

Understanding positive screening results and abnormal cells

Results of cervical screening	Technical term	Description	Treatment
Negative	Normal	This means that there are no cell changes. No action is needed and you need to wait to have your next cervical screening after the appropriate period.	Repeat screening in either three or five years according to your region.
Inadequate screening result	Incomplete reading of the sampled cells	Incomplete reading of the screening for a number of reasons: <ul style="list-style-type: none"> * Not enough cells in the sample * You may have an infection and the cells could not be seen clearly to read * You had your period and there was too much blood on the slide to view the cervical cells * The cervix was inflamed and cells could not be analysed clearly. 	Repeat of screening within a couple of months of the inadequate result.
Borderline screening result	Slight abnormality observed in the cells	This means that, although there are some cell changes, they are very close to being normal and may go away on their own.	Treatment depends on where you live in the UK: Scotland and Wales: Repeat screening in six months to a year. Often slightly abnormal cells can recover without further treatment but you will need three normal six monthly screenings before three yearly screenings can be resumed.
Mild/slight changes OR mild dyskaryosis	Cervical Intraepithelial Neoplasia 1 (CIN 1)	You have abnormal cells in your cervix. The lower 1/3 of lining of the cervix has immature abnormal cells. Immature abnormal cells are not cancerous but have a potential to develop into cancer if left untreated.	England and Northern Ireland An HPV test will be done on the same sample of cells (this test is called HPV triage). This will be done automatically if your test shows up with borderline or mild changes. If you test shows no high risk HPV (it is negative) you can return to regular screening intervals (three or five years). If the test shows positive for high risk HPV you will be sent to colposcopy for a further check up. Research has shown that at least 50% of borderline and mild abnormalities return to normal within 18 - 24 months without treatment.
Moderate cell changes OR moderate dyskaryosis	Cervical Intraepithelial Neoplasia 2 (CIN 2)	You have abnormal cells in your cervix. The lower 2/3 of lining of the cervix has immature abnormal cells. Immature abnormal cells are not cancerous but have higher potential to develop into cancer if left untreated.	You will be sent for a colposcopy. Abnormal cells need to be removed and further treatment will be based on the colposcopy and any biopsy of the affected area. (for more detailed information see treatment of CIN cells).
Severe cell changes OR severe dyskaryosis	Cervical Intraepithelial Neoplasia 3 (CIN 3)	All of the lining covering the cervix has abnormal cells. CIN 3 cells are not cancerous but they have very high potential to develop into cancer if left untreated.	

Results of cervical screening	Technical term	Description	Treatment
Glandular cell changes	Glandular Cervical Intraepithelial Neoplasia (CGIN)	The "G" in CGIN stands for glandular. Glandular cells in the cervix have become abnormal. Glandular cervical cells are found in the cervical canal that goes up the middle of the cervix. CGIN is not as common as CIN, but it is treated exactly the same.	CGIN are very similar to CIN3 and are treated in exactly the same way, with the same follow up.

1. Cervical intra-epithelial neoplasia (CIN) is the medical name for cervical changes.
2. Dyskaryosis (Dis-cari-o-sis) is a term used to describe the changes to the cells.
3. Immature *abnormal* cells – cells that have developed into abnormal cells but cannot grow into mature sized cells. These cells are at risk of turning cancerous.

Version 1.1

Updated: 06.13

Due for review: 06.13