

Cervical Screening Awareness Week

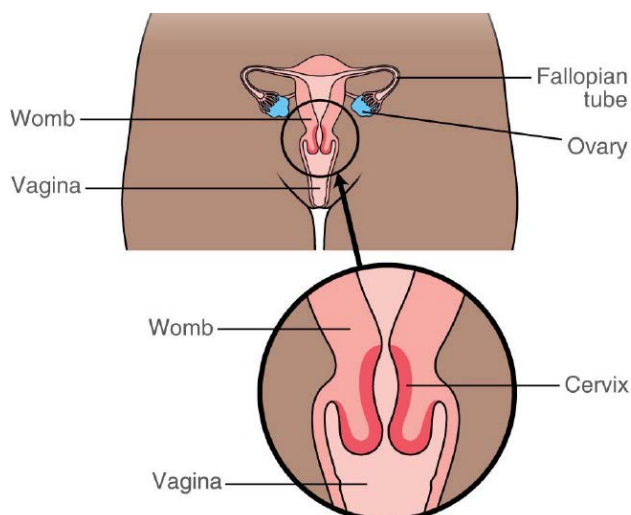
19 – 24 June 2025



Cervical screening is one of the best ways to protect yourself from cervical cancer.

Cervical screening checks the health of your cervix and helps find any abnormal cell changes before they can turn into cancer.

The cervix is the lower part of the womb (uterus) that joins to the top of the vagina. It is sometimes called the neck of the womb.



Abnormal cell changes in the cervix are common, and often improve naturally. Sometimes these changes need treatment because there is a risk they may develop into cancer.

Abnormal changes cause no symptoms. You will not know if you have them unless you have cervical screening. Screening finds abnormal cell changes, including the ones that are most likely to become cancer. These cells can then be treated. This is an effective way of preventing cervical cancer.

Early cervical cancers and pre-cancerous cell changes don't usually have symptoms. Not everyone diagnosed with cervical cancer will have symptoms, which is why screening is so important.

What is HPV?

The main risk factor for cervical cancer is an infection called the human papilloma virus (HPV). There are over 100 types of HPV and some types of HPV can affect the cervix. The types that cause abnormal cell changes in the cervix are called high risk HPV. High risk HPV is found in 99.8% of all cervical cancers. Usually, the body's immune system gets rid of HPV. There are no symptoms and often the virus does not cause damage. Most people will never know they had it. For some, the body does not remove the infection and if the cervix is affected by HPV longer term, the virus can cause damage to cells that may eventually cause cancer.

HPV is very common, and most people are infected with it at some point. It can affect all sexual orientations and anyone who has ever been sexually active. This includes people in a long-term relationship with one partner. HPV may still affect you even if you have not been sexually active for some years.

The virus can live on the skin around the whole genital area. It passes easily from person to person during any type of sexual contact. Using a condom or other barrier contraception may reduce your risk of HPV infection, but it does not offer complete protection.

Did you know?

Smoking makes it harder for your body to get rid of an HPV infection. This means that if you smoke you have a higher risk of cervical cancer.

“ I’ve had the HPV vaccine – does this mean I don’t need cervical screening? ”

The vaccination protects against the most common types of high-risk HPV that cause cervical cancers. But it does not protect against all types and it is therefore important to attend cervical screening even if you have had the vaccination.

A 2021 study found that cervical cancer rates were reduced by almost 90% in women in their 20s in England, who were offered the vaccine aged 12-13.

The NHS Screening Programme

Cervical screening is an NHS run screening programme, aimed at reducing the number of people who develop invasive cervical cancer and the number of people who die from it.

All women and people with a cervix between the ages of 25 and 64 are invited for regular cervical screening. An invitation is sent through the NHS App, by text or by letter. How often you are invited depends on your age and where you live.

For England and Northern Ireland
– you get an invite every 3 years if you are aged 25 to 49.
After that, you get an invite every 5 years until age 64.

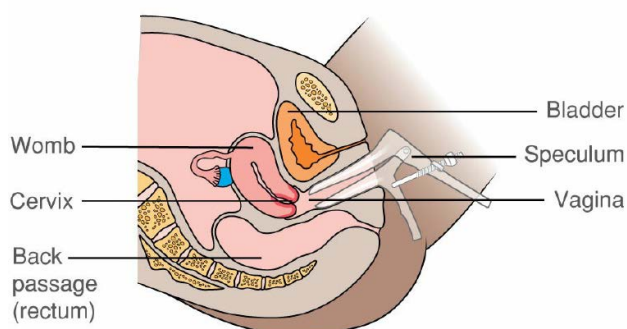
For Wales and Scotland
– you get an invite every 5 years if you are aged 25 to 64.

What happens during a cervical screening test?

When ready, you undress from the waist down. You then lie on your back on an examination couch. Some clinics have couches with foot or leg supports that you can rest your legs up on. You will be asked to lie with your knees bent and apart.



The doctor or nurse gently puts an instrument called a speculum into the vagina. This holds the vagina open so that they can see the cervix. They then sweep a small, soft plastic brush over the cervix to take the sample of cells.



The test usually takes less than 5 minutes and shouldn't be painful, but some find it a little uncomfortable.

The sample is then sent to the laboratory for testing and the results are sent to you within 2 to 4 weeks.

The results

■ No HPV

This means there is no HPV infection present and the risk of cervical cancer is very low. You will be offered another screening at the next interval for your age and location.

■ HPV but no abnormal cells

You will be invited back for a screening at an earlier interval than usual, to check your body has got rid of the HPV.

■ HPV and abnormal cells

You will be invited for a procedure called a colposcopy which determines if you will need treatment.

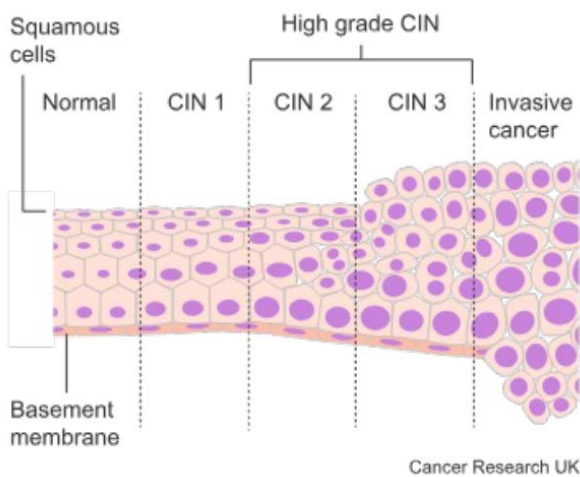
What is a colposcopy?

This is a procedure done, usually as an outpatient in Hospital. The test usually takes 15-20 minutes. A colposcopy uses a microscope to look at the cervix in more detail. During this examination, the colposcopist can take samples (biopsies) of any abnormal areas.

The colposcopist might offer you treatment at the same time as your colposcopy. Or you may go back for treatment once they have your biopsy results.

What is CIN?

Cervical intra-epithelial neoplasia (CIN) is a term that describes the most common type of abnormal cells found during a colposcopy. CIN is not cancer, but if the abnormal cells are not treated, over time they may develop into cervical cancer. CIN is graded depending on how deep the cell changes go in the surface of the cervix.



- **CIN 1 (low grade)** – up to one third of the thickness of the lining covering the cervix has abnormal cells.
- **CIN 2 (high grade)** – up to two thirds of the thickness of the lining covering the cervix has abnormal cells.
- **CIN 3 (high grade)** – the full thickness of the lining covering the cervix has abnormal cells.

Treatment for abnormal cells

There are various treatments available and it may depend on your abnormal cells or what is offered by your Hospital.

Some treatments remove the affected area (large loop excision or cone biopsy) and others destroy the abnormal cells through laser therapy, cold coagulation or cryotherapy.

About 6 months after treatment, you will be invited for a further cervical screening to ensure the treatment has been successful.

Facts and Figures

Two women per day die in the UK from cervical cancer – it is the most common form of cancer in women under the age of 35.

Regular cervical screening can prevent up to 75% of instances of cervical cancer, despite this, 1 in 3 do not attend for their cervical screening test.

2,700 women are diagnosed with cervical cancer in England each year, but the NHS screening programme helps save around 5,000 lives each year.

Up to 93% of cervical cancers are preventable.

It has been estimated that in England, cervical screening prevents 70% of cervical cancer deaths and that if everyone attended screening regularly, 83% of cervical cancer deaths could be prevented.

Estimated that 4,500 lives are saved each year through cervical screening programme, by detecting HPV and referring women on for treatment.

NHS cervical screening programme sets an "acceptable performance" which is defined as achieving coverage levels of 80% or more of eligible individuals aged 25–64. However, in 2024, only 68.8% of eligible women were screened, a decline from 72.4% in 2014.

Did you know?

The NHS is researching a new way of doing cervical screening. Instead of having a cervical smear test, you are given a vaginal swab to do yourself. If your test shows HPV, you will then be offered a cervical smear test.