

Understanding screening results and abnormal cells

Results of cervical screening	Technical term	Description	Management and treatment options
Normal	Negative	This means that there are no cell changes.	If you have not had a previous abnormal result in your screening you will have a repeat screening in either three or five years, depending on your age and where in the UK you live.
		No action is needed and you need to wait to be invited to your next cervical screening after the appropriate period.	
Incomplete reading of the sampled cells	Inadequate screening result	Incomplete reading of the screening for a number of reasons (the following are examples):	The cervical screening test will be repeated in three months, which gives the cells of the cervix enough time to renew and reduces the risk of getting another inadequate sample. If treatable, the reason for the inadequate sample is corrected before repeating the cervical screening test.
		Not enough cells in the sample	
		 You may have an infection so the cells could not be seen clearly enough to read them 	
		 You had your period and there was too much blood on the slide to view the cervical cells 	
		 The cervix was inflamed and the cells could not be analysed clearly. 	
Slight abnormality observed in the cells	Borderline screening result	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:
			Repeat screening within six months. Often slightly abnormal cells can recover without further treatment, but you will need three normal six monthly screenings before you can be returned into the normal screening program.
			England, Northern Ireland and Wales:
Mild cell changes or mild dyskaryosis ¹	Low grade squamous dyskaryosis or CIN1 ²	This means you may have abnormal cells in your cervix. The lower 1/3 of the lining of the cervix has abnormal cells. Abnormal cells are not cancerous, but they have the potential to develop into cancer if left untreated.	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 low grade dyskaryosis. If your test shows no high risk HPV (it is negative) you can return to your regular screening intervals (three or five years). If the test shows positive for high risk HPV, you will be invited to attend a colposcopy clinic for a further check up.
		require treatment.	grade abnormalities return to normal within 18–24 months without treatment.



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Moderate cell changes or moderate dyskaryosis	High grade squamous dyskaryosis or CIN2	 This means you are likely to have abnormal cells in your cervix. The lower 2/3 of the lining of the cervix has immature abnormal cells³. Abnormal cells are not cancerous, but they have a higher potential to develop into cancer if left untreated. These cells will require treatment, which will be done in a colposcopy clinic. 	You will be invited to attend a colposcopy clinic. Abnormal cells usually need to be removed and further treatment will be based on the colposcopy and any biopsy results of the
Severe cell changes or severe dyskaryosis	High grade squamous dyskaryosis or CIN3	This means you are likely to have abnormal cells in your cervix. All of the lining covering the cervix has abnormal cells. CIN3 cells are not cancerous, but they have a very high potential to develop into cancer if left untreated. These cells will require treatment which will be done in a colposcopy clinic.	affected area (for more detailed information see the 'Treatment of abnormal cervical cells' section of our website at www.jostrust.org.uk).
Glandular cell changes	Abnormal glandular cells or CGIN ⁴	The G in CGIN stands for glandular. This means the glandular cells in your 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 is very similar to CIN3 and is often treated in a similar way. This may be by cone biopsy, LLETZ ⁵ , SWETZ ⁵ or NETZ ⁵ . For women who are aged over 50 or who do not plan to have any more children, hysterectomy may be advised. Follow-up is often with six monthly smears.

¹ Dyskaryosis (dis-cari-o-sis) is a term used to describe the changes to the cells

² Cervical intraepithelial neoplasia (CIN) is the medical name for cervical changes; they are graded from 1 to 3 depending on the severity of the changes, with 3 being the most severe cell changes

³ Immature abnormal cells are cells that have developed into abnormal cells but that cannot grow into mature sized cells. These cells are at risk of turning cancerous

⁴ Glandular cervical intraepithelial neoplasia (CGIN) is the medical name for changes in the glandular cells of the cervix

⁵ Large loop excision of the transformation zone (LLETZ), straight wire excision of the transformation zone (SWETZ) and needlepoint excision of the transformation zone (NETZ) are all techniques used to treat cervical abnormalities.

The information included in this publication was correct at the time of going to press. We plan to review publications after two years; however updates may happen more frequently. For updates or the latest information, please visit www.jostrust.org.uk.

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