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The Resource binder is for individuals and organizations working in the area of sexual and reproductive health. While the most up-to-date materials were used to prepare the Resource binder, users should be aware that information changes rapidly.

Additional copies of this document are available from:

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Cervical Screening Initiatives

A simple test that can save your life!

About this manual

The *Pap Resource Manual* is intended to be a resource for Health Professionals and Volunteers providing public education about screening for cervical cancer. The recommendations and information included in the manual are adapted on the information and health care practices in Newfoundland & Labrador in 2004. The manual is not intended to replace the advice of a physician. Please consult your physician if you have concerns or questions about your health.

This *Manual* was developed by the Cervical Screening Initiatives Program information and resources were reviewed with permission from: The Pap Awareness Project, Red Deer, AB, and The Women's Wellness Pilot Project, Stephenville, NL. The Cervical Screening Initiatives Program gratefully acknowledges the sources of information for this resource manual. Current revisions to reflect Newfoundland and Labrador information and health care practices.

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INTRODUCTION

The Pap Resource Manual

Cervical Screening Initiatives Program Acknowledgements

The Education and Recruitment Subcommittee for the Cervical Screening Initiatives Project has provided the direction for the process, planning, and implementation of the education and awareness program.

Many other volunteers and community agencies made valuable contributions to the pilot project. We wish to thank every one of these individuals and organizations for their generous assistance.

We are most grateful to Health & Community Services Western, in conjunction with Health Canada and other community groups and organizations, for initiating a project on cervical cancer screening in western Newfoundland.

Acknowledgements

The Pap Resource Manual reflects the hard work and collaboration of many dedicated volunteers committed to reducing cervical cancer:

For a comprehensive list of committee members in the Red Deer, Alberta, Pap Awareness Project and the Cervical Screening Initiatives Project involved in the production and editing of this manual, please refer to appendix A.

The Newfoundland and Labrador revisions of this manual were completed by Lori Harnett in collaboration with Cervical Screening Initiatives Program Regional Coordinators and community partners.

Background

Recent trends in cancer incidence and mortality underline the need for raising awareness about Pap smears and Cervical Cancer* :

- The incidence of cervical cancer in Canadian women under 40 years is increasing and mortality rates are no longer declining.
- Each year in Newfoundland & Labrador there are approximately 25 - 30 new cases of invasive cancer of the cervix.
- Newfoundland and Labrador Centre for Health Information 2004 reports a mortality

rate (3.9 per 100,000) more than double that of the national average (1.4 per 100,000 nationally).

- The average percentage of women screened each year is approximately 33% women in NL.
- A survey of Newfoundland Women in 1997 found that many women wanted more information about cervical cancer and Pap smears.

The Pap smear is the most effective way to **prevent** cancer of the cervix, to **detect** early precancerous changes of the cervix and to **reduce** the number of woman who die from the disease. Screening with Pap smears will both reduce the number of women who *develop* cervical cancer as well as the number who *die* from cervical cancer. The challenge today is to ensure that *all* eligible women are appropriately screened.

*Cervical Cancer as used throughout this manual refers to invasive cervical cancer.

Demographics

Table I Provincial Participation Rates: * NCTRF Data

	1991	1992	1993	1994	1995	1996	1997	1998*	2001	2002	2003
Total Smears	93,034	99,846	95,144	92,763	88,111	84,706	82,491	86,518	85,568	84,298	87,403
Women Screened	77,668	83,055	78,311	76,231	74,054	73,514	72,775	75,789	74,708	69,346	77,560
Eligible Population (>14 years)	225,334	227,845	229,661	229,295	228,480	227,431	225,905	223,344	221,373	221,587	222,758
Percent Coverage	34	36	34	34	32	32	32	34	34	31	35

* Data for 1999 & 2000 is not complete.

The regional comparisons for participation are described in Table II. Western Region has had the program since 2001, and Central introduced the program in May 2003.

Table II Percentage of Participation by Regions**

	Avalon	Central East	Central West	Grenfell	Labrador	Peninsula's	St John's	Western	Total
2002	5552	5427	6819	1945	3354	7513	31,275	12392	74283
Popn	21,952	17,360	25,655	6374	9097	21,702	83,675	35167	220,982
%	25	31	27	31	37	35	37	35	33.6
2003	5825	5399	7707	2003	3335	7771	33,095	12397	77,560
Popn	21,816	17,327	25,695	6480	9179	21,638	84,683	35168	221,986
%	27	31	30	31	36	36	39	35	34.9

**Population denominators are based on the Population Projections from the Department of Finance

OVERVIEW

The Cervical Screening Initiatives Program is a provincial program focusing on developing a comprehensive approach to cervical screening for women in Newfoundland and Labrador. The goal of this program is to increase participation rates in cervical screening across the province thereby reducing the incidence of cervical cancer.

Key components in a comprehensive approach to screening include educating both public and professionals; recruiting women for screening and implementing the necessary supports to encourage participation in Pap screening.

The Cervical Screening Initiatives Program is working diligently to spread the message of the importance of a yearly Pap smear. Each year over four hundred women in Newfoundland and Labrador are diagnosed with carcinoma in situ of the cervix, and approximately thirty women are diagnosed with invasive cervical cancer. These women have missed the opportunity for early diagnosis. We are taking a proactive approach to encourage women to make informed health choices that will lead to extended health and well-being.

Preparation

Preparing for a Presentation

- Find out more** about the group of people who will be attending the presentation. e.g. How many people are expected, what are their ages, what is their background.
- Rehearse** until you are confident that you are ready.
- Anticipate questions** that participants might ask. It may help to review *Frequently Asked Questions*.
- Confirm the facility** arrangements and check that the equipment you need will be ready for you.
- Organize resource materials** such as overheads, handouts, brochures. Be sure that you have enough copies.
- Familiarize yourself** with how the equipment works.

During the presentation

- Try to relax.** The group is usually more receptive to what **you have to say if your approach is calm and friendly.**
- Be flexible.** Accept that things don't always go as planned. Activities may take longer than anticipated. Participants may ask a question you cannot answer or ask no questions at all...anything can happen. Be prepared to adjust to each unexpected question.
- Listen.** Your participant's questions and discussions will tell you much about their attitudes and understanding.
- Invite participants to get involved.** The more they get involved, the more they will learn. Stimulate discussions, encourage questions and use structured group activities.

Encourage people to get involved. Learners will remember:	
- 10% of what they read	- 20% of what they hear
- 30% of what they see	- 50% of what they hear & see
- 70% of what they say	- 90% of what they say and do

During the question period

- Make sure that your body language invites questions.** You might want to step closer to the audience, keep your arms at your sides, smile and pause long enough to give people time to think of a question.
- If no one asks a question** you could say, “One question that I am often asked is...” and then provide the answer. This may encourage others to open up.
- Listen closely to each question** and be sure you understand what is being asked before providing an answer. Ask the questioner for clarification if necessary.
- Be brief.** Take only enough time to answer the question. Don’t be tempted to make another major presentation.
- Don’t feel that you have to answer every question** on the spot. If you don’t know the answer, say so. It is perfectly acceptable to refer the questions to another source of information or write down their name and number so that you may call them later after having done some research.

After the presentation

- Complete** any feedback or evaluation forms.
- Follow through with any follow-up** as necessary.
- Note down what worked well** in this presentation to help you plan for other programs.

Principles of Adult Learning

Remember that you are working with adults

- Adults learn, grow and interact differently than children. Therefore, in a learning situation adults behave differently than children. As an instructor it is important to have the right attitude when working with adults or your message will not be well received.
- You can help your group get the most from your presentation by keeping in mind the following points:
 1. Adults are a highly diversified group of individuals with widely differing preferences, needs, backgrounds and skills. *“I am a graduate of the School of Life. I’ve had a lot of experiences. Respect my individuality and personal opinions.”*

2. Adults can serve as a significant information resource to the facilitator as well as other group members. *“I like to learn from the experiences of others so let us share our ideas and information.”*
3. Adults want to play an active role in learning situations. *“Plan the presentation so that I can get involved. Learning is not a spectator sport for me.”*
4. Adults expect what they can learn or do to be immediately useful. *“I need very practical information. Tell me how I can apply what I learned to my real life situation.”*
5. A comfortable and supportive environment will improve the adult’s ability to learn. *“I need to be able to see and hear what you are teaching and must feel comfortable, relaxed and accepted.”*

Cultural Attitudes & Behaviors

Culture Influences attitudes towards health issues

- A women’s cultural background has a strong impact on her attitudes and behaviors related to health and wellness. For example, some groups do not openly discuss such topics as Pap tests; others might welcome the information but only if it comes from peer educators. Therefore, it is important that any education programs targeted at women from different cultural groups be sensitive to variations in attitudes and behaviors.
- Women from some cultures said they would not be comfortable discussing the Pap test or issues related to sexuality. To be acceptable, the information would need to be included sensitively in a general presentation on health promotion.
- In some groups women may prefer to have information presented by peer educators rather than by “outsiders.”
- Language may pose a barrier to some women because, in many non-English languages, there are no comparable words or label to describe the Pap test.
- Some cultures may have stronger feelings than others that, “good women don’t have a need for a Pap test.” Accept their cultural beliefs.
- There is a variation among cultures as to how women perceive their physician’s role as a provider of information and health services related to the Pap test.

Before a presentation: “When providing education programs to cultural and ethnic groups it is very important to contact someone from that group ahead of time to discuss concerns, beliefs, practices, etc. So that you can adequately address them in your program.”

Presentation Outline

Using the Presentation Outline

Overview

This section contains a presentation outline developed for you to use as a guide in preparing your own education sessions. The sample presentation is 45 to 60 minutes long.

Mini-lecture:	25 minutes
Video (Cathy Jones)	12 minutes
Question period:	<u>5 – 15 minutes</u>
Total:	40– 60 minutes

Contents of this section

- A. **Learning objectives** for the presentation.
- B. **Script** for a mini-lecture.
- C. **Overhead** master copies.
- D. **Description of videos** that could be reviewed during the presentation.
- E. **Explanation of group activities** that could be included in the presentation.
- F. **Evaluation forms** for participants and presenters.

Make it your own

This presentation outline is simply an aid to help you inform women about the Pap test and cervical cancer. You may wish to change or enhance the outline so that your actual presentation more closely reflects your own personality, background and experience as well as meets the information needs of your audience. For example, you may wish to substitute your own words for those in the script, add further details about a particular area, involve the group in a special activity, etc.

Learning Objectives

Participants Will Achieve

The sample presentation is designed to achieve these specific learning objectives:

1. To know what a Pap test is and why it is important to have a regular Pap test.
2. To identify who should be having a Pap test and how often.
3. Increase the knowledge of risk factors for developing cervical cancer.
4. Learn where to access further information on the Pap test and cervical cancer.
5. To provide information for women to take responsibility for their own health, specifically with regards to having a Pap test and seeking health test results.

General overview of topics:

These topics can be adapted to the time available for the presentation and the audience presented to.

Resources to incorporate into your presentations:

Pelvic Model (if available)	Speculum
Wooden spatula/ Cytobrush	Glass slide
Overheads (enclosed in this package or others you may wish to use)	
Projector	Flip chart and Paper
Markers	Index cards
Displays	Games
Evaluations	Pamphlets
Posters	Handouts

Lecture Tools:

- Program materials
- Presentation enhancement tools

Script for Mini-Lecture

(There are overheads to accompany this mini-lecture, Section H.)

Introduction

(Overhead # 1)

Hello and welcome

- Offer the group a warm and friendly welcome.
- Introduce yourself, your organization and the Cervical Screening Initiatives Program.
- Have the group members introduce themselves, if you wish.

Discuss the Pap Smear as Part of Healthy Lifestyle:

What do you do to take care of yourself?

- There are a lot of things we do in our lives (or could be doing) to take care of our health. What are some of the things that you do? (Could have this as an individual or group activity. List on an easel).
- Having a Pap Test is just one of the things we can do to take care of ourselves. It fits right in with keeping active, eating a balanced diet, finding time to relax and laugh, avoiding tobacco, doing breast self-exams and visiting the doctor and dentist for checkups (or refer to some of the examples shared by group members).

Follow the P.A.P. strategy.

(Overhead # 2)

Make time to:

- Plan.** Plan to have a Pap Test.
- Act.** Make an appointment with your doctor.
- Prevent.** You can prevent cancer of the cervix.

How do you plan your Pap Test. Do you schedule it for the same time each year, e.g. around your birthday? Every January? Where do you have it done? Discuss.

Points to remember: discuss different ways women take care of others, and the importance of taking care of themselves.

Learning Objectives

(Overhead # 3)

At the end of this presentation you hope the audience will be able to:

1. To know what a Pap test is and why it is important to have a regular Pap test.
2. To identify who should have a Pap test and how often.
3. Increase the knowledge of risk factors for developing cervical cancer.
4. To recognize that each one has a responsibility for their own health.
5. To learn where to access further information on the Pap test.

Trends in Cervical Cancer

(Overhead # 4)

The Pap test has saved many lives over the years but lately we have noticed disturbing changes in trends and statistics.

The following trends are reasons why women should be screened on a regular basis and why it is important to have an organized approach to cervical cancer screening:

- The overall incidence of cervical cancer is 60% higher in Newfoundland & Labrador than the Canadian average.
- The incidence of cervical cancer in women under 40 is increasing.
- Less than 35% of women in Newfoundland & Labrador have yearly Pap tests.
- Newfoundland and Labrador 1997 reported a mortality rate (3.9 per 100,000 versus 1.5 nationally) double that of the national average.
- Each year in Newfoundland & Labrador there are approximately 25-30 new cases of cervical cancer diagnosed and an estimated 10 deaths.

The Importance Of Screening

What is a Pap test... using the Anatomy of the Cervix overhead.

(Overhead # 5)

The Pap Test is known as a *screening test*, a special type of medical testing that is done on *healthy* people to see if they are at risk of a certain disease. Examples of other screening tests are mammograms and dental x-rays. *Diagnostic tests*, on the other hand, identify an existing illness which may already be presenting some symptoms.

A Pap Test is ...

- One of the most effective, accurate and economical ways used to detect cancer of the cervix and precancerous changes.
- Identifies changes that may occur in the cells that line the cervix.
- These changes may develop into cancer; however, these changes will not develop into cancer if found and treated early.
- Most cancer of the cervix takes 10 to 15 years to develop.
- Like any screening test, the Pap test cannot be 100% effective. However, regular Pap tests will increase the possibility of finding changes early.

For additional information on When to Have a Pap Test Page 61, Lecture Notes.

Anatomy of the Cervix

(Overhead # 6)

What the cervix is and how it changes?

- To understand a Pap Test, it helps to understand the anatomy of your cervix and how it changes.
- The cervix is located at the lower end of the uterus. It is made up of two different types of cells.
- Firstly, the outside of the cervix is covered by a layer of flat cells called *squamous* cells. Secondly, the canal of the cervix where it leads into the uterus is lined by tall column-like cells called *columnar* cells.

- The area where these two types of cells meet is the transformation zone. It gets this name because some of the columnar cells in the cervical canal are replaced by squamous cells during puberty, just like those on the outside of the cervix.
- It is in the transformation zone that abnormal growth or cancer tends to occur; if it develops at all.
- A Pap Test is a collection of cells from the transformation zone.
- Screening tests are important because they identify a disease *before* symptoms occur. Then, if treatment is necessary, it can start early.

For additional information on the Anatomy of the Cervix and teaching tips see Page 62, Lecture Notes.

- **Pear Model Concept**
- **Visual of transformation zone**

Risk Factors

(Overhead # 7)

Some behaviors can increase a woman's risk:

Not having a Pap test regularly is the BIGGEST Risk Factor.

The risk of cervical cancer can increase with:

- **Early age of first intercourse** – Sexual intercourse at an early age will increase your risk for cervical cancer.
- **Multiple sexual partners** – Your risk increases with higher number of sexual partners for you because this increases your chances of exposure to the human papilloma virus.
- **Presence of human papilloma virus (HPV)** – this virus is present in 90 – 95% of all cases of cervical cancers. However, most women who have HPV will not develop cervical cancer.
- **History of genital warts** – There is an increased risk if you have a history of genital warts.
- **Cigarette smoking** – Smoking increased the risk of cancer in the lining tissues of the body, made up of squamous cells. Most cervical cancers are squamous cell cancers.

Who should go for a Pap test?

(Overhead # 8)

All women who are or EVER have been sexually active.

You should continue to have a Pap test even if:

- you are no longer having a menstrual cycle
- you are no longer sexually active

If you are unsure if you need a Pap test talk with your doctor or health care provider to discuss:

- Pap testing and hysterectomy,
- Lesbian relationships or,
- Pap screening and sexual intercourse only once.

How do you prepare for a Pap test?

(Overhead # 9)

Prior to having a Pap test:

- Postpone the Pap test for at least one month if you have used any antibiotic vaginal creams or suppositories.
- Make an appointment with your health care provider when you are not on your menstrual cycle.
- Empty your bladder before the test. This helps make the exam more comfortable.

Prior to your Pap test avoid:

- Douching (48 hours before the examination);
- the use of contraceptive creams or jellies (48 hours before the examination);
- Sexual Intercourse (24 hours before)

Review the Pap test Procedure.

**For additional information on this topic and teaching tips see
Page 63, Lecture Notes**

Pap Tests Results

(Overhead # 10)

Results from a Pap Test:

- Be sure to call for your Pap test results.
- Women with normal results should have routine yearly Pap test.
- Don't panic! Abnormal results may be due to inflammation, infection or early cell changes.
- It is important to discuss abnormal test results with your doctor and keep all follow appointments.

For additional information on this topic and teaching tips see Pages 64 - 66, Lecture Notes.

- Early changes in the cells of the cervix
- Clinical Management Guidelines
- Follow up and Treatment Options
- Invasive cancer of the cervix

Summary

(Overhead # 11)

The Cervical Screening Initiatives Program recommends:

- All sexually **active women** should have a Pap test every year.
- Pap testing should **begin at age of first intercourse**.
- All women should **know the results** of their Pap test and when to have the next one.
- Women who have had an abnormal Pap test should **complete the recommended follow-up**.

For additional information on this topic and teaching tips see Page 67, Lecture Notes.

Reduce your risk:

(Overhead # 12)

- Delay age of first intercourse
- Have a regular Pap test
- Reduce number of sexual partners
- If you choose to be sexually active use a barrier method of contraception
- Don't smoke

These recommendations are appropriate for Newfoundland and Labrador where an organized screening program is currently unfolding provincially.

For more information:

(Overhead # 13)

Where to go?

- Family Doctor
- Nurse Practitioner
- Nurse Examiner/Public Health Nurse

Women's Wellness Clinics...

(Overhead # 14)

- Corner Brook and surrounding area – CCS – 634-6542
- Cervical Screening Initiatives, Provincial Coordinating Office @ 1-866-643-8719
- Western Regional Coordinator @ 1-709-637-5000 Ext: 6435
- Central Regional Coordinator @ 1-709-651-6264

Activities and Videos

Interactive group activity or video viewing

- Recommended videos are listed.
- Group activities are outlined.
- The best time to initiate a group activity or show a video will depend on the activity or video you have chosen to use. It may work well to do it now or you may refer to fit it into another section of the presentation.

Question Period

Questions and Answers

- Invite questions from the group. You may want to review the section “During the Question Period”

Conclusion

- Thank participants for their interest and questions.
- Tell them where they can go for further information.
- If you have time, invite participants to speak to you privately after the presentation if they have a question they did not want to discuss in public.

Videotapes

Recommended Videos You may choose to include one of the following video tapes in your presentation:

A Simple Test Can Save Your Life! “Cathy Jones”

Length: 12 Minutes

Audience: All Women

Available from: Cervical Screening Initiatives Program

What you Really Need to Know About ... Pap Tests and Cancer of the Cervix

Length: 50 minutes

Audience: All Women

Produced by: Medical Audio Visual Communications Inc.

Available from: Cervical Screening Initiatives Program

This video for patients will help you understand what cancer is all about and how treatment can help. Other points covered by this video include:

What the Pap Test is for?

What having a Pap Test is like?

What the Pap Test may show and other important practical points.

Taking Control of Your Health: The Pap Test and Cervical Cancer

Length: 9 minutes

Audience: Adult women, native women

Produced by: National Cancer Institute and the Nebraska Department of Health

Available from: Cervical Screening Initiatives Program

This is an excellent video emphasizing the need for women to take care of themselves and their bodies by having a Pap Test. The video was especially made for American Indian women, although the health messages are appropriate for all women. The Pap Test is discussed and demonstrated and the risk factors for cervical cancer are highlighted. It explains that cervical cancer is the most common cancer among Native women. The resource agencies and contacts are American. A user guide/resource booklet is included with the video.

Yes You Can! Early Detection of Cancer in Women

Length: 15 minutes

Audience: Young Teenager to Upper Junior/Senior High

Produced by: Canadian Cancer Society, Alberta/NWT Division, 1992

Available from: Cervical Screening Initiatives

A teenage girl whose mother has just been diagnosed with breast cancer finds out the facts about breast and cervical cancer. She learns that two steps (the Pap Test and Breast Self-Examination) can help detect cancer as early as possible.

Part I Pap Test

Part II Pap Test - Understanding the Results

Length: 14 minutes

Audience: All ages

Produced by: Medical Audio Visual Communications Inc

Available from: Lawton's Drug Stores, Dominion Food Stores, Canadian Cancer Society and the Cervical Screening Initiatives Program.

General discussion of cervical cancer, the Pap Test and understanding Pap Test results.

Group Activities

Your uterus is like a pear . . .

When describing the anatomy of the cervix, use a ripe pear to help participants visualize the cervix:

- Position the pear low down on your own pelvis to demonstrate the position of the uterus and the cervix.
- Encircle the neck of the pear with your thumb and forefinger to demonstrate how the cervix is positioned in the vagina.
- Remove the stem of the pear to demonstrate the cervical canal and the outside of the cervix.
- Demonstrate and differentiate between pre-cancer and invasive cancer of the cervix by talking about what happens when a pear becomes bruised.
- Initially the bruising will be very superficial and does not affect the flesh beneath. However, if the bruising is severe or left “untreated” the bruising will “grow” into the flesh or deeper layers of the pear. Similarly, in pre-cancers of the cervix, there is damage to the superficial cells or skin of the cervix. If left untreated, the damage can grow into the deeper layers of the cervix.

Break down the barriers

Organize participants into pairs. Ask each pair to:

- Discuss two or more factors (barriers) that might prevent them or someone else from having a Pap Test, procrastination, fear, embarrassment.
- Come up with suggestions of how they could overcome these barriers.
- Regroup and have each pair share with the others what they discussed.

Barriers to Pap Test Screening

Under screened women are most likely to be single, less educated, of lower socioeconomic status, living in rural or remote areas and non-white.

Factors that influence a woman's decision whether or not to have a Pap Test can be divided into five categories:

1. **Cognitive barriers:** related to a lack of knowledge about the test and its purpose.
2. **Emotional barriers:** fear of embarrassment, fear of the result (of finding something wrong and its association with cancer). Dislike of pelvic exam - uncomfortable, embarrassing position (goes against modesty and respectability). Often embarrassed if Pap Test done by male doctors. Remembers feelings of powerlessness and fatalism make it difficult for poor women to take part in preventive measures such as Pap Tests; immediate problems of day-to-day living are more important than disease prevention. Prevention can be a motivating factor not for themselves but for the sake of fulfilling family roles to their children and/or grandchildren.
3. **Social barriers:** Views of others who are important to women are important in Pap smear attendance. Supportive spouses, friends, and relatives promote screening. The importance of a doctor's suggestion to have a Pap Test is very important. Many women rely on doctors to suggest the test. Common responses are:

“I didn't know I needed it”

“Didn't get around to it”

“Nobody asked me or told me”

4. **Economic barriers:** Lack of time, lack of money, difficulties with transportation, or babysitter. Extra fee for a Pap Test by some doctors. Women not in the paid workforce are more likely to be Under screened.
5. **Logistical barriers:** Problems with arranging transportation, child care, having nowhere to go for a Pap Test, difficulty getting an appointment, difficulty remembering, lack of family doctor or alternate services such as Well Woman's Clinics.

Sample equipment

Show samples of a speculum, a spatula and an endocervical brush. Pass them around the group for participants to hold and discuss.

A Play or Skit

One effective way of introducing the topic of a Pap test is to present in a lighthearted skit or play. A group of students could be involved in writing and acting out a short production on the Pap Test and cervical cancer.

Display

Pap Test Display - "Get With The Program"

Display Site: Banks, Fitness Classes, Weight Watchers or Tops Group, Church Group Meetings, School Staff Room, Grocery Stores, etc.

Strategies Targeting all Age Groups

Cancer Fact Sheets:

School Students:

Elementary School
Junior High School
High School

Match Health Care Questions and Answer flip card

Pass out cards and have students with Questions find the student with the matching answer. Have all students read there question and answer aloud after game is complete.

STD display and fact sheet.

Male/female health care checklist.

Ice breakers --- ask students to place question in a box. Collect questions and place answers on bulletin board in a frequented area by students. Use as topics for presentation.

Research paper

Pick a topic to research and present to class.

Slogan contest

Start a contest in the school to design a slogan for junior and high schools, on the topic or theme. Prizes can be made available through the Cervical Screening Initiatives Program.

Pass the Parcel

Have a prize in a box and wrap it in many layers each person who removes a layer has to read the fast fact taped to that layer. Continue until all layers are removed and the last one to remove a layer wins the prize in the box. Spice this game up by having some true and some false and have students' debate after the fact is read whether it is true or false.

Collect Fast Facts for Points

Post fast facts around the school and assign different points for each fact. Have students find the fact write it down at the end of the week (2 weeks, 3 etc) have students drop their sheet in the collection box. The one with the most points win. This can be done in groups or class against class. Make sure students are aware of how many fast facts there will be altogether!

Color Coded Presentations

As part of a health display or mini talk in class on some of the health issues, break the class into colors (animals, veggies, fruits) and have questions prepared to hand out during different parts of the presentation. These questions could pertain to a health display you have put up or fast facts that you have left with students to place on the classroom bulletin board. This will break the presentation up and allow for discussion, and interaction.

Quiz Question and Draw Box

Anyone interested in placing a poster, stack of quiz questions and a draw box in 1 location or a variety of places can contact the cervical screening office. Prizes and all other materials will be supplied.

Target audience: school staff rooms, any business or community places which employ female staff (banks, grocery stores, department stores).

Word Scrabble

Take some of the key points or words you will want to bring out in a presentation, display, or discussion.

Promotional Campaign

- Overall promotional campaign.
- Display or presentation using the ice-breakers question box to stimulate conversation by answering a couple of questions and use as future presentation.
- Add information on mammogram, menopause and HRT
- Leaving pamphlets and clinic sheets at places employing women
- Offer a presentation and coffee break
- Lunch and learn or tea and dessert
- Advertise clinics
- Presentation or display (seniors groups or church groups) open with an exercise or question and answer box

Using Flip Charts or Color Coding

As part of a health display or mini talk on some of the health issues, break the room in half. Have a volunteer from each side of the room man the flip charts and pose questions periodically, alternating each side of the room have the answers recorded. Lets see which side of the room answers the most questions. This will be a great recap and way to emphasize those important points you want people to grasp. Have questions prepared beforehand. Ask these questions at different parts of the presentation. These questions could pertain to a health display you have put up or fast facts. This will break the presentation up and allow for discussion, and interaction.

Lunch Room Tea

Utilizing the new cervical screening mugs why not contact your school, church etc. and plan a tea and information session. If the group is not too large each could leave with a nice reminder mug.

Cancer Awareness Bingo:

In this game you play regular bingo but before the number is called a cancer fact is read out. There are enough facts included to play several games. Everything you need to play will be included (even prizes).

Book this through your Regional Coordinator.

Target audience could include seniors groups, women's groups, high school students, teachers, other Health & Community Services Staff, etc.

Adult Fact Sheets: True or False (all answers are true)

Target - staff at school and post secondary education facilities, community groups, etc.

Posted in Staff room along with entry box. At the end of the month, draw entry for prizes.

Contact Cervical Screening Initiatives Program or your Regional Coordinator so prizes can be provided.

Great Excuses

Hand out a blank sheet of paper to participants. Ask participants to anonymously write down one or more excuses they have made, or thought of making, for **not** having a Pap Test. Collect the responses and read them out. Discuss: "What is the most common excuse? etc..."

Posters

Anyone interested in placing posters/pamphlets in washrooms of bingo halls, community buildings, high school washrooms, dentist/doctors offices, gyms, hairdressers, school staff rooms or pharmacies, these are available through the Cervical Screening Initiatives Program Office.



Cancer Facts For K – 6

- ❑ We should make every home smoke-free.
- ❑ We should make all public places smoke-free.
- ❑ We should make schools healthier places.
- ❑ We should all cut the amount of time we spend in the sun.
- ❑ We should use a sunscreen with SPF #15 or higher.
- ❑ Healthy foods can reduce your risk of getting cancer.
- ❑ We should eat low fat, high fiber foods.
- ❑ We should see our doctor and dentist regularly for check-ups.
- ❑ It is smart to learn about our bodies.
- ❑ We should eat a variety of foods every day.



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Cancer Facts For 7 - 12

- ❑ Lung cancer has become more common among women.
- ❑ Pap tests have reduced deaths from cervical cancer.
- ❑ Even simple changes in our lifestyles can help us prevent cancer and be healthier.
- ❑ There are no early warning signs for cervical cancer.
- ❑ A yearly Pap test can prevent cervical cancer.
- ❑ Tanning parlors and sun lamps are not a safe way to tan.
- ❑ We should all quit smoking and avoid second hand smoke.
- ❑ When a smoker inhales tobacco smoke from a cigarette, they breathe in over 4000 chemicals.
- ❑ We should eat leaner meats and lower-fat dairy products.
- ❑ Screening tests matter because they find a disease even before any symptoms show.
- ❑ Women should practice monthly "breast self-examination", getting to know your breasts to detect changes.
- ❑ You can prevent cancer of the cervix by having a yearly Pap test.
- ❑ Although cancer of the testicle is rare, it is most common cancer seen in Canadian men between the ages of 15 - 35.
- ❑ Testicular self-examination helps a man know what is normal for him and notice any changes, if any, has occurred.
- ❑ Testicular self-examination is very simple to do, takes only minutes each month, and can be done at home.



Cancer Facts Multiple Choice

Name: _____

Phone: _____

- 1) One in how many men will develop Prostate cancer at some point in their life?
a) 15 b) 2 c) 8 d) 4
- 2) A Pap test can detect _____ in the early stages of cancer or before cancer develops?
a) cervical cell changes b) skin cell changes
c) breast cell changes d) bowel changes.
- 3) One in how many women will develop breast cancer in some point in their life?
a) 20 b) 4 c) 9 d) 12
- 4) Getting a tan indoors (from tanning beds, booths, or lamps)
a) can damage your skin.
b) cannot damage your skin
c) is better than natural sunlight.
- 5) Testicular self-examination is a simple examination done by a man
a) once a year b) once a month c) once every 6 months d) never
- 6) We should limit _____ in our diet?
a) alcohol b) caffeine c) salt d) all of the above.
- 7) Along with wearing a wide brimmed hat and staying out of the sun between 11:00 am - 4:00pm we should protect our skin with a sun screen that has an SPF of
a) 4 b) 15 c) 9 d) 2
- 8) Lung cancer has become?
a) more common in women b) less common in women
c) more common in men d) less common in men.



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Multiple Choice Game Answer Sheet

1. c
2. a
3. c
4. a
5. b
6. d
7. b
8. a



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Word Scramble

Name: _____

Grade: _____

srik aiktgn

app arsme

mcdoon

ITS

crcevila acncre

mksogin

ulpsecmu

axslue ivtcatyi

reetmyhstcoy

uhbycotrs

clgtgneisyoo

ssdyliaap

pscyolopco

relyay nescnegri

PHV



Cervical
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Scramble Game Answer Sheet

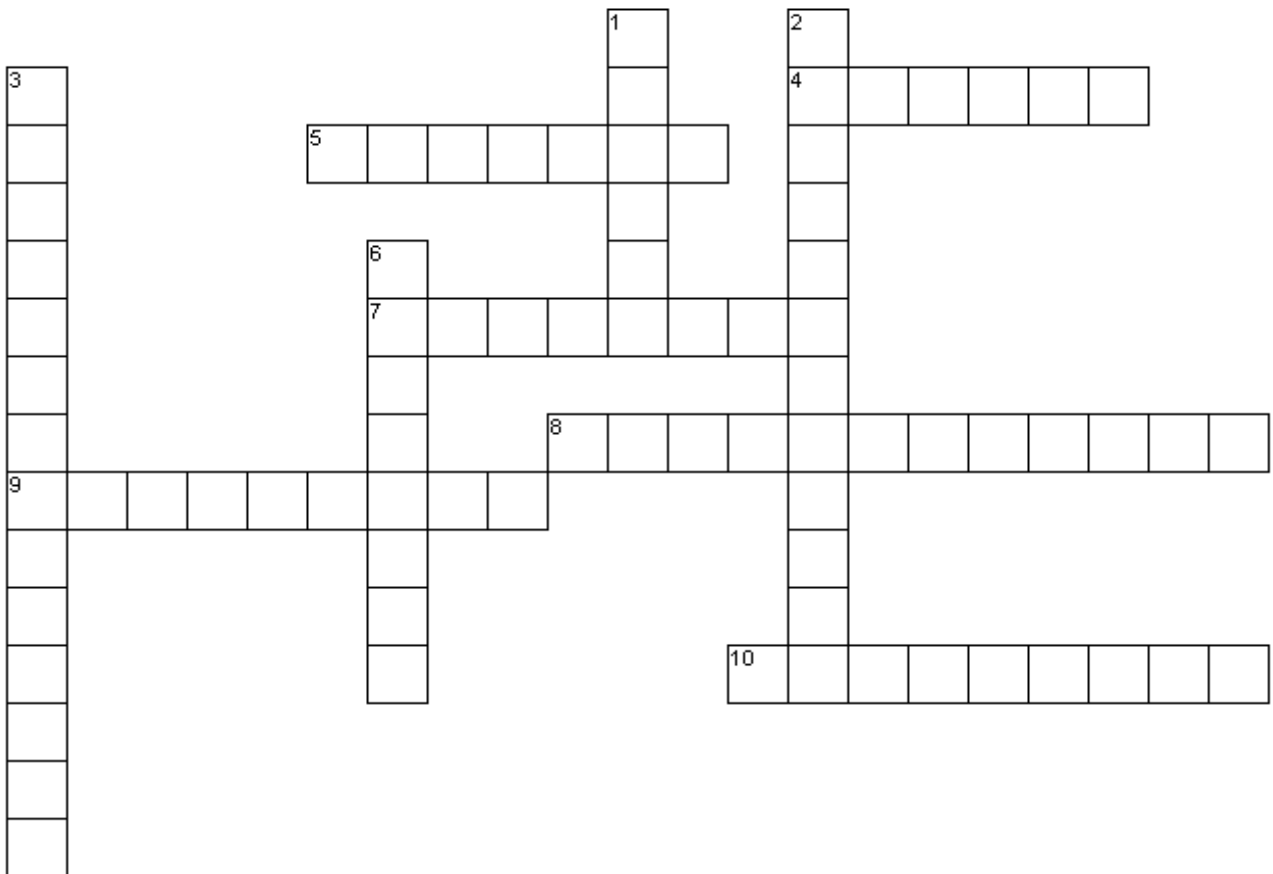
1. **risk taking**
2. **Pap smear**
3. **condom**
4. **STI (sexually transmitted infection)**
5. **cervical cancer**
6. **smoking**
7. **speculum**
8. **sexual activity**
9. **hysterectomy**
10. **cytobrush**
11. **gynecologist**
12. **dysplasia**
13. **colposcopy**
14. **yearly screening**
15. **HPV (human papilloma virus)**



Crossword

Name: _____

Grade: _____



Across

4. How often should you have a Pap Test?
5. One of the factors that make you more at risk for cervical cancer is?
7. Cancer of the cervix can be prevented by having this procedure. (two words)
8. This specialist evaluates abnormal Pap smear results.
9. This instrument is used during a Pap test to collect cervical cells.
10. Growth of abnormal cells or cancer cells on the cervix is called what?

Down

1. This barrier, if used, will decrease your risk of cervical cancer.
2. This is the surgical removal of the uterus.
3. When you begin this, you should begin having regular Pap testing. (two words)

6. This is used to hold the walls of the vagina open to visualize the cervix.



Crossword Games

Answer Sheet

Down

1. condom
2. hysterectomy
3. sexual activity
6. speculum

Across

4. yearly
5. smoking
7. pap smear
8. gynecologist
9. cytobrush
10. dysplasia



A simple test that can save your life!

True or False

	<u>True</u>	<u>False</u>
1. A Pap test can detect cervical changes in the early stages of cancer or even before cancer develops.	_____	_____
2. The incidence of cervical cancer is 60% higher in NL & Lab. than the Canadian average.	_____	_____
3. HPV – Human Papillomavirus is one of the most common sexually transmitted infections in both men and women, and is the leading cause of cervical cancer and cervical disease leading to cancer.	_____	_____
4. Pap tests have reduced deaths from cervical cancer.	_____	_____
5. There are no early warning signs of cervical cancer.	_____	_____
6. A yearly Pap test can prevent cervical cancer.	_____	_____
7. Screening tests matter because they find a disease even before any symptoms show.	_____	_____
8. All women who are or have ever been sexually active should have a yearly Pap test.	_____	_____

	<u>True</u>	<u>False</u>
9. Dysplasia is the growth of abnormal cells or cancer cells on the cervix and surrounding tissue.	_____	_____
10. There are several different procedures available to treat abnormal cell findings.	_____	_____
11. In NL & Lab. only 3 out of every 10 women have an annual Pap test.	_____	_____
12. Not having a regular Pap test is the biggest risk factor for cervical cancer.	_____	_____



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True or False Answer Sheet

- 1. True**
- 2. True**
- 3. True**
- 4. True**
- 5. True**
- 6. True**
- 7. True**
- 8. True**
- 9. True**
- 10. True**
- 11. True**
- 12. True**



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Pass the Parcel Cancer Facts

- 10 women in Newfoundland and Labrador die each year with Cervical Cancer.
- Pap tests have reduced deaths from Cervical Cancer.
- A yearly Pap test can prevent Cervical Cancer.
- A Pap test is a sample of cells which line the cervix.
- Women who have had a hysterectomy should ask their health care provider how often they need to have a Pap test.
- Only 3 out of every 10 women in Newfoundland and Labrador receive annual Pap smears.
- There are no early warning signs for Cervical Cancer.
- A Pap test can detect cervical cell changes before cancer develops.
- Establishing sexual activity prior to 18 years of age increases your risk for Cervical Cancer.
- There are several treatments available to remove abnormal cervical cells.



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Question/Answer

Activity

These questions and answers
can be placed on index cards
for easier distribution.

Copies can be provided if no
local photocopying available.

July 2004

Questions

Prior to your Pap test you should avoid:

Cancer of the cervix can be prevented by having this procedure:

I am used to hold the walls of the vagina open to visualize the cervix:

To make sure you have a good Pap smear the doctor or nurse examiner will use these two instruments:

When should you begin having a Pap test:

The Pap test is:

How often should you have a Pap test:

Women who have had a hysterectomy should:

Questions

The factors that make you more at risk for cancer of the cervix are:

You will have a less chance of developing cancer of the cervix if you:

Even though having a Pap test does not hurt, women should perform these couple of things in order to decrease discomfort during their exam:

Your doctor may send you to this specialist for further follow-up after completing a Pap smear:

What are some ways women can promote overall health:

This is the instrument used to magnify the vagina and cervical cells:

Questions

What are some of the procedures to treat abnormal findings:

This is the surgical removal of the uterus:

A sexually transmitted virus that has been associated with cancer of the cervix is:

Dysplasia is:

Answers

- 1. Douching**
- 2. Intercourse**
- 3. Use of contraceptive creams or jellies**

Pap Test

Speculum

Once you become sexually active.

Cytobrush and spatula

Once a year.

Ask their health care provider how often they need to have a Pap test.

A sample of cells which line the cervix.

Answers

**Early age of first intercourse,
Multiple sex partners,
A sexual partner with multiple
partners,
Human Papilloma Virus (HPV),
Cigarette smoking,
Low social economic status and use
of oral contraceptives**

**Delay the age of first
intercourse.**

**Empty bladder, deep
breathing/relaxation,
and having someone
come with you to your
exam.**

Gynecologist

**Growth of abnormal
cells or cancer cells on
the cervix and
surrounding tissue.**

**Regular exercise,
balance diet and not
smoking.**

Answers

Colposcopy

Cone biopsy, laser surgery, L.E.E.P., hysterectomy and cryosurgery.

Hysterectomy

HPV



A simple test that can save your life!

Question Activity Answer Sheet

1. Prior to your Pap test you should avoid:
Answer: 1. *Douching*
 2. *Intercourse*
 3. *Use of contraceptive creams or jellies*

2. Cancer of the cervix can be prevented by having this procedure:
Answer: *Pap test*

3. I am used to hold the walls of the vagina open to visualize the cervix.
Answer: *Speculum*

4. When should you begin having a Pap test:
Answer: *Once you become sexually active.*

5. To make sure you have a good Pap smear the doctor or nurse examiner will use these two instruments:
Answer: *Cytobrush and Spatula*

6. The Pap test is:
Answer: *A sample of cells which line the cervix.*

7. How often should you have a Pap test:
Answer: *Once a year.*

8. Women who have had a hysterectomy should:
Answer: *Ask their health care provider how often they need to have a Pap test.*

9. The factors that make you more at risk for cancer of the cervix are:
Answer: *Early age of intercourse,*
 Multiple sexual partners,
 A sexual partner with multiple partners,
 Human Papiloma Virus (HPV)
 Cigarette smoking,
 Low social economic status,
 Use of oral contraceptives.

10. You will have a less chance of developing cancer of the cervix if you:
Answer: *Delay the age of first intercourse.*

11. Even though having a Pap test does not hurt, women should perform these couple of things in order to decrease discomfort during their exam:
Answer: *Empty bladder, deep breathing/relaxation, have someone come with you to your exam.*
12. Your doctor may send you to this specialist for further follow-up after completing a Pap smear:
Answer: *Gynecologist*
13. Dysplasia is:
Answer: *Growth of abnormal cells or cancer cells on the cervix and surrounding tissue.*
14. What are some ways women can promote overall health:
Answer: *Regular exercise,
Balanced diet,
Not smoking.*
15. This is the instrument used to magnify the vagina and cervical cells:
Answer: *Colposcopy*
16. What are some of the procedures to treat abnormal findings.
Answer: *Cone biopsy, laser surgery, L.E.E.P., hysterectomy, cryosurgery.*
17. This is the surgical removal of the uterus:
Answer: *Hysterectomy*
18. A sexually transmitted virus that has been associated with cancer of the cervix is:
Answer: *HPV*

List of Overheads

1. Logo
2. Follow the PAP Strategy
3. Learning Objectives
4. Trends in Cervical Cancer
5. A Pap test....
6. Anatomy of the Cervix (Picture - Female Reproductive Organs)
7. Risk Factors
8. Who should go for a Pap test?
9. How do you prepare for a Pap test?
10. Pap test results
11. The Cervical Screening Initiatives Program recommends:
12. Reduce your risk
13. For more Information
14. Women's Wellness Clinics
15. Having a Pap test done (picture)
16. Looking at the sample in the lab (picture)
17. Colposcopy (picture)
18. Thank you

Frequently Asked Questions

and Answers!

Can Pap tests actually prevent cancer of the cervix?

- Yes, the Pap test can *prevent* cancer of the cervix.
- The Pap test detects cell changes in the cervix *before* they become cancer, unlike most other types of cancer detection tests. Treatment of these early cell changes can prevent them from developing into cancer of the cervix.
- Screening with Pap tests has reduced both the number of women who develop cervical cancer as well as the number who die from cervical cancer. These numbers can be reduced further if all eligible women have Pap tests as recommended.

Who should have Pap tests and how often should they be done?

- All women should have a Pap test every year if they have *ever* had sexual intercourse.
- Pap tests should begin at the age of first intercourse.
- All women should know the results of their Pap tests and when to have the next one.
- Women who have had a hysterectomy should ask their doctor how often they need to have a Pap test.
- It is important that women who have an abnormal Pap test complete the recommended follow-up.
- After treatment for an abnormal Pap test is completed, women should return to having a Pap test every year.

Are these Pap test recommendations for everyone?

- The preceding guidelines are appropriate for *most* women. However, there may be some women who, because of their specific circumstances, need to be screened

differently. You should talk to your doctor if you have any special concerns.

Why does the Cervical Screening Initiatives Program recommend annual Pap tests? I have heard other people suggest Pap Tests less often, such as once every three years.

- Less frequent Pap tests are recommended where an organized screening program is in place. One of the important features of such a program is a central information system to remind women when they are due for a Pap test and to track patients when they change doctors or move. We do not have a system like this in Newfoundland & Labrador. Until we do, **annual** Pap Tests are recommended.

Why does the Cervical Screening Initiatives Program recommend screening at the age of first intercourse? I have heard other people suggest starting Pap tests at age 18.

- Many women have had intercourse at least once by age 18. Screening should start at age of first intercourse. A woman who has never had sexual intercourse does not need a Pap test because she is not at risk to get this type of cancer (squamous cell cancer of the cervix).

Why are there so many different recommendations about how often women who have had a hysterectomy should have a Pap test?

- Women who have had a hysterectomy will **usually** have had the cervix removed, thereby reducing their risk of cervical cancer.
- However, the cells in the vaginal wall are similar to the cervix in their ability to change, and so, are at risk for pre-cancers and cancers. Women who had a history of pre-cancerous changes or abnormal cells are at risk for subsequent cancer of the upper vagina. In most cases, the risk is lower and easily detected by the simple Pap test.

*Refer to Clinical Management Guidelines.

What causes cancer of the cervix?

- The exact cause or causes of cancer of the cervix is unknown. Like most cancers, cancer of the cervix develops over many years and involves a series of steps and cell changes that is not completely understood.

- A woman's risk of cervical cancer is increased if she has: first sexual intercourse at an early age; multiple sex partners; or a sexual partner with multiple partners. These factors increase her chances of being infected with the human papilloma virus (HPV), which is thought to be important in the development of most cervical cancers. Although HPV is considered an important risk factor for cancer of the cervix, all women with HPV will not develop cervical cancer. HPV is just one of the many steps involved in the development of cervical cancer.
- Cigarette smoking is also a risk factor for cancer of the cervix.
- To reduce the risk of cancer of the cervix: delay the age of first intercourse; limit the number of sexual partners; avoid smoking; and protect yourself against sexually transmitted diseases by using barrier methods of contraception.

Do Viruses cause cancer of the cervix?

- Viruses don't exactly *cause* cancer of the cervix but some viruses can *increase the risk* of cervical cancer.
- Human papilloma virus (HPV) is the virus that is most often associated with cancer of the cervix. There are over 100 types of HPV. About 25 types are able to infect the cervix.
- HPV infections have different appearances depending on the type. Some types of HPV cause genital warts which are usually visible to the naked eye. Other types cause infections that may be detected during a Pap test or colposcopy. Yet other types of infections can only be detected through highly specialized methods which are currently available only for research or through your gynecologist.
- There is now a lot of epidemiologic evidence that HPV infection, particularly certain types, increase a woman's chances of developing cancer of the cervix. However, it is not possible to determine the type of HPV using a Pap test or colposcopy. An HPV swab may be taken by your gynecologist, if needed.
- Yearly Pap tests are the best way to protect against cancer of the cervix. Pap tests are recommended for *all* women, regardless of HPV status. Regular Pap tests and treatment of pre-cancerous changes are effective ways to prevent cancer of the cervix, the most serious problem associated with HPV.

Is cancer of the cervix hereditary?

- No. Only some types of cancers run in families. Cancer of the cervix is not one of them.

How should I prepare for having a Pap test?

- Pap tests are often done as part of a routine check-up or annual physical exam. Your doctor may suggest a Pap test or you may request one yourself. If you request your own Pap test, inform your doctor's office of this when you schedule your appointment so that your doctor can book enough time.
- Pap tests are not recommended when you are having your menstrual period because blood can obscure the sample. If possible, you should avoid douching, using birth control foams and jellies, and using tampons during the two days before your Pap test. You should not have intercourse for 24 hours prior to your Pap test.

What should I expect when I go in for my Pap test?

- You will be asked to disrobe from the waist down and lie on the examining table. A speculum is inserted into the vagina to hold the walls apart. The speculum may be warmed by placing it under warm running water. A sample of cells is taken from the cervix using a spatula and may be taken just inside the cervical canal using a brush.
- While the Pap is being done you might feel pressure in your bladder or rectum. It often helps to relax the muscles, breathe deeply or use visualization.
- Once the sample is obtained, it is transferred to a microscope slide, spread in a uniform, thin layer and sprayed with fixative to preserve it. It is sprayed immediately to prevent air-drying.
- You should ask your doctor how you will find out about the results of your Pap test.

What is a cytobrush? Should my doctor always use one when doing a Pap test?

- A cytobrush is a tiny brush that is inserted into the cervix to obtain cells in the cervical canal where the alternative instrument (a spatula) does not reach.
- Provincial recommendations suggest that a spatula and cytobrush be used to obtain an adequate specimen. The most likely place for cervical changes to occur can be accessed by using both spatula and cytobrush.

How can I make sure my doctor takes a proper Pap test?

- You should feel free to ask your doctor to explain the Pap test procedure.
- You need to feel confident in your doctor's training for any of your health care concerns. Be sure to ask your health care provider about any questions or concerns you have.

How accurate is the Pap test?

- Like any medical test, the Pap test is not perfect. It sometimes can miss abnormal cells in a woman who actually has a cervical problem (false negative). This could be because: the test was not done properly; the laboratory reading the Pap test made an error; something interfered with the sample such as creams or douches; the lesion is so small it cannot be detected or may be too high in the cervical canal for a sample to be taken.
- The best way to reduce the chances of problems related to inaccuracies is to have **annual** Pap tests and follow the recommendations about avoiding vaginal creams, etc. Annual screening is recommended because it takes several years to develop cellular abnormalities, a change that is missed on a single Pap test is likely to be detected at the next Pap test.

Should my doctor look at my cervix when he or she does a Pap test?

- Yes. The doctor must be able to see the cervix in order to get a satisfactory Pap test.

I find Pap tests to be embarrassing and painful. What can I do about it?

- You need to feel comfortable with your doctor and express your concerns so that your doctor is sensitive to your feelings and discomfort.
- A Pap test can be uncomfortable but should *not* be painful. Sometimes deep breathing and relaxation, like that used in labor and delivery, can ease the discomfort. It may also help to have someone accompany you for the examination or the nurse can hold your hand.
- You should feel free to ask your doctor questions about the Pap tests. It may help you to relax if your doctor explains the steps of the procedure as they happen.

Do I have to have symptoms or some type of vaginal discharge before I go for a Pap test?

- No. The Pap test is meant to be done every year even if no symptoms are present.
- When done regularly, the Pap test is very effective at finding problems before symptoms alert the women that something is wrong. That is why the Pap test is so effective. It can detect changes in the cervix early enough that they can be treated effectively.

What if I have symptoms or a problem that is concerning me? Should I wait until it is time for my annual Pap test?

- No. Like any other situation where you have symptoms or changes, you need to visit your doctor right away to discuss your concerns and determine what action should be taken.

What do I do if I have an abnormal Pap test?

- Don't panic. An abnormal Pap test does not necessarily mean you have cancer.
- It does mean you need further investigation. The type of investigation depends on the type of abnormality detected. You may continue to have repeat Pap tests; be seen for a colposcopy or another investigative procedure; or be referred to a gynecologist who is a physician specializing in women's health care, especially of the genital, urinary and rectal organs.
- It is very important that you keep your follow-up appointments. Most abnormalities detected by Pap tests can be treated successfully if you comply with follow-up recommendations.

What should I ask my doctor about if I have an abnormal Pap test?

- Ask your doctor to explain the results in simple terms. You may want to ask for further information and an explanation of what follow-up steps are necessary.

What other things does a Pap test detect?

- The Pap test *can* detect other things in addition to abnormal cells from the cervix such as infections and lack of hormones. However, it is *not* the best test for these things.
- The Pap test is not designed for ovarian, uterine, or other types of cancer. Occasionally other cancers are detected on Pap tests, but the Pap test is *not* the best method for this.

I currently do not have a sexual partner, although I have had sexual intercourse in the past. Do I need to have a Pap test?

- Yes. If you have *ever* had sexual intercourse, even just once, you need to have regular Pap tests.

Are there some sexual devices that would require me to have Pap tests more often?

- No. An annual Pap test is sufficient regardless of use of sexual devices.
- Women who use vaginal inserts of creams, liquids or other objects may change the composition of their vaginal fluid and have more symptoms such as itch and discharge which would require investigation just like any abnormal symptom.

Should I go for a Pap test if I have a new sexual partner?

- You should have a Pap test once a year regardless of new or changing sexual partners.

Do lesbians need to have Pap tests?

- Women who have sex with women are at lower risk of cervical cancer. A lesbian who has *ever* had intercourse with a man, even just once, needs to have a Pap test on a regular basis.
- A lesbian with any abnormal symptoms needs to be seen, examined and discussed with her doctor just like other women.

Can you tell me more about... (any medical condition or problem)?

- The best response is, “We cannot give specific medical advice. You should speak to your doctor or another health professional.”
- General questions about other types of cancers can be referred to the Canadian Cancer Society or to their doctor.

Why Pap Tests are Recommended: Background Information

- Cancer of the cervix is a growth of abnormal cells on the cervix. In most cases, the cells go through mild to severe changes over a period of many years before they become cancer.
- A number of terms have been used to describe pre-cancerous changes. They include: dysplasia, Squamous Intraepithelial Lesion (SIL) and Cervical Intraepithelial Neoplasm (CIN). Pre-cancerous changes do not always lead to cancer but may themselves require treatment or regular check-ups. Pre-cancerous changes are curable if detected and treated early.

The Pap Test:

- A Pap test is a microscopic look at cells collected from the cervix to detect both cancer of the cervix, and more commonly, pre-cancerous changes of the cervix.
- Many studies have shown that regular Pap tests can reduce both the number of cases and the number of *deaths* from cervical cancer.
- The Pap test is known as a *screening test*: a special type of medical testing done on *healthy* people as a way of determining if they are at risk of a certain disease. Screening tests are different from diagnostic tests, which are done to identify an existing illness.
- Screening tests are important because they allow the disease to be identified *before* symptoms occur. If treatment is necessary, it can start early.
- To be effective, a screening test should be: accurate, simple, safe, acceptable and relatively inexpensive.

What are the benefits of an organized screening program?

- Under screened populations are more easily identified,
- Ability to send reminder notices,
- If a woman has an abnormal Pap test, certain steps may be initiated to ensure follow-up is implemented,
- Improved specimen collection,
- Reduction in incidence and mortality rates,
- Ability to offer more cost effective screening by tailoring tests to women's history,
- Standard terminology for reporting cell changes detected by Pap tests.

What are the Pap Test Guidelines?

All women who have ever had sexual intercourse should have annual Pap tests, starting at the age of first intercourse.

- The Pap tests is the most simple, effective method available to detect cervical cell changes and reduce the number of women who develop cancer of the cervix.
- Pap tests are done in a doctor's office or Well Women's Clinic, and take just a few minutes. They may be included in a routine physical exam or requested to be done alone.
- It is especially important that, no matter what age a women begins to have a Pap test, her first two Pap tests are one year apart to reduce the chances of missing an abnormality on a single Pap test (a false-negative).

Women who have had a hysterectomy should ask their doctor how frequently they should have Pap tests.

- Women who have had a hysterectomy (removal of the womb) for cancer of the cervix or pre-cancer, may require annual Pap tests for the rest of their lives. This is because their cancer can recur in the vagina.
- A woman's doctor will be able to advise her how often a Pap test is recommended depending on the reason for the hysterectomy and the type of hysterectomy performed.

Women should be encouraged to learn the result of each Pap test and when they are due to have their next Pap test.

- It is very important for women to take responsibility for their own health

- Encourage women to know the result of their Pap Test and when they are due for their next one.
- A recent Canadian workshop report has recommended that each province in Canada have an organized system for Pap smear screening. This includes an information system that would remind women and their doctors when they are due for a Pap test. This information system would help to ensure that women have Pap test at appropriate intervals based on their individual screening history. Newfoundland and Labrador does not yet have an information system for Pap test screening.

All women with an abnormal Pap test should be informed of this and receive adequate follow-up of any abnormalities identified.

- An abnormal Pap test does not always mean cancer. It does mean the woman needs further evaluation and may require treatment. The type of treatment and follow-up will depend on what type of abnormality is found.
- It is important that a woman understand the abnormality identified and the necessary treatment. Women who have had abnormalities should discuss with their doctor the type and frequency of follow-up required.
- If the result of the Pap test suggests abnormal cells are present, repeat screening or a colposcopy may be done. Colposcopy is a procedure where a specialist uses a special microscope to look at the tissues of the cervix.
- During colposcopy, a biopsy may be done, in which a small piece of tissue is removed and looked at under a microscope.
- Early abnormalities detected by a Pap test can often be easily and effectively treated at a colposcopy clinic.

Lecture Notes

When to Have A Pap test?

Recommendations for screening...

- A Pap test is a microscopic look at cells scraped from the cervix. It detects early changes in the cervix cells known as pre-cancer or dysplasia, which can be treated to prevent the development of cancer of the cervix.
- The Pap test can also detect cervical cancer at a very early stage when treatment is most successful.
- The Pap test is the best way there is to prevent cancer of the cervix. Have you ever had a Pap test? If so, when was your last one? Think back... One year ago? Two? More than two?
- Do you know that most women drastically underestimate how long it has been since their last Pap test.
- The Pap test was first used more than 50 years ago. It is named after Dr. Papanicolaou (pronounced Pap-en-I-ko-lo), who promoted this method of staining cervical cells to help identify disease.
- Another physician who shares credit for the Pap test is Dr. Ernest Ayre who worked in Lethbridge, Alberta, during part of his career. In the 1940's Dr. Ayre developed the technique of using a wooden spatula to perform a Pap test. The Ayre spatula is still used today.

Anatomy of the Cervix

Lecture notes for Overhead #6

***Pear Model Concept**

Using an actual pear and the overhead of the pear model use the following notes to describe the anatomy of the cervix.

Your uterus is like a pear . . .

When describing the anatomy of the cervix, use a ripe pear to help participants visualize the cervix:

- Position the pear low down on your own pelvis to demonstrate the position of the uterus and the cervix.
- Encircle the neck of the pear with your thumb and forefinger to demonstrate how the cervix is positioned in the vagina.
- Remove the stem of the pear to demonstrate the cervical canal and the outside of the cervix.
- Demonstrate and differentiate between pre-cancer and invasive cancer of the cervix by talking about what happens when a pear gets bruised: Initially the bruising will be very superficial and does not affect the flesh beneath. However, if the bruising is severe or left “untreated” the bruising will “grow” into the flesh or deeper layers of the pear. Similarly, in pre-cancers of the cervix, there is damage to the superficial cells or skin of the cervix. If left untreated, the damage can grow into the deeper layers of the cervix.

Visual of transformation zone.

Using the overhead of the uterus and the following notes to describe the transformation zone.

- The outside of the cervix is covered by a layer of flat cells called *squamous* cells. The canal of the cervix leading into the uterus is lined by tall column-like cells called *columnar* cells. The area where these two types of cells meet is the transformation zone or squamo-columnar junction.

How to prepare for a Pap test

Lecture notes for Overhead #9

Booking a Pap Test

- Pap tests are often done as part of a routine check up or annual physical exam. Your doctor may suggest a Pap Test or you can request one yourself.

- If you book your own Pap test, be sure to tell your doctor's office when you phone so that they can schedule enough time.
- It is not recommended that a Pap test be done when you are having your regular menstrual period because blood can obscure the sample. Schedule your Pap test for somewhere near mid-cycle. When you go in for your Pap test, your doctor will ask you the date of your last menstrual period.
- The laboratory will be better able to read the sample if you:
 - Avoid douching,
 - Avoid intercourse,
 - Avoid the use of contraceptive creams and jellies
- Douching, using contraceptive creams and jellies and engaging in intercourse will *reduce* the readability of your test, although not make it *impossible* to read.

The Pap Test Procedure

- Empty your bladder before the test. This helps make the examination more comfortable.
- You will be asked to get undressed from the waist down and lie on the examining table. A speculum is inserted into the vagina to hold the walls apart. The speculum may be warmed, by placing it under warm running water. Lubricant is *not* used because it interferes with reading the Pap test.
- A sample of cells is taken from outside the cervix using a spatula and may be taken from inside the cervical canal using a brush. The endocervical brush is not used for women who are pregnant.
- While the Pap test is being done you might feel pressure in your bladder or rectum. You should empty your bladder before the exam. During the exam, it often helps to relax the muscles, practice deep breathing or use visualization.
- Once the sample is obtained, it is transferred to a microscope slide, spread in a thin layer and sprayed with fixative to preserve it.

Results from a Pap test?

Lecture notes for Overhead #10

Early changes in the cells of the cervix

- Usually the problems detected by Pap tests are early changes in the cells which are considered abnormal, but not cancer.
- Cervical cancer usually is very slow to develop. Changes in the cells occur gradually over a period of many years. The earliest changes in the cervix are actually *not* even cancer. The cells appear abnormal when viewed under a microscope but clearly have not changed into cancerous cells. In some cases these abnormal cells might eventually develop into cancerous cells if left untreated. Also, in some cases, they might revert back to normal spontaneously (on their own).
- Women with early cervical changes will not have any symptoms. That is why Pap Tests are so important: so that pre-cancerous changes can be detected early and treated before cancer develops.
- Early cervical changes are referred to by many different names. Unfortunately, this can be very confusing for the woman who receives the diagnosis: The following terms are all used to refer to early cervical changes, dysplasia or pre-cancer. Early cell changes fall into 5 categories:
 - ❑ ASC-US: mild cell changes
 - ❑ ASC-H: mild changes favoring higher grade
 - ❑ LSIL: moderate or low grade cell changes
 - ❑ HSIL: serious or high grade cell changes
 - ❑ AGC: glandular cells in the cervix that are not normal.
- In accordance with the new Bethesda Guidelines for reporting results of Pap smears, the chart known as the Clinical Management Guidelines has been developed. Please refer to this chart. The chart provided shows some very basic information about the most common diagnostic statements. The most important thing to do if you have an abnormal Pap test is to ask your doctor for further information about your diagnosis and recommended treatment.

Clinical Management Guidelines

Result	Recommended Management
Specimen Adequacy Statement	
Satisfactory	Routine Screening at annual intervals (unless the specimen adequacy statement is accompanied by a qualifier and subsequent recommendation).
Unsatisfactory	Repeat smear after 12 weeks.
Diagnostic Statement	
NIL Negative for Intraepithelial Lesion	Routine screening* If specific pathogen is present, treat as clinically appropriate. *In the presence of a gross abnormality with a negative Pap test, patient should be referred for colposcopy.
ASC-US Atypical Squamous Cells of Undetermined	Repeat smears every six months until normal x 2; if any of these smears are ASC-US or worse, refer for colposcopy.

May 6, 2004. Developed with content and support from the Nova Scotia Gynecological Cancer Screening Programme, Dr. Meg MacLachlin-London Health Sciences Hospital, Ontario's Laboratory Proficiency Testing Program Guidelines, American Society for Colposcopy and Cervical Pathology Algorithms and Bethesda 2001 Recommendations. Consultation was held with leading Pathologists and Gyne-Oncologists in the province of

Follow-up and Treatment of Abnormal Pap Test

Lecture notes for Overhead #10

Follow Up and Treatment Options:

- A Pap Test can detect invasive cancer very early, even before a woman experiences symptoms. This allows treatment to start earlier.
- The suggested follow-up and treatment depends on the degree of abnormal findings.

Some of the procedures used to follow-up and/or treat cervical problems are:

- **Repeat Pap Tests:** Women with abnormal Pap test will often be told to return for another Pap test in several months. While it may be distressing to wait for that length of time, this is acceptable management because abnormal cervical cells often revert back to normal on their own without any treatment. It is very important to have that repeat Pap test.
- **Colposcopy:** A procedure in which a woman's cervix is viewed through a specialized piece of equipment that magnifies it many times. A light spray, that smells like vinegar, will help the gynecologist see the cells better. Usually a biopsy is done at the same time.
- **Laser Surgery:** A laser beam of light is directed at abnormal areas on the cervix causing cells to be destroyed and evaporate.
- **Cryosurgery:** A probe is inserted into the vagina and rests on the cervix. The cells on the cervical lining are frozen using a probe that is cooled by a special gas.
- **L.E.E.P.: (Loop electrosurgical excision procedure):** A procedure in which the whole pre-cancerous area is removed using an electrically charged thin wire loop.
- **Cone Biopsy:** Usually done under general anesthetic as day surgery. Can also be done by laser surgery. Often recommended for HSIL, if the endocervix (opening of the cervix) is involved.
- **Hysterectomy:** Infrequently, if the cervical cancer is advanced, this may be a reasonable option for treatment in some cases.

Invasive cancer of the cervix

- Invasive cancer occurs when the dysplasia has extended beyond the lining of the cervix into the muscles of the uterus.
- There are four clinical stages of invasive cervical cancer, depending on severity: Stages 1, 2, 3, and 4.
- Unlike pre-cancerous lesions on the cervix, invasive cancers of the cervix usually cause symptoms including vaginal discharge, unusual bleeding and discomfort. If

you have any of these symptoms, see your doctor immediately.

- The suggested treatment depends on a variety of factors including the degree of abnormality. Treatment may be hysterectomy, radiation or chemotherapy, or a combination of these.

Summary

Lecture notes for Overhead #11

How often do you think you should be having a Pap test? The Cervical Screening Initiatives Program recommends:

All women should have a Pap test **every year** if they have **ever had sexual intercourse**.

- Pap Tests should **begin at age of first intercourse**.
- All women should **know the results** of their Pap test and when to have the next one.
- Women who have **had a hysterectomy should ask their doctor** if they need to have a Pap test
- Women who have had an abnormal Pap test should **complete the recommended follow-up**.
- After treatment for an abnormal Pap test, a woman should **return to having a Pap test every year**.

These recommendations are appropriate for Newfoundland and Labrador where there the cervical screening program is in development. Different recommendations maybe promoted by other provinces.

Administrative Forms



**CERVICAL SCREENING INITIATIVES PROGRAM
COMMUNITY EDUCATORS
DECLARATION OF CONFIDENTIALITY**

I swear or solemnly affirm that as a volunteer of the Cervical Screening Initiatives

Program Community Educators Program, I will observe and comply with all the requirements of the Program pertaining to the confidentiality of health information.

Except as I may be legally required, I will not disclose or give to any person any confidential health information that comes to my knowledge or possession by reason of my involvement with the Cervical Screening Initiatives Program, Community Educators Program.

Furthermore, I understand that a breach of my declaration of confidentiality may result in being asked to withdraw from my role as volunteer.

Dated at _____ this _____ day _____ 20____.

Sworn or affirmed by: _____

Witness: _____

CERVICAL SCREENING INITIATIVES PROGRAM
VOLUNTEER INFORMATION FORM



Please Print

Date: _____

Name: _____ D.O. B.: _____

Address: _____

Postal Code: _____

Phone: (H) _____ (W) _____

Background Information:

Are you interested in receiving training to conduct education sessions?

Yes _____ No _____

Please specify approximately how often you would be available to volunteer services:

1 - 2 hrs per/wk _____ 3 - 4 hrs per/wk _____ 1 - 2 hrs per/month _____

3 - 4 hrs per/month _____ Other _____

Days/Times Available for Training:

Sun. am __ pm __ evening _____

Thurs. am __ pm __ evening _____

Mon. am __ pm __ evening _____

Fri. am __ pm __ evening _____

Tues. am __ pm __ evening _____

Sat. am __ pm __ evening _____

Wed. am __ pm __ evening _____

Education Background: _____

Volunteer Experience: _____

Occupation: _____

Special Skills or Courses: _____

Interests and Hobbies: _____

Do you have any allergies or health problems that may cause difficulties as a volunteer?

Why are you interested in being involved in our Cervical Screening Initiatives Program?

Comments:

Training and Certification

Volunteer training varies for specific jobs. If you are a volunteer who will conduct Education Sessions, you will attend a training workshop and be supervised while performing an Education Session in a small group setting.

Ongoing training opportunities are also available for volunteers who will attend to other duties such as advertising for clinics, arranging for space for clinics, setting up and taking down clinic stations, and registering participants.

Confidentiality

Certain information will become known to you through your volunteer work, keeping such information confidential is absolutely necessary. You will be asked to sign a Declaration of Confidentiality. Remember, you would not like personal information of yours released to others.

Evaluation Forms

This section contains sample evaluation forms:

- Pretest questionnaire / Needs assessment for participants.
- Presenter Evaluation Form
- For the participants to complete to provide feedback to the presenter.

- For the presenter to complete to use for future reference.

Pre test / Assessment

1. What is a Pap test?

2. How often should you go for a Pap Test?

3. Who should go for a Pap Test?

4. What does it mean if your test is abnormal?

Presenter Evaluation Form

Please circle the most appropriate response to the question below using the following scale:

1	2	3	4
Strongly disagree	Disagree	Agree	Strongly Agree

1. The material presented was easy to understand. 1 2 3 4

2. The presenter was easy to understand. 1 2 3 4

- | | | | | |
|--|---|---|---|---|
| 3. I learned new information about Pap Tests. | 1 | 2 | 3 | 4 |
| 4. The overheads were clear and understandable. | 1 | 2 | 3 | 4 |
| 5. I would recommend this information session to my friends. | 1 | 2 | 3 | 4 |

Please answer the following questions, your feedback is important in order to make improvements to future sessions!

1. What did you like best about this session?

2. What did you like least about this session?

3. What suggestions would you make for improvements?

**Thank you for taking the time to fill out this questionnaire!
Please Fax to 709 643 1203.**

Participant Evaluation

Please circle the best answer:

1. I found the Pap Test and cervical cancer information to be:

(Not interesting at all) 1 2 3 4 5 (Very interesting)

Comments:

2. The amount of new information I received was:

(Very little) 1 2 3 4 5 (A lot)

Comments:

3. I had a Pap Test:

This year _____

Less than 3 years ago _____

More than 3 year ago _____

Never _____

4. What might prevent you or someone else from having a Pap Test, e.g., fear, embarrassment, no time?

5. Questions I still have about Pap Tests and cervical cancer:

Age: _____ 25 or less _____ 25 - 64 _____ 65 +

Comments:

Presenter Self Evaluation



A simple test that can save your life!

Group: _____

Presenter's Name: _____

Number of Women: _____

Date: _____

Reflect upon your experience working with this group by completing one or more of the following:

1. I learned that...

2. I was proud that I...

3. I was surprised when...

4. I was disappointed that...

5. Next time I would...

Order Form



Cervical
Screening
Initiatives

A simple test that can save your life!

- _____ Women of all Ages (poster) 11x17
- _____ Brochures "A simple test could save your life"
- _____ Bookmarks
- _____ Health Display
- _____ Chart tags

- _____ Clinical Management Guidelines (for clinic use)
- _____ Log Book (for clinic use)
- _____ Placemats for Pap Test Awareness Week
- _____ Video - Cathy Jones, "The Pap Test" (12 minutes)

Prizes – limited quantity available

- _____ Magnets
- _____ Pens

Complete your mailing address and telephone number. Please mail or fax to the Provincial Coordinating Office, Cervical Screening Initiatives Program, 58 Oregon Drive, Stephenville, NL A2N 2Y9 Or Fax 709 643 1203.

Thank You!

For More Information...

The following is a list of web sites you may wish to refer to if you have specific questions and may require additional information.

Websites:

Ontario Cervical Screening Program web site
www.cancercare.onca/cervical/home.html

Canadian Cancer Society
www.cancer.ca

Public Health Unit
www.alphaweb.org

Canadian STD Guidelines
www.hc-sc.gc.ca/hpb/lcdc/bah

References and Recommended Resources

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Pamphlets, Booklets & Other Resources

CSI Program: CSI Program: You Have the Power (Poster)
CSI Program: Women of All Ages... (Poster)
CSI Program: A Simple Test Could Save Your Life. (Brochure)
CSI Program: A Pap Test Can Save Your Life... (Poster)
CSI Program: Clinical Management Guidelines - A Quick Reference Tool
CSI Program: Resource Binders for Education Sessions

Handouts

Clinical Management Guidelines



Result	Recommended Management
Specimen Adequacy Statement	
Satisfactory	Routine Screening at annual intervals (unless the specimen adequacy statement is accompanied by a qualifier and subsequent recommendation).
Unsatisfactory	Repeat smear after 12 weeks .
Diagnostic Statement	
NIL Negative for Intraepithelial Lesion	Routine screening* If specific pathogen is present, treat as clinically appropriate. *In the presence of a gross abnormality with a negative Pap test, patient should be referred for colposcopy
ASC-US Atypical Squamous Cells of Undetermined Significance	Repeat smears every six months until normal x 2; if any of these smears are ASC-US or worse, refer for colposcopy.
ASC-H Atypical Squamous Cells cannot exclude HSIL	Colposcopy and Biopsy.

May 6, 2004. Developed with content and support from the Nova Scotia Gynecological Cancer Screening Programme, Dr. Meg MacLachlin-London Health Sciences Hospital, Ontario's Laboratory Proficiency Testing Program Guidelines, American Society for Colposcopy and Cervical Pathology Algorithms and Bethesda 2001 Recommendations. Consultation was held with leading Pathologists and Gyne-Oncologists in the province of



Hysterectomy Guidelines



Recommendations for Pap Screening

A question asked often by woman who have had a hysterectomy is, “Do I still need a Pap test?” The following guidelines show the current national recommendations and practices.

For women who have had a subtotal hysterectomy. (Cervix still intact) → Screen Annually

For women who have had a total hysterectomy and have a history of abnormal cervical cells or cervical cancer. (Cervix removed) → Screen Annually

For women who have had a total hysterectomy and no abnormal history. (Cervix removed)

→ **No Pap test required ***

For women who have a total hysterectomy and no history known.

→ **Have 2 Negative Pap tests, then refer to routine recommendations**

*There have been some arguments made that it is still of preventive health benefit to re-screen women with a total hysterectomy and no abnormal history at least once every five years, as part of an overall reproductive health assessment.



Follow-up and Treatment of Abnormal Pap Test

Some of the procedures used to follow-up and/or treat cervical problems are:

- ❑ **Repeat Pap Tests:** Women with abnormal Pap test will often be told to return for another Pap test in several months. While it may be distressing to wait for that length of time, this is acceptable management because abnormal cervical cells often revert back to normal on their own without any treatment. It is very important to have that repeat Pap test.
- ❑ **Colposcopy:** A procedure in which a woman's cervix is viewed through a specialized piece of equipment that magnifies it many times. A light spray, that smells like vinegar, will help the gynecologist see the cells better. Usually a biopsy is done at the same time.

- ❑ **Laser Surgery:** A laser beam of light is directed at abnormal areas on the cervix causing cells to be destroyed and evaporate.
- ❑ **Cryosurgery:** A probe is inserted into the vagina and rests on the cervix. The cells on the cervical lining are frozen using a probe that is cooled by a special gas.
- ❑ **L.E.E.P.: (Loop Electrosurgical Excision Procedure):** A procedure in which the whole pre-cancerous area is removed using an electrically charged thin wire loop.
- ❑ **Cone Biopsy:** Usually done under general anesthetic as day surgery. Can also be done by laser surgery. Often recommended for HSIL, if the endocervix (opening of the cervix) is involved.
- ❑ **Hysterectomy:** Infrequently, if the cervical cancer is advanced, this may be a reasonable option for treatment in some cases.



An Abnormal Pap Test - What does it mean?

The Abnormal Pap Test - What does it mean?

An Abnormal Pap test does not mean that you have cancer. During a Pap test cells are collected from your cervix and placed on a glass slide, sent to a lab and looked at under a microscope. An abnormal Pap test means that there are some changes in the size or shape of these cells.

- ❑ Early cell changes on the cervix are called abnormal cells, not cancer.
- ❑ For most women, abnormal cells change back to normal cells on their own.
- ❑ For some women these abnormal cells do not change back to normal. These cell changes are called pre-cancerous cell changes.
- ❑ A regular Pap test will find these cell changes early and follow up treatment can begin.
- ❑ If you have cell changes or pre-cancerous cells make sure you carry through with all follow up treatments.

Pap Test results fall into 3 groups:

Normal or Negative:

- ❑ The cells of your cervix are normal shape and size; continue to have a regular Pap Test.

Cell Changes:

- ❑ Some cells on your cervix have changes in size and shape.

- ❑ These changes maybe due to infection or inflammation.
- ❑ The presence of HPV (Human Papilloma Virus)
- ❑ Pre-cancerous changes to the cells of the cervix that can be treated. These changes fall into 5 categories:
 - **ASC-US:** mild cell changes
 - **ASC-H:** mild cell changes but favor serious change
 - **LSIL:** moderate cell changes, low grade
 - **HSIL:** serious cell changes, high grade
 - **AGC:** glandular cells in the cervix that are not normal

Cancer:

- ❑ Severe cell changes on your cervix that need special treatment. It is important to work with your doctor to treat your cancer.

An Abnormal Pap Test - What do I do?

- ❑ Talk to your doctor or your health care provider about your choices and what you may need to do.
- ❑ Most changes to the cells of the cervix change back to normal on their own. Often, the next step is to have a repeat Pap test in 3 - 6 months.
- ❑ Some women may be sent to see another doctor (gynecologist) for more test and/or other types of treatment.
- ❑ Keep all follow up appointments and treatments.
- ❑ Remember a regular Pap test can prevent almost all cancer of the cervix.

What can I do to prevent cancer of the cervix?

- ❑ Protect yourself; always use a condom(s).
- ❑ If you are a teen - delay intercourse.
- ❑ Avoid tobacco smoke.
- ❑ Talk to our health care provider about the risks of HPV infections.
- ❑ Practice a healthy lifestyle
- ❑ Make a regular Pap test part of your health care plan.



APPENDIX “A”

Acknowledgements

The Pap Resource Manual was developed to provide accurate information and appropriate resources to assist individuals and groups in offering consistent Health Education on the Pap test and cervical cancer.

Thank you!

- | | |
|--|--------------------|
| _ Lori Harnett, Provincial Women’s Health Educator | |
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