



Prepared for: _____

DOB: ____/____/____

From Dr. _____

Diagnosis: ASC-US Pap test

YOUR DIAGNOSIS

Your doctor recently took cells from your cervix and vagina for a Pap test. Another doctor at a lab looked at those cells up close to see if there were any abnormal changes. **The report your doctor received from the lab states that you have atypical squamous cells of undetermined significance (ASC-US).**

This means some of your cervical cells were slightly abnormal.

ASC-US is the most common abnormal Pap test finding.¹ It does not mean you have cervical cancer. Most of the time, cell changes seen in ASC-US are caused by irritation, infection, or hormonal changes.

DO I NEED MORE TESTS OR TREATMENT?

Your doctor may advise one of the 3 options below to follow up on your ASC-US Pap test result.¹⁻³

Option 1) Test for infection with human papillomavirus (HPV)

HPV is a common virus that is spread by skin-to-skin contact, including sexual contact. Most sexually active people will get a genital HPV infection at some time in their lives.^{4,5}

There are about 40 types of HPV that can infect the skin on and around the genitals.^{4,5} Some types of HPV are called “high-risk” because they can cause changes in cervical cells that, over time, could lead to cancer.⁶ Long-lasting (persistent) genital infection with a high-risk type of HPV is the main cause of cervical cancer.⁶

Your cervical cells can be tested for infection with high-risk types of HPV. The HPV test can usually be performed on the same cells that were obtained for your Pap test.

If your test result shows you are **not infected** with a high-risk type of HPV, it is not likely that the changes in your cervical cells pose a risk for cancer. Your doctor may advise you to have another Pap test in 12 months.^{1,2}

If you test positive for a high-risk type of HPV, your doctor may advise a colposcope exam.^{1,2} This exam is explained in Option 3.

HPV testing is not advised for women younger than 21, since

HPV infection among young women rarely leads to cancer and the follow-up procedures may have harmful effects in these young women.³

Option 2) Repeat Pap testing

The changes in your cervical cells may be caused by a vaginal infection, irritation caused by an IUD (intrauterine device), or hormonal changes related to menopause. None of these problems increases your risk for cervical cancer, and the changes in your cervical cells may go away on their own over time. If needed, the problems causing the changes in your cervical cells can be treated.

To find out if your cervical cells have returned to normal, your doctor may advise you to have 2 more Pap tests—1 in 6 months and another 6 months after that. If both Pap tests are normal, you may go back to routine cervical cancer screening. If 1 or both of the Pap test results is abnormal, your doctor may advise a colposcope exam^{1,2} (see Option 3).

Option 3) Perform a colposcope exam

If your health habits, medical history, or HPV status have raised your risk for cervical cancer, your doctor may want to take an up-close look at your vagina and cervix to look for abnormal changes.^{1,2} To do this, your doctor will use a **colposcope**—a device with a bright light and lenses (like binoculars) that enlarges the view of your cervix and vagina.

While viewing your cervix with the colposcope, your doctor might obtain a sample of cells using either a soft brush or a small scoop (curette).² Those cells will be sent to a lab where another doctor will view them up close to look for abnormal changes. If no such changes are found, your doctor is likely to advise a follow-up Pap test in 12 months.^{1,2}

WHAT CAN I DO TO STAY HEALTHY?

- Follow your doctor’s advice about follow-up exams and tests, such as Pap and HPV tests and colposcope exams. Keep a record of the dates and results of any tests or procedures you have; it might come in handy if you ever change doctors or insurance providers or if you have a genital health problem in the future.

This report is provided to help you better understand your pathology results. It is intended only for information purposes and does not include all of the available knowledge about your diagnosis. Nor is it meant to advise you about health care decisions or substitute for professional care. Always seek the advice of a qualified health care provider with any questions you may have regarding your medical condition. Remember that only you and your physician can determine your best care plan based on your medical history and clinical circumstances.



- If you are 26 years of age or younger, talk to your doctor about getting vaccinated against HPV.^{4,5} Two vaccines (Cervarix[®] and Gardasil[®]) are available to protect females against the types of HPV that cause most cervical cancers.⁵ Gardasil also protects against the “low-risk” types of HPV that cause genital warts.⁵ Three shots are needed for full protection.
- Let your doctor know if you have pain or any other new symptoms or if you notice a change in the amount, look, or smell of your vaginal discharge. Many problems that affect a woman’s genitals, including sexually transmitted diseases, cause similar symptoms. Your doctor can find the exact cause of your symptoms, offer treatment, and teach you how to take steps to keep from spreading an infection to others or becoming infected again.
- If you smoke, quit. Smoking may increase your risk for cervical cancer. If you are having a hard time quitting smoking, talk to your doctor. He or she may be able to help you quit.

OTHER RESOURCES

National Cervical Cancer Coalition

Telephone: (800) 685-5531

Home page: www.nccc-online.org

National HPV and Cervical Cancer Prevention Resource Center American Social Health Association

Telephone: (800) 783-9877

Home page: www.ashastd.org/hpv/hpv_overview

National Women’s Health Information Center

Telephone: (800) 994-WOMAN (800-994-9662)

Home page: www.4woman.gov

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