Fimlab

Screening for cervical cancer – types of results

- **Normal cytological finding**
  The most common result in screening of the healthy population is a negative result in the high-risk HPV test. The next screening invitation will be sent in 5 years if the individual is still within the screening age.

- **Recommendation to see a doctor**
  When a high-risk HPV infection is found in the HPV test, a liquid-based cytology sample (Pap test) is also examined from the same sample. Even if no malignant changes indicative of cervical cancer are found in the cytology sample, other changes may be detected, prompting the individual to see a doctor. The result letter will include the test result for the doctor's evaluation. If a microorganism (such as Trichomonas, Actinomyces, or herpes) is detected, medication may be necessary. Most microorganisms cannot be detected based on the Pap test alone, so if an infection is suspected, the individual should seek further examination and treatment from a gynaecologist or a doctor at a healthcare centre. For example, detecting a chlamydia infection always requires microbiological examinations.

- **Invitation for re-screening in 18–24 months**
  The finding is HPV positivity without cellular changes or HPV positivity with HPV-related atypia in cells (ASC-US = atypical squamous cells of undetermined significance). HPV infections and mild cellular changes often resolve on their own. In such cases, the appropriate follow-up action is to repeat the HPV test and take a new cytology sample in 24 months. A follow-up invitation will be sent within the screening system.

- **Need for further investigation**
  Sometimes the result indicates cellular changes that require confirmatory tests. Such Bethesda classification results include:

LSIL	= Squamous intraepithelial lesion (SIL), low-grade
ASC-H	= Atypical squamous cells, cannot exclude HSIL (ASC-H)
HSIL	= Squamous intraepithelial lesion (SIL), high-grade.

The recommended follow-up test is a colposcopy performed by a gynecologist, which involves examining the vagina and cervix and taking biopsy samples for tissue examination. Only after these results are available can the need for treatment or follow-up be assessed.

Even significant cellular changes may be caused by an HPV infection or another chronic inflammation. Further investigations are necessary to rule out the possibility of cervical cancer precursors and to treat them at an early stage if found.

The individual will receive a postal invitation for follow-up/confirmatory tests from the follow-up unit.

You can read more about the classification of cellular changes at (in Finnish):
https://www.terveyskyla.fi/naistalo/gynekologinen-terveys/kohdunsuun-irtosolumuutokset-papa/irtosolumuutosten-luokittelu