

The top 10 things experts need you to know about screening during Gynaecological Cancer Awareness Month September 2022

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If you have received a letter from your hospital that tells you that you need to go for a colposcopy...

1. Should I worry? The cervical screening programme in the UK is one of the most successful screening programmes in the world. In reality you should feel reassured that you are being called in for extra and more in-depth testing. Colposcopy is not a test for cancer, it is a test for pre-cancerous changes to your cells.

“So, we’re trying to stop it before any cancer starts,” said Amanda Caley, Clinical Specialist, Zilico. “The actual process of screening has changed significantly and has become more efficient and more accurate. We are more likely to catch disease early. It may mean that you are more likely to be called in early but you have the reassurance of having a great system.”

2. How long should I wait? Go to your appointment as soon as you can. Do not miss attendance. If you need to reschedule because of Covid-19, or childcare issues, or if are on holiday rebook for the next convenient time for you. If you are pregnant then you should check with your clinician. Technology like ZedScan from Zilico is very good for pregnant women because you can check the affected area and it is painless and totally safe. If you have just had a baby you’ll need to wait three months to attend, phone and rearrange your appointment.

3. How long does it take? Colposcopy usually takes no more than 20 minutes. It will usually take place at your local hospital in a unit linked to gynae or sometimes the maternity department.

4. Does it hurt? It will probably be a little bit uncomfortable. There are so many different ways to make more comfortable, you should:

- Tell them you are nervous, and ask your nurse how this can be made most comfortable for you
- Ask for a smaller speculum
- Ask to put the speculum yourself (they will amend the position afterwards)
- Hands balled under your bottom
- If you know which way your cervix lays, then let them know. It is easier for them when they know where they are looking
- For you cervical Screening you could Lie on your side

5. What should I take with me and what should I wear? Amanda Caley says; “It is a very quick procedure, usually only 20 minutes from when you go in to when you leave. Wearing a dress is ideal because you can keep it on and you feel more comfortable and confident rather than wearing a hospital gown. Don’t wear your very best pants as they may use iodine and it will stain. You could bring a sanitary pad but they will normally give one to you.”

6. How long will it take to get results back? Amanda Caley, Clinical Specialist, Zilico, says; "It should not take more than six weeks but your clinician will tell you on the day as there is a lot of variation due to external factors at the moment, and workloads in the lab. However, if your clinicians see something visually they will be able to advise you there and then. Some NHS trusts will use adjunct technology such as ZedScan from Zilico which gives you give immediate indication of the outcome of the colposcopy." Sometimes clinicians will take a biopsy just in case and to cover all bases. They want to rule out any chance of cancer. So even if you do have a biopsy it is not always an indicator that there is anything at all wrong. Your clinician might just be being very careful.

7. What technology do they use? Technology has improved accuracy and afforded immediate reassurance to patients. Use of screens is excellent and gives the same view as the clinician has so that you can see what your cervix looks like. ZedScan is a unique adjunct diagnostic device which uses EIS (Electrical Impedance Spectroscopy) technology to identify cell changes that cannot always be seen with standard colposcopy. Many NHS Trusts now use ZedScan and you can ask your clinician if it is available. ZedScan can provide reassurance there and then. It is also helpful if English is not your first language.

8. Do I need to be screened if I have had the HPV vaccine? This is a popular misconception. If you have had the HPV vaccine you should absolutely still attend your cervical screening to make 100% sure that you are being checked. People born in the late 1990s were amongst the first people in the UK to be vaccinated and both boys and girls are now both being vaccinated.

Amanda Caley says; "However, there are different strains of HPV which are more prevalent now and you still need to be checked against those. The longer HPV is present the more chance there is of it causing cell changes. If you had a treatment to remove the cells that have changed you still need to be rechecked when invited."

If you have HPV you might remain in the system and be called to screening more regularly.

9. What other symptoms should I be looking for? You should contact your GP if you have bleeding after sex, or discomfort after sex. This may be nothing or caused by a cervical ectropion which is where skin from inside the cervix canal starts to extrude from the cervix. It is completely normal but may be the source of bleeding and may look different to a clinician.

10. Do I need screening after menopause? Amanda Caley says; "Once your periods stop you should continue to have cervical screening. If you have a cervix you can still have changes to the cervix. Perimenopause and menopause may cause your cervix to look slightly different (Type 3 cervix) so a complete colposcopy may not be possible as they can't see the whole area they need to. You may be asked to use topical cream in advance to open the cervix up slightly. After 65 years old the statistical likelihood of having cervical cancer is much lower."

ZedScan™ by Zilico is the British developed and manufactured diagnostic technology for cervical cancer. Zilico's proprietary technology measures cell changes providing immediate and accurate diagnosis of tissue which may be abnormal. Used by many NHS Trusts and hospitals in Finland, the advanced diagnostic tool will help provide better outcomes for women across the globe.

The cervical screening process screens for HPV infection and those with HPV are referred for colposcopy. In addition to traditional colposcopy methods many NHS trusts have started using ZedScan for improved diagnostic information provided in real-time. At colposcopy clinicians look for cervical intra-epithelial neoplasia (CIN). CIN means change to cells in the cervix and may be high or low grade. Cervical cancer is a treatable disease if detected at CIN stage.

How it works:

Using a single-use EIS sensor, ZedScan takes up to 12 readings from around the cervical transformation zone following the application of acetic acid. EIS works by measuring 7 key cell parameters, at 14 different frequencies, and resulting spectra helps differentiate the different tissue types

The readings are processed by an in-built algorithm to quantify the degree of abnormality at each reading site, with the results displayed immediately to support clinical decision making

Following a service evaluation of over 200 patients, the Trust found ZedScan increased the detection of high-grade disease (which has the potential to become cancerous) by 26 per cent and helped inform clinical management decisions. The high sensitivity of the ZedScan device also gives clinicians the confidence to discharge women to surveillance or routine screening when no high-grade disease is indicated.

Zilico are pleased to be supporting the prevention of cervical cancer by providing state-of-art technology to aid clinical decision making at the first visit for patients attending colposcopy. Using patented EIS platform technology, ZedScan is used - as part of colposcopy procedures - to detect cervical abnormalities (pre-cancerous changes) before they develop into cervical cancer.

For further information please contact Helen Trevorrow or Vicky Hague at Green Row on 0794 000 9138 or email helen@greenrow.co.uk .

- Ends -

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Notes for editors

Increased detection of high grade CIN, when using Electrical Impedance Spectroscopy as an adjunct to routine colposcopy, is maintained when used across international boundaries: Prospective data from nine European countries by John A Tidy and Brian H Brown
European Journal of Obstetrics & Gynecology and Reproductive Biology