

Cervical cancer can be prevented

Follow the screening invitation

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Cervical cancer is the second most common cancer of women. Although cervical cancer develops very slowly, young and fertile women can also get this disease. However, thanks to organised cervical screening, the health and fertility of tens of thousands of women has been saved.

Cervical cancer, or cancer of the neck of the womb, develops from pre-cancerous lesions that can be found by cervical screening and treated before they progress to cancer. With effective screening, cervical cancer has been drastically reduced in Finland; nowadays four of five cervical cancers are prevented!

The most important factor in the development of cervical cancer is a long-term infection caused by sexually transmitted human papillomavirus (HPV). The risk of developing pre-cancerous lesions is higher among women who have started their sexual life at an early age, who have had numerous sexual partners, or who have a partner who has had numerous partners. In addition, smoking and having other sexually transmitted infections increase the risk of cervical lesions.

WHY SHOULD I ATTEND SCREENING?

Cervical cancer develops slowly and causes no symptoms until a very late stage. Although the vast majority of abnormalities observed in the screening will heal by themselves, some of these abnormalities may progress to cancer and therefore require treatment.

The cytological screening in Finland is of a high quality. It is analysed especially to find pre-cancerous lesions and cancers. Taking part in the organised screening has been shown to be the most effective way to prevent cervical cancer!

Screening is worth attending, even though you might have had a cervical sample taken lately for some other purpose.

Screening is free of charge to you

An invitation to participate in cervical cancer screening is sent every fifth year. Generally, the first invitation is received at 30 years of age, the last at 60 years. Nevertheless, reporting abnormal bleeding or spotting at a screening visit or having borderline cytological abnormalities in the cervical sample, generally leads to a repeat screen a year after the original screen. Screening is organised and offered by municipalities, and it is free of charge to the attendees.

WHAT IS THE SCREENING VISIT LIKE?

During the screening visit a trained nurse takes samples of cells from the vagina, cervix and cervical channel. Samples should not be taken during menstrual bleeding. Having a sample taken may feel like a pinch and during the next few days some extra spotting may occur.

In addition to having samples taken, an information form about your recent gynaecological history will be completed. You will be asked questions about

- the beginning date of the last menstrual bleeding,
- the time of last cervical sample (Pap-smear) and its result,
- information on any previous cervical lesions detected and treated
- other information necessary for proper analysis of the screening sample.

The date of the last menstrual period should be checked just before the screening visit.

Being pregnant or breastfeeding doesn't generally prohibit participating. However, rather than participating in late pregnancy, it would be better to postpone screening until after the delivery of your baby.

HOW THE SCREENING SAMPLE IS ANALYSED?

The screening sample is analysed using the traditional Pap test. With the Pap test, the fixed and dyed screening sample is analysed with light microscopy. During microscopy all abnormal cells and cell clusters observed in the sample are classified. Pap test as a screening test is safe and reliable.

THE RESULT IS MAILED TO YOU

The result of your screening test will be sent in a personal letter. In about nine of ten cases the result is normal and nothing suspicious has been found.

If further examinations or treatments are required, this will be clearly stated in the letter. It is worth remembering, that in most of the cases requiring follow-up, the observed abnormalities are mild and not related to pre-cancer or cancer.

WHAT IS HPV?

HPV or the human papillomavirus is a very common sexually transmitted virus. It is so common that a majority of all people will have a HPV infection at some time in their lives. The time and source of the first infection cannot be reliably identified. For this reason, papillomavirus is generally not considered as a real sexually transmitted infection (STI).

HPV infections are nearly always transient, healing on their own in a couple of months without causing any cytological abnormalities. However, in some women, pre-cancerous lesions will develop and these can only be found by screening. Only the lesions that may progress need to be treated to prevent cancer from developing.