examined at a laboratory to look for cell changes.

Some women find Pap tests a bit awkward or embarrassing, but they should not be painful. Talk to your doctor or nurse about any concerns.

Pap tests have benefits and some limitations.

Benefits

- › Cervical cancer is one of the few cancers that can be largely prevented through screening.
- › Regular Pap tests can prevent around 90% of cervical cancers.
- › A Pap test is a simple test that can be performed by your doctor and some nurses.

Limitations

Pap tests are not perfect and may not always detect cell changes. This may be because:

- › the sample does not contain abnormal cells that may be present on the cervix
- › blood or mucus may make it hard to see the cells
- › occasionally, abnormal cells are missed under the microscope
- › sometimes abnormal cells occur high up in the cervix or deep in the glands of the cervix. It is not always possible to get samples from these areas.

However, most cases of cervical cancer take up to 10 years to develop. Having a Pap test regularly means changes missed on one test are usually found on the next, well before they become a serious problem.

Having a Pap test more than once every two years is not necessary, unless your doctor advises it.

Who should have Pap tests?

All women aged 18 to 70 who have ever been sexually active should have a Pap test every two years, even if they have had the HPV vaccine.

Lesbians need Pap tests as HPV can be passed on through genital-skin to genital-skin contact between women.

The risk of cervical cancer increases with age. It is important for women to have regular Pap tests until they turn 70. If you have had two normal Pap test results in the five years before you turn 70, you can stop having Pap tests. After 70, the risk of cervical cancer after having regular, normal Pap tests throughout your life is minimal.

Some women who have had a hysterectomy may need to continue having Pap tests. This depends on the:

- › type of hysterectomy
- › reason for the hysterectomy
- › woman's Pap test history.

If you have had a hysterectomy, ask your doctor whether you still need to have Pap tests.

Women who have never had genital-skin to genital-skin contact with anyone do not need Pap tests.

A Pap test is a screening test for women without symptoms. If you have symptoms, such as abnormal bleeding or discharge, always see your doctor, even if your last Pap test was normal.

Where can I have a Pap test?

Your doctor will either be able to take your Pap test, or direct you to someone in the clinic who can. There are now many nurses who take Pap tests.

If you live in Victoria, visit papscreen.org.au or call the Cancer Council Helpline on 13 11 20 to find your nearest doctor or nurse.

The website and Helpline also have information on:

- › where to find a female Pap test provider
- › languages spoken at each service
- › disability access.

What does an abnormal Pap test mean?

Low-grade changes

Sometimes, small changes to the cervical cells are found by a Pap test. The cause of these changes is not always obvious. The changes may be due to inflammation, but are often caused by HPV.

For most women, these changes are monitored with more frequent Pap tests. If the changes do not go away, your doctor or nurse will organise further tests such as a colposcopy.

High-grade changes

High-grade changes are more serious changes to the cervical cells. If not treated, these changes are more likely to lead to cervical cancer.

These changes need further tests. They can usually be treated if found early.

Colposcopy and treatment

If low-grade changes do not go away or if a high-grade change is found, you will be referred to a gynaecologist for a colposcopy.

A colposcope is an instrument that magnifies the cervical cells. It gives a closer view of the cervix to check the nature of the problem.

Once your doctor finds the problem, there are various treatment options available. Your doctor will recommend what's right for you.

The booklet *Pap test results: for women with an abnormal Pap test* has more information about abnormal results and treatment. It is available online at papscreen.org.au or by calling the Cancer Council Helpline on 13 11 20.



The HPV vaccine

The vaccine protects against two high-risk HPV types – 16 and 18. These cause around 70% of cervical cancers.

The HPV vaccine, also known as the cervical cancer vaccine, can prevent around 70% of cervical cancers if given before the start of sexual activity.

The vaccine protects against two high-risk HPV types – 16 and 18. These cause around 70% of cervical cancers.

The vaccine is given in three doses across a 4 to 6 month period, through an injection in the upper arm. It is important to have all three doses as this improves the vaccine's effectiveness.

Who should have this vaccine?

The recommended age for receiving the vaccine is around 12 years old. This is because the vaccine works best when given before sexual activity starts – that is, before exposure to HPV. Also, the immune system at this age works more effectively to make the antibodies that protect against HPV infection.

Girls and boys in Australia aged 12–13 are offered the vaccine for free as part of the school-based National Immunisation Program.

Making the decision to have the HPV vaccine is up to each individual. Because the vaccine is offered to girls and boys aged 12–13, parents and guardians also play a role in deciding whether their child should be vaccinated.

Older women who did not get the vaccine at school should speak to their doctor about whether the vaccine will help them.

The three-dose course costs around \$450. It is usually available from your doctor.

Who should not have the vaccine?

People who should not have the vaccine include:

- › pregnant women
- › people with allergies to any of the vaccine ingredients (including yeast).

Is the vaccine safe?

The vaccine has shown to be extremely safe and effective in preventing almost 100% of infections with HPV types 16 and 18.

Some people may have mild side effects from the vaccine such as soreness at the injection site, dizziness, fainting or a low fever. These side effects can occur from any vaccination.

More severe side effects, such as anaphylactic (allergic) reaction, are extremely rare. These can happen if you are allergic to an ingredient in the vaccine. If an allergic reaction does occur, it can be treated.

Do I still need Pap tests if I've had the vaccine?

Yes. All women aged 18 to 70 who have ever been sexually active should continue to have a Pap test every two years, even if they have had the vaccine.

This is because the vaccine only gives protection against the two most common types of cancer-causing HPV. Cervical cell changes can still occur if you are exposed to HPV types not included in the vaccine.

Also, some people may have been exposed to HPV before having the vaccine.

For more information about the vaccine visit hpvaccine.org.au or call the Cancer Council Helpline on 13 11 20.



papscreen.org.au
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