Department of Health of the Basque Government

Cervical cancer early detection screening programme













ABOUT THE EARLY DETECTION SCREENING PROGRAMME...

The goal of this programme is to prevent the onset of cervical cancer.

Osakidetza (the Basque Health Service) offers the possibility of undergoing a simple test to detect precancerous lesions or the infection that causes these lesions before cancer develops. Depending on the results, the existing risk is assessed and a personalised recommendation is provided.

Most cancers detected are typically known to occur in people who do not attend regular screenings.

Taking part is a smart way to prevent and look after yourself.

WHAT DOES THE SCREENING TEST CONSIST OF?

This test is intended for asymptomatic women and other people with a cervix* who are residents of the Basque Country, aged between 25 and 65 years old.

* Trans and non-binary people with a cervix.

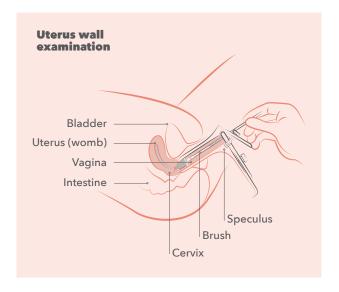
The screening or early detection test consists of taking and analysing a sample of the cells that cover the cervix. A midwife usually performs the collection procedure which is usually tolerable with no problems. Using a speculum (a device inserted into the vagina), the cervix is exposed and the sample is collected. This is a simple and typically painless procedure.

Analysis of samples by age group.

Once the **sample has been collected**, it is sent for analysis and this analysis will differ depending on the age group you belong to:

- **BETWEEN 25-34,** a cervicovaginal cytology will be performed, which consists of analysing the cells collected under a microscope. It is recommended that **this test be repeated every 3 years.**
- **BETWEEN 35-65,** the human papillomavirus (HPV) test is performed. It is recommended that this test be repeated every 5 years.

Screening test results are valid for a limited time. That's why it's important to show up for every invitation you receive.



Indications before taking the test.

Do not take the test if you are having your period at that time. You should wait 3 days after your period has ended before taking the test.

You should refrain from having sexual intercourse 24 hours prior to the test.

You must not have used any vaginal medication during the previous three days (with the exception of the vaginal ring or the IUD, which does not interfere with the test).

In the event of **pregnancy***, **postpartum or abortion**, wait for 4 months before having a sample taken.

* During the first three months of pregnancy, the sample can be taken; any later than the 1st three months, we recommend waiting.

HPV test and cytology test.

The HPV test is used to determine whether there is enough HPV to cause lesions or damage to the cells that make up the cervix.

The **cytology test** can show whether these cells have been affected by this infection, and what the alteration is. Therefore, we could say that the HPV test detects risks at the earliest stages, and for this reason the longer intervals between tests.

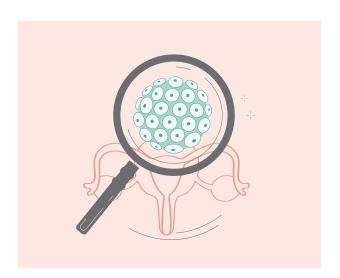
Why do younger women have a Pap test and not an HPV test?

While HPV is much more common in women under 35, it is also true that they usually spontaneously get rid of it with no symptoms.

Using the HPV test for these women would lead to an increase in the number of cases that would not have needed to be detected, as young women's own immune system would have been able to suppress it.

Should I also take part if I am vaccinated against HPV?

If you are fully vaccinated against HPV, you should also take the regular cervical cancer screening test, as the vaccine, although highly effective (96% efficiency rate), is not 100% effective.



POSSIBLE BENEFITS AND RISKS OF THE SCREENING TEST

ADVANTAGES

- It reduces cervical cancer rates and deaths.
- It improves the quality of life through less aggressive treatment for any detected precancerous lesions.
- Discovering a negative result results in a low-risk interval that can have a reassuring effect.

POTENTIAL HARM

- Discovering a negative result provides a low-risk interval that can have a reassuring effect.
- Adverse obstetric effects related to treatment of precancerous lesions, not the screening test, such as increased risk of preterm delivery.
- Anxiety associated with receiving an abnormal screening result and undergoing colposcopic examination and subsequent treatment.
- Delayed diagnosis of the lesion as a result of a false-negative result.
- Excessive treatment as a result of a false-positive result.

HOW TO INTERPRET THE RESULTS

It is advisable to keep the contact details of your Health Centre up to date, as, once the analysis has been carried out, the results will be disclosed via SMS, post and/or a telephone call. The results can also be consulted using the Health Folder application.

We will now explain the different results you may receive and how they should be interpreted:

RESULTS CANNOT BE ASSESSED indicates that the analysis could not be performed and therefore the test must be repeated. The reason for this is typically insufficient material to carry out the test (insufficient sample), which is why the test needs to be repeated. **If you do not yet have an appointment with your midwife, schedule it for at least 4 months after the previous one** as taking the test earlier could produce confusing results.

VERY LOW RISK RESULT indicates that the probability of having a premalignant or malignant lesion at this time is very low. The next check-up will take place in 3 to 5 years with the health centre midwife. The screening programme will issue a new screening invite at the appropriate time, unless otherwise indicated by your gynaecologist. Should you notice any new symptoms during this time (spontaneous, irregular and repeated genital bleeding; repeated bleeding from sexual intercourse; abnormal vaginal discharge), do not hesitate to consult your midwife.

LOW/MEDIUM RISK RESULT indicates that there is some alteration, but very little probability of having a lesion at this time. A closer follow-up is required, usually in one year's time. The Programme will contact you again following this period of time.

RESULTS THAT REQUIRE ADDITIONAL

TESTS. Some detected alterations carry a higher risk of premalignant or malignant lesions and additional tests are recommended to **complete the examination**. To do this, the patient must visit a specialist gynaecology clinic where a **colposcopy** test will be performed to assess the condition of the genital tract and apply any necessary treatment or follow-up. This test is not that much more uncomfortable than a routine gynaecological check-up. The cervix, vagina and vulva are examined using a microscope after applying dyes to look for possible lesions, and if they are found and confirmed by a biopsy, a treatment known as **conization**, which consists of removing the lesioned tissue, will be considered.

I have been found to have human papillomavirus in the screening test. What does this mean?

Receiving notice of an abnormal result can be a cause for concern and worry, although in most cases this will resolve itself with regular check-ups.

An estimated 80% of people, regardless of gender, will be infected at some point in their lives. HPV is primarily spread via sexual intercourse, although there are known cases of transmission through skin-to-skin contact, as the virus can be found on the genitals or pubic area, so hand/genital infection is also possible. And spreading through contaminated objects cannot be ruled out.

I have been recommended to complete the examination with a test called a colposcopy. Should I be concerned?

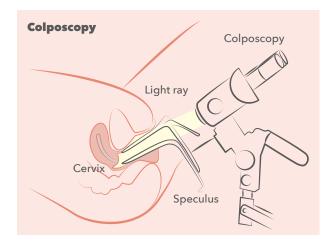
Sometimes, receiving abnormal results can be interpreted to mean you have a serious health problem. Really, this only indicates an increased likelihood of having a lesion, whereby the examination must be supplemented with an additional test at the gynaecology clinic which is known as a **colposcopy**.

In most cases, mild lesions will be found that heal without treatment and these will only require periodic check-ups to monitor them. Should more

sever lesions be detected with a lower probability of spontaneous healing, a treatment known as **conization** is performed, which consists of removing the tissue containing the lesion, thereby preventing cancer progression in up to 99% of cases. Conization is a somewhat unpleasant procedure, but most women tolerate it well.

Also, for a period of time, you will be offered regular check-ups to ensure that there are no complications while your body is inactivating or clearing away the human papillomavirus infection. When this occurs, follow-ups will also return to normal and will be handled again by the health centre. If, on the other hand, HPV persists and a lesion develops, these checks will ensure early detection and early treatment.

It is important that follow-ups are carried out as recommended on an individual basis.



HUMAN PAPILLOMA VIRUS

FREQUENTLY ASKED QUESTIONS

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80% of people will be infected at some point in their lives.

While it is true that HPV is associated with cervical cancer, being infected with HPV does not mean that you will develop it. The persistence of this virus over time is what could result in premalignant lesions that, over time, could develop into cervical cancer later in life.

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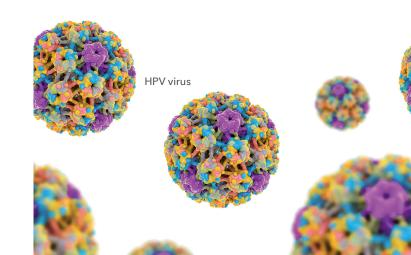
In most people it is cleared up by the immune system without the need for treatment.

In short, cervical cancer is a serious, but extremely rare, complication arising from a relatively common phenomenon: HPV infection.

When is the virus transmitted?

This is hard to know as the immune system can render the virus undetectable to current tests for a number of years. Even if the result is negative, we cannot rule out that there might not be any infection, only that if there is, it is still latent and cannot cause any harm. So, detecting it at a specific moment does not necessarily mean that exposure was recent, even if previous tests were negative.

Sometimes, knowing that you are infected with HPV can be experienced as an alteration of your body image and your life plans as a couple, and can have an effect on your sexuality. It is important to remember that continuing to enjoy your sexuality has numerous health benefits, so discard any feelings of guilt from your mind. Remember that a very high percentage of people have or have had HPV at some time in their lives.



What can I do to help my body fight off or clear away the human papillomavirus?



1. BOOST YOUR IMMUNE SYSTEM

Don't smoke or cut down as much as possible. Smoking has been proven to lower the immune system in the area which makes clearing away the virus more difficult and increases the chance of cervical injury by as much as five times.

Exercise and meditation help to reduce stress levels, as stress has a significant impact on the body's immune response to external aggressions such as viruses.

A balanced diet right in antioxidants, protein, healthy fats (blue fish, nuts, seeds and eggs). Avoid processed foods, sugar and alcohol. Do not consume too much cereals (bread/flour).

Performing outdoor activities, getting a good night's rest and looking after your emotional health, are habits that strengthen your immune system.



2. USING CONDOMS CORRECTLY can also help you fight off the virus sooner. Other than this, there is no need to change any other sexual behaviours.

HPV vaccination. When is it recommended?

HPV vaccination is the best strategy to prevent HPV infection, but it is not a treatment that cures it.

Anybody can benefit from it, given the fact that the vaccination has an efficiency rate of approximately 96% if you have not had sexual contact and approximately 70% if you have.

This is currently included in the vaccination calendar for girls and boys aged 12. Although, it is also funded for some risk groups, such as women who have been conization within the last year or who are immunocompromised.



Now is a good time to improve your lifestyle habits. Strengthening the immune system will help you fight off the virus.



There is no better tool in health care than prevention.

DO YOU NEED ANY FURTHER INFORMATION?

→ Further information available at www.osakidetza.euskadi.eus



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