



IDA-TALLINNA KESKHAIGLA

AS Ida-Tallinna Keskhaigla
Ravi 18, 10138 Tallinn
Rg-kood 10822068
Tel 666 1900
E-post info@itk.ee
www.itk.ee

PAP test and HPV test

The aim of this leaflet is to provide information on PAP and HPV tests, their aims and possible results, collection procedures, and cervical examination and treatment methods.

The main causes of cervical cancer are certain high-risk strains of the human papillomavirus (HPV), which are sexually transmitted. The source of infection is another human infected with the papillomavirus. A prolonged papillomavirus infection (more than two years) can cause changes in cervical cells that can lead to pre-cancerous conditions and cervical cancer.

HPV and PAP tests are used to detect cervical cancer and pre-cancerous changes.

HPV test

The presence of high-risk viral strains in the body can be detected by a HPV test. Regular HPV screening is important because cervical cell changes and pre-cancerous conditions do not usually cause any symptoms.

Cervical cancer screening includes HPV testing. Women aged 30-65, both with and without health insurance, are invited to the screening every five years. Participating in the screening helps detect potential cell changes and pre-cancerous conditions early, when they are still treatable.

PAP test

The PAP test is recommended for women aged 25-29 years and is performed every three years.

The PAP test is also performed if the HPV test is positive or if the doctor observes any changes in the cervix.

Sample collection

For HPV and PAP testing, a sample from the cervix is taken with a small brush during a gynaecological examination. Sample collection is painless.

The best time to collect the sample is the 10th to 20th day of the menstrual cycle; the sample cannot be collected during menstruation. There may be slight bleeding for a few days after sample collection. There are no restriction on regular lifestyle.

If the initial HPV test is positive, the laboratory will analyse the same specimen for possible cervical cell changes, i.e. a PAP test is done (using the LBC method).

Possible results of the PAP test:

- NILM (negative for intraepithelial lesion or malignancy) – cells are normal, no pre-cancerous conditions or malignancy.
- ASCUS (atypical squamous cells of undetermined significance). This means that some of the cells do not look like normal cervical cells, but it is unclear whether this change is caused by HPV or by, for example, infection or hormonal changes, etc. The test will be repeated after 12 months or additional examinations will be performed.
- ASC-H (atypical squamous cells, cannot exclude HSIL) – cells of undetermined significance for which a severe degree of cellular changes cannot be excluded.
- AGUS (atypical glandular cells of undetermined significance) – cervical mucosal cells of undetermined significance.
- LSIL (low-grade squamous intraepithelial lesion) – a mild degree of cellular changes in the cervix.
- HSIL (high-grade squamous intraepithelial lesion) – a severe degree of cellular changes in the cervix.
- AIS (adenocarcinoma in situ) – an early form of cancer arising from cells in the cervical mucosa.

If the result of the PAP test is inconclusive or indicates cell changes, your gynaecologist will draw up an individual treatment and/or monitoring plan. Cervical cell changes do not necessarily mean that you have cervical cancer. Changes can also be caused by inflammatory processes in the cervix or vagina. Your gynaecologist will tell you when you need additional examinations, such as a colposcopy or determination of high-risk HPV subtypes.

In the case of a NILM result, further monitoring of the cervix is as follows:

- Women under 30 years of age will have a PAP test done every three years at a gynaecologist's or midwife's appointment.
- Women over 30 years of age will be invited for cervical cancer screening and HPV testing every five years.

Cervical examination and treatment methods

A **colposcopy** is an examination method used to observe the cervix with a special microscope. Various solutions are used to identify the areas that have changed, and if necessary, a tissue sample is taken. Taking a tissue sample, i.e. a biopsy, is not painful and only takes a moment. The tissue sample is then examined to assess the changes in cervical cells. You will be referred to the examination by your doctor.

The degrees of severity of the cellular changes are:

- CIN (cervical intraepithelial neoplasia) I (mild);
- CIN II (medium);
- CIN III (severe).

The doctor who performed the colposcopy will visually assess the cervical changes. On the basis of the colposcopy and histological examination, the doctor will draw up a further monitoring plan – either regular monitoring or cervical conisation.

Cervical conisation is a surgical treatment of the cervix that involves removing a cone-shaped piece of a part or area of the cervix with changed cells. The aim of this treatment is to prevent the changes from developing into cervical cancer. Conisation can be performed under both local and general anaesthesia. The tissue sample is then examined histologically. This helps to clarify the severity and extent of the cellular changes. You will get the result and further monitoring plan from your gynaecologist. You will be referred to the conisation by your doctor.

HPV vaccine

You can get vaccinated against HPV. A range of different vaccines are available, with different levels of protection against the HPV strains. Vaccination is more effective if done before the start of sexual activity. The vaccine cannot treat an existing HPV infection or HPV-induced cervical cell changes. Vaccination does not ensure complete protection; it is important to see a gynaecologist regularly even after vaccination.

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