



# Cervical Cancer Screening



## Introduction

This Academic poster outlines the why the Cervical Cancer Screening is only for women from 25 -65 years. This research will focus on defining Cervical Cancer screening, Statistics, Methods, advantages, disadvantages, and aims.

## What a cervical screening?

### Definition

Cervical Cancer Screening is a method of preventing cancer. Screening is when a sample of cells from the cervix is taken to examine abnormal changes on the cell.

## Aims

- To reduce the number of women who develop cancer.
- To reduce mortality.
- To detect cervical abnormalities and cancer development.
- To minimise adverse physical/psychological/clinical aspects.
- To encourage early presentation.



## Who is Eligible

The target age group :

- > Age 25: first invitation (in practice, invitations to first screen are issued at 24.5years)
- > Ages 25 – 49: 3 yearly screening
- > Ages 50 – 64: 5 yearly screening
- > Ages 65+: screening of those who have not been screened since age 50, or those who have not yet met the criteria to be ceased from the programme.

## Methods of Cervical Screening

- (LBO) Liquid –Based Cytology examination
- A cervical screening test involves a sample being taken from the cervix using a brush which sweeps the cervix and collects cells for analysis. The brush head is removed and put into a pot of preservative fluid. The sample pot then goes to the laboratory where obscuring material is removed and a sample of the cells is taken, the cells are transferred on to a slide and analysed by a cytologist using microscopy. This study of the cells is known as cytology.
- If a normal result is obtained from the sample then the recall of the woman remains normal and they will return for a test three or five years depending on their recall.

## Statistics

- Since NHS the screening programme was introduced by the in 1980s, the number of cervical cancer cases has decreased by about 7% each year.
- It is estimated up to 4,000 cases of cervical cancer are prevented each year in the UK because of cervical screening.
- The NHS cervical screening program screens over 3 million women in England each year.



## Theory

According to (Leventhal et al, 1980) some women receiving abnormal cervical screening tests do not complete recommended treatment. Therefore, the author's prospective study investigated the value of conceptualizing attendance at colposcopy for treatment as either:

- An active problem-solving response to a health threat, motivated by attitudes toward an abnormal result, as implied by self-regulation theory;
  - As behaviour motivated by attitudes toward clinic attendance, as implied by the theory of planned behaviour.
- Overall, the responses to the research's questionnaires containing variables specified by these models were used to predict women's subsequent

### Disadvantages

- Potential discomfort,
- Embarrassment,
- Incorrect results,
- Unnecessary treatment.
- Risks of birth prematurely.
- Not 100% accurate.

### Advantages

- Can identify cell changes
- Decreases mortality rates
- Women with learning disabilities are provided with support to enable them to understand all processes and results

## Conclusion

Screening for cervical cancer reduces invasive cervical cancer incidence and mortality. New knowledge of the development of cervical cancer, new technologies such as the liquid-based cervical cytologic smear have transformed cervical cancer screening. Clinicians should be aware of the current concepts and practice guidelines and make decisions based on the most current evidence. The early detection and removal of precancerous cervical lesions effectively abolish the development of invasive cervical cancer.

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