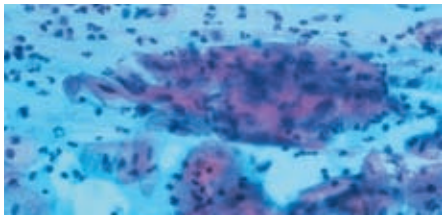
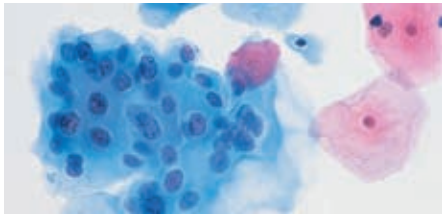


With ordinary Pap smears, abnormal cells may be obscured by inflammation or blood.

A Pap smear every two years means that the chance of detecting pre-cancerous cell changes is increased, maximising your chance of successful treatment.

While the addition of a ThinPrep test helps to ensure an accurate diagnosis, conventional Pap smears alone are also very reliable.



The ThinPrep test produces a slide of higher quality by removing blood and mucus.

HPV DNA Screening

Detects some types of HPV viruses known to be associated with a higher risk of developing cervical cancer. This special test is rebatable by Medicare if:

- You have had treatment for a high grade abnormality of the cervix within the last two years
- You have had a positive HPV test after treatment for a high grade abnormality of the cervix within the last two years
- You are already undergoing annual cytological review for the follow-up of a previously treated high grade abnormality

The test is designed to complement the Pap smear. It may be useful if your Pap smear shows minor changes but the test is not rebatable in this case.

For more information please contact your doctor or call Dorevitch Pathology, Tel: 03 9244 0444

Committed to Women's Health, Dorevitch Pathology has a team of expert scientists and doctors who specialise in this difficult area. Taking and examining Pap smears is a complex, time-consuming and labour intensive process requiring extreme care, concentration and expertise. We have thorough quality assurance measures that mean your Pap smear is analysed to the highest quality standard.

Cervical Cancer is largely preventable through regular Pap smears.

Please remember that a Pap smear is a screening test and hence in a small proportion of women may fail to detect cervical abnormalities. If you experience any symptoms you should discuss them with your doctor as soon as possible.

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understanding your pap smear

dorevitch Pathology

What is a pap test?

A Pap test is a simple procedure that gently removes cells from the cervix. The cells are transferred to a slide and sent to the laboratory where trained scientists examine the cells under a microscope.

The purpose of a Pap Smear.

A Pap smear is to detect early changes in the cells of the cervix. Some of the changes if undetected may lead to cancer. When these cells are identified, further investigations can be performed to clarify the severity of the abnormality. In most cases this results in early and effective treatment of the abnormality. Hence the risk of developing cervical cancer is greatly reduced.

Who needs a Pap smear?

All women who are, or have been sexually active.

After your first smear you should have one every two years until you are 70 years of age. You still need to have smears after menopause and may require them after a hysterectomy.

Reminder systems exist that alert you to when your next smear is due.

If you have any unusual symptoms, such as abnormal bleeding, spotting or discharge, you should see your doctor regardless of the result of your last smear.

Medicare rebates are available for all Pap smears.

Results

The results of your Pap smear will be sent to your doctor

The results fall into three broad groups:

- Normal or negative (about 90% of results).
  This means there are no abnormal cells seen on the Pap smear slide.
- Abnormal or atypical (about 5-10% of results).
  The test shows that there are some abnormal cells present.

  Most abnormal smear reports refer to minor changes in cervical cells. These changes are common and usually disappear without any treatment. Another smear in 12 months or if the changes persist further tests are recommended.

  If high grade or possible high grade abnormalities are detected, a colposcopic evaluation will be recommended.

  A colposcope is a specialised microscope which enables detailed inspection of the cervix. The procedure is usually conducted by a gynaecologist experienced in looking after women with abnormal Pap smear results.

  If the colposcope confirms that there is an abnormal area, then a biopsy is performed. In this simple procedure, a small piece of tissue is removed and examined by a pathologist for diagnosis. At Dorevitch Pathology a team of pathologists with expertise in gynaecological pathology report these biopsies.
- Unsatisfactory (about 2-3% of results)
  Sometimes due to factors beyond the control of the practitioner, the smear is impossible to interpret reliably.

  In the case of an unsatisfactory result, you will need a repeat smear. Usually it will take place about three months after the first one.

How effective is the Pap smear?

Pap smears have drastically lowered the number of women who die of cervical cancer. However, the Pap smear is a screening test and any one test may fail to detect an abnormality (a “false negative” result).

Fortunately, abnormal cells are usually present for many years before cancer develops. Regular 2 yearly Pap smears greatly reduces the risk of “false negatives”.

The ThinPrep test.

In addition to the traditional Pap smear, Dorevitch Pathology offers the ThinPrep test. When used in conjunction with the conventional Pap smear, ThinPrep improves Pap testing reliability through better sample processing and slide making.

It can lead to an overall reduction in:

- False negative results
- Unsatisfactory reports (which would otherwise have required a repeat test).[1]

For a ThinPrep test, the Pap smear is collected in the usual manner with no additional samples being needed. Your doctor simply rinses the same sampling implement in a special vial of ThinPrep preservative solution. This sample is sent to the laboratory where a machine-made slide is prepared.

Whilst ThinPrep test results are likely to be more accurate, it does not completely eliminate the chance of error.

There is an additional fee for the ThinPrep test which is not claimable from Medicare.

1 Roberts JM, Gurley AM, Thurloe JK, Bowditch R, Laverty CRA. Evaluation of the ThinPrep Pap test as an adjunct to the conventional Pap smear. JMA 1997; 167:466-469