

Surveillance of CIN 1

What is CIN 1?

CIN (Cervical Intraepithelial Neoplasia) is the term used to describe pre-cancerous abnormal cell changes of the cervix. CIN abnormalities develop due to contact with a viral infection known as HPV (Human Papilloma Virus). Please note that CIN is **NOT** cancer, but is a condition that needs to be monitored, or in some cases treatment is needed to prevent cancer from developing in the future. There are 3 grades of CIN: CIN1, CIN2 and CIN3. The grade refers to the severity of abnormal cell development. CIN1 is very mild and does not usually require treatment. CIN 2 is the middle grade of abnormality which may sometimes require treatment and CIN3 where treatment is always recommended.

How is CIN 1 managed?

Research has shown that 70-80% of CIN 1 abnormalities return to normal on their own without any treatment. For this reason Cervical Screening National Guidelines state that CIN1 may be kept under surveillance. If CIN 1 is seen during your colposcopy then biopsies do not always need to be taken. In this instance your colposcopist will recommend that you have a smear test in 12 months' time to monitor the abnormal cells. If a biopsy is taken during your appointment and CIN 1 is found, your colposcopist will write to you with your results and recommend that you have a smear in 12 months' time. This follow up smear is normally performed at your GP surgery and you will receive a reminder nearer the time.

Could the CIN 1 worsen?

In order for CIN 1 to go back to normal your immune system needs to fight the virus (HPV) that causes these changes. For some people this will happen by the time they have their follow up smear. For others this may take longer. If HPV and abnormal cells are detected at your next smear you will have another colposcopy appointment. For some people the low grade change CIN 1 may persist and surveillance may still be recommended.

For some people the abnormal cells may have developed into a high grade of abnormal cell change (CIN 2 and CIN 3). In these instances you may need more frequent monitoring with smears and colposcopy at 6 month intervals, or in some cases you may be offered an excisional treatment known as a LLETZ (Large Loop Excision of Transformation Zone). This is to remove the abnormal cells.

All of these grade of changes are **pre-cancerous**. It is important to remember that not all CIN develops into cancer and that treating all grades of CIN would lead to overtreatment for many people. It is highly unlikely that CIN will develop into cancer during surveillance, as you will be monitored. Cervical cancer is very slow to develop.

Is surveillance suitable for me?

Surveillance is suitable for most cases of CIN 1. The colposcopy team will discuss this and take into account individual circumstances before making recommendations for management.

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What else can I do to help?

We know that you need a strong immune system to fight HPV infections, which is the cause of abnormal cells on the cervix. Smoking is linked to persistent HPV infection as it dampens your immune system. If you smoke, we would encourage you to stop, as this will make it more likely that the CIN 1 cells will go back to normal.

You can contact 'New You NHS Smokefree Service North Yorkshire on **0300 303 1603**, or email stop.smoking.nyy@nhs.net for further help and advice with stopping smoking.

Further advice

We hope that you have found this leaflet helpful. If you require any further advice regarding your care, please do not hesitate to contact the Colposcopy Team on 07918474103 (open Monday-Friday 9am-5pm). The Colposcopy staff are here to support you and help with any concerns or anxieties.

More useful information can be found here

www.bsccp.co.uk

www.cancerscreening.nhs.uk

www.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.