The ‘Pap’ test: Know the realities, dispel the myths

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I encourage women and sexually active adolescents to take this short true-false quiz to test their knowledge about the realities and myths surrounding the Pap test, also known as the Pap smear.

1. A Pap test can show if I have gonorrhea or chlamydia.
2. The Pap test will detect cancer of the uterus/cervix/ovary/colon.
3. I'll have a Pap smear done in the emergency room if I go there for vaginal discharge.
4. If my doctor says my Pap test is abnormal, I definitely have cancer.
5. If my Pap test is abnormal, I will need a hysterectomy.
6. If I get treatment for an abnormal Pap test, I'll be unable to have children.
7. Cervical cancer is closely related to Human Papilloma Virus (HPV) infection.

If you answered “false” to all but the last question, and ‘cervix’ to question 2, congratulations. If you answered any of the questions incorrectly or not at all, now is the time to dispel the myths.

1. The Pap test, named for George Papanicolaou, the medical scientist who developed it, can reveal inflammation, but cannot detect whether you have the sexually transmitted infections gonorrhea or chlamydia. Specific tests are required to diagnose these two infections.

2. The test is performed to detect early changes that occur in the cells of the cervix (the neck of the uterus or womb) prior to the development of cancer. It also can detect actual cervical cancer. Trained personnel use a microscope to examine the cells shed or scraped from the cervix during the test to determine whether they are normal. The Pap smear cannot reliably detect cancer of the ovaries, uterus or colon. In fact, there are no reliable tests to detect uterine or ovarian cancer. All women should schedule annual pelvic exams and give their physicians a thorough history of symptoms, especially regarding menstrual abnormalities or abdominal complaints such as bloating or "indigestion".

3. The Pap test normally is not done in the emergency room, mainly because the presence of an existing cervical or vaginal infection causes inflammatory changes on the cervix, which could interfere with correct reading and interpretation of the test.

4. The Pap test is meant to detect the earliest changes in cervical cells that might later lead to cancer. It also can detect the cancer, although most abnormal Pap smear results are not cancer. Because cervical cancer progresses slowly, it is possible to detect “pre-cancer” changes before actual cancer develops. This is precisely the reason the Pap test, done regularly, is such a good way to catch these early changes. One in two women diagnosed with cervical cancer has never had a Pap test.
5. Pre-cancer changes to the cervix are treatable by various methods, including minor surgery. Rarely, if ever, does a woman require hysterectomy to cure pre-cancer changes.

6. The methods used to treat these pre-cancer changes rarely interfere with a woman’s ability to become pregnant. However, in some women, if pre-cancer changes persist despite treatment, additional treatments might be necessary. Repeated treatments could make the cervix unable to ‘hold in’ a pregnancy. Doctors treating pregnant patients with a history of repeated pre-cancer treatments will perform appropriate tests to determine whether precautions or treatment are needed to aid the pregnancy.

7. Cervical cancer is closely related to HPV or “the wart virus”. Most cancer or pre-cancer cervix tissues will show the presence of HPV. There are more than 80 types of HPV, but not all cause cancer. If you test positive for HPV, follow through with the treatment your doctor recommends. If you have questions or don’t understand something, always ask for clarification.

Like any other lab test, a Pap smear is not 100 percent accurate every time. However, if performed regularly, the test can reduce the chance that abnormal cells continue growing undetected and progress to cervical cancer. As with many gynecological diseases, prevention is the best defense.

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