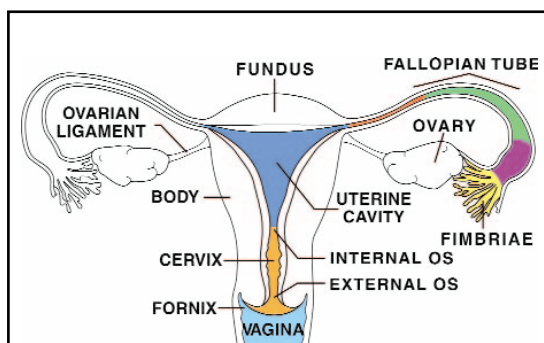


ASC-US

Your Diagnosis

Atypical Squamous Cells of Undetermined Significance (ASC-US)

The Pap test your clinician recently performed has shown some abnormal changes of the cervix called Atypical Squamous Cells of Undetermined Significance (ASC-US) (pronounced "ask-us").



ASC-US may be caused by a reactive change such as infection or inflammation or a precancerous change. Approximately 5-10% of all Pap tests result in a diagnosis of ASC-US. Although ASC-US is an

abnormal result that requires additional follow-up, it is important to understand that a diagnosis of ASC-US does not necessarily mean that you have cervical cancer.

Pap Test Background Information

All women 18 and over (and younger women who are sexually active) should have a pelvic examination at least once a year. An important part of the pelvic examination is the Pap test. It is performed so that a medical laboratory can examine cells from your cervix. The Pap test is important because it can help prevent cervical cancer by detecting cell changes at an early stage. Most of these early abnormalities are completely curable.

- Dr. George Papanicolaou developed the Pap test in the 1940s.
- Since the Pap test was introduced, the number of annual deaths from cancer of the cervix in the United States has declined by over 70%.
- Most women who die from cervical cancer today have not had Pap tests on a regular basis to detect early signs of disease.
- The American Cancer Society estimates that approximately 13,000 new cases of cervical cancer will be diagnosed this year.
- The five-year survival rate for cervical cancer is greater than 90%.
- Risk factors for cervical cancer include, but are not limited to: infection with Human Papillomavirus (HPV), sexual activity at a young age, a history of multiple sexual partners, smoking and conditions which compromise the immune system, such as HIV infection.

Follow-up Options for ASC-US

HPV Test An HPV test can determine whether or not you are infected with the Human Papillomavirus that is associated with pre-cancerous and cancerous lesions of the cervix. This test can be performed with your Pap test if a specimen sample was collected in a liquid-based vial.

Repeat Pap Test Your clinician may choose to repeat your Pap test in 3-6 months to monitor any changes. If you have an infection, however, treatment with medication may be recommended before repeating the test.

Colposcopy In this procedure, a magnifying instrument that looks like a pair of binoculars (colposcope) is positioned at the entrance of the vagina. Your clinician will be able to view the surface of the vagina and the cervix clearly during this procedure and look for abnormal areas.

Biopsy If abnormal areas are seen during the colposcopy, your clinician may perform a biopsy (remove a small tissue sample) and send it to a laboratory for study under a microscope. Usually, multiple areas of the cervix are biopsied during the procedure.

Endocervical Curettage (ECC) In this procedure, your clinician will scrape cells from the wall of your cervical canal. The cells are then sent to a laboratory and studied for abnormal changes. ECCs and biopsies are often performed as a combined procedure.

Important Questions to Ask Your Doctor

- For my condition, what follow-up options do I have?
- What do you suggest and why?
- What are the potential risks or side effects to this option?
- When do you recommend a repeat Pap test?

Sources for Additional Information

- Associated Pathology Medical Group: www.apmglab.com or 800-848-2764
- American Cancer Society: www.cancer.org or 800-227-2345
- National Cancer Institute: www.nci.nih.gov or 800-4-CANCER
- WebMD: www.webmd.com



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