



Information about the Danish cervical cancer screening programme

Cervical cancer screening

If you are aged between 23 and 64, you can be screened for cervical cancer. The screening can find HPV (Human Papillomavirus) or abnormal cells in your cervix, which, if left untreated, can lead to cervical cancer.

In this pamphlet, you can read more about the screening process. This pamphlet can help you decide whether to have a cervical screening or not. There is further information on the Danish Health Authority's website, where you, for example, can find frequently asked questions about screening for cervical cancer.

The Danish Health Authority recommends screening for cervical cancer based on an overall assessment of the benefits and harms. But it is important that you make the decision yourself.

If you are pregnant or are already in treatment or under follow-up for a gynaecological disease, you will need to consult your doctor about when cervical screening is relevant for you.

If you do NOT wish to accept an offer of screening for cervical cancer, you can register this on the website: www.sundhed.dk.

If you change your mind, you can always register again by contacting the region you live in. In the invitation letter you have been sent in your e-Boks, you can see who to contact.

If you choose not to participate in the cervical cancer screening programme, this will not affect your opportunities to be examined and treated for cervical cancer or other diseases.

What is cervical cancer screening?

Screening for cervical cancer is an examination of women who have no symptoms of cervical cancer. Screening is not the same as a full examination for cervical cancer.

Even if you are screened, you may still have or develop cervical cancer. It is important that you see your doctor if you have pelvic symptoms, for example unexpected bleeding or pelvic pain. You can read more about the symptoms of cervical cancer on the last page of this pamphlet.

Cervical cancer can be prevented by discovering abnormal cells before they develop into cancer. Screening for cervical cancer and treatment is therefore an effective way to prevent cervical cancer.

How the screening is performed

The screening is performed as a gynaecological examination by your doctor. A cell sample will be taken from your cervix with a small brush. To obtain a useable sample, you must not have your menstruation or be pregnant at the examination.

The vast majority of women are informed that their sample is normal. It may also occur that the sample is technically inadequate and a new sample is required.

What is the cause of cervical cancer?

Cervical cancer is nearly always caused by an infection called HPV. In most cases, the HPV infection disappears by itself. Sometimes, however, the HPV infection can become chronic and spontaneously cause abnormal cells in the mucous membrane of the cervix. Most abnormal cells disappear by themselves. In rare cases however, cellular changes can develop into cancer. It normally takes many years before an HPV infection leads to cervical cancer.

What is HPV and HPV vaccination?

HPV is a virus that transmits through sexual intercourse or other intimate contact. Some types of HPV may lead to cellular changes in the cervix, which, in rare cases, can develop into cancer. You can be without symptoms if you have HPV infection or abnormal cells.

HPV infections can be prevented through vaccination

In Denmark, HPV vaccination is now offered to all children aged 12 years and upwards. After HPV vaccination, you have less risk of getting an HPV infection, which may cause cervical cancer in women. Women who have been vaccinated are also offered screening for cervical cancer. The reason for this is that the vaccine does not cover all types of HPV and therefore does not provide complete protection.

Examination of samples

There are two methods

You will receive either cell-based or HPV-based screening for cervical cancer.

In both methods, a cell sample will be taken from your cervix. The sample is taken in the same way, and only the analysis of the sample differs. There may also be a difference in time before you need to be screened again. Both methods are well-proven and good methods for preventing cervical cancer.

You will be invited to a screening at an interval of three or five years, depending on your age and the screening method used.

You can read more about the reason why all women are not offered the same method on the Danish Health Authority's website: www.sst.dk/screening

Facts about cervical cancer screening

365

Approx. **365** Danish women get cervical cancer every year.
Approx. **100** Danish women die from cervical cancer every year.

Cervical cancer may occur in all age groups, but rarely affects women aged under 25.

Before the screening was introduced, about **35** in every **1.000** women developed cervical cancer during their lifetime.



After the introduction of screening, about **10** in every **1.000** women develop cervical cancer during their lifetime.



It is impossible to state exactly how many cases screening has prevented. However, it is estimated to be more than half.

Before screening was introduced, approximately **15** in **1.000** women died of cervical cancer.



After screening has been introduced, this has fallen to approx. **3** in **1.000**.



However, there may also be other reasons contributing to the decrease. For example, cancer cases are generally detected earlier and current treatment is more effective today.

Source: Baggrundsnotat om livmoderhalskræftscreening ([link](#))

6-8

A distinction between the abnormal cells that develop into cancer and those that do not cannot be made with certainty.

Every time a woman avoids getting cervical cancer, **6-8** women will have had a cone biopsy done for abnormal cells that would not have developed into cancer.

Pros and cons of screening

What are the pros of screening?

Fewer cases of cervical cancer and lower mortality

By attending cervical cancer screening, you can reduce your risk of becoming seriously ill and dying from cervical cancer. If abnormal cells are detected at an early stage, many cases of cervical cancer can be avoided. In rare cases, cancer is detected at the screening. The earlier cervical cancer is detected, the lower the risk that the cancer has spread.

Less invasive treatment

Treatment of cellular changes is less invasive than treatment of cervical cancer. Severe abnormal cells in the cervix can be treated with a minor operation without hospitalisation. Treatment of cervical cancer is much more extensive, for example major surgery, radiation therapy or chemotherapy.

What are the cons of screening?

Discomfort

Some women experience discomfort related to the gynaecological examination. It may be a good idea to tell your doctor if you feel uncomfortable about the examination.

Worries and false alarm

If your screening raises a suspicion of abnormal cells, you will be offered a follow-up examination with your own doctor or further examinations with a gynaecologist. Further tests may be normal, this is called a false positive / false alarm. The period in which you are waiting for the test results or further examinations may cause anxiety.

False reassurance

Even if your screening shows no signs of abnormal cells, you may nevertheless have or develop abnormal cells and cervical cancer. The risk of abnormalities being overlooked is lower if you participate in regular screening. Abnormal cells that have initially not been found will often be detectable at follow-up screening.

Unnecessary treatment

The screening may find abnormal cells that in some cases would not have developed into cancer. Every time a woman avoids getting cervical cancer, 6-8 women will have had a cone biopsy done for abnormal cells that would not have developed into cancer. A cone biopsy increases the risk of premature birth. By participating in the screening, you therefore risk being offered a treatment that is unnecessary which may have adverse effects.

Further examination

If your sample shows HPV infection or minor cell abnormalities, you may be recommended to have another sample taken after six or twelve months. This depends on the type of HPV and on your age.

If your sample shows severely abnormal cells, you will be offered further examinations by a gynaecologist in a clinic or in a hospital. Depending on your age, you may also be offered further examination by a gynaecologist if your sample shows certain types of HPV, or if your sample shows a combination of HPV and minor abnormal cells.

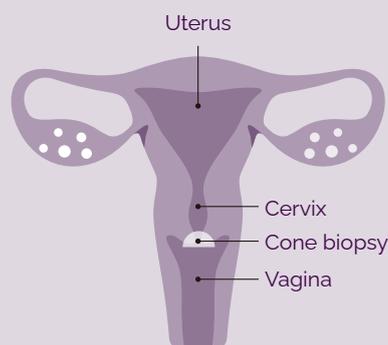
The gynaecologist will examine the cervix more closely and take tissue samples. Severely abnormal cells are not the same as cancer. One cannot know in advance which abnormal cells will subsequently develop into cancer. If the gynaecologist finds severely abnormal cells, a cone biopsy (also known as a conization) will be recommended.

In very rare cases, the cell sample may give rise to a suspicion of cervical cancer. If it is cancer, you will be offered treatment based on the progression of the disease.

Cone biopsy

In a cone biopsy, a cone-shaped piece of tissue around the canal of the cervix is removed, see figure. The most common side effects after a cone biopsy are bleeding and infection. The rarer side effects are severe bleeding and narrowing of the cervix. You can still become pregnant and have children after a cone biopsy, however, there is a slightly increased risk of giving birth prematurely.

After a cone biopsy, you will be re-examined for HPV and cellular changes. If both samples are normal, there is usually no need for further follow-up examinations. You can then follow the screening programme as normal. In all other cases, you will be offered follow-up examinations.



Possible symptoms of cervical cancer

There are rarely symptoms in the early stages of cervical cancer. If the disease is more advanced, symptoms may occur. The following symptoms may be signs of cervical cancer, but may also be caused by conditions that are not serious:

- Bleeding from the vagina during or after sexual intercourse
- Menstrual irregularities such as spotting and postmenopausal bleeding
- Changed discharge, which may be smelly and contain blood
- Pelvic pain, which may radiate to the back or down into the legs
- Weight loss, fatigue and loss of appetite.



Where can you get help?



Your region

If you have any questions about the screening, please contact the region you live in. You can see who to contact in your invitation.



Your doctor

If you have symptoms from your pelvis, such as unexpected bleeding or pain, you should always consult your own doctor to have it examined more closely. This also applies even if you participate in the screening programme.



You can read more about cervical cancer, the screening programme and the numbers presented in this pamphlet on the Danish Health Authority's website: www.sst.dk/screening.

Health for all ♥ + ●