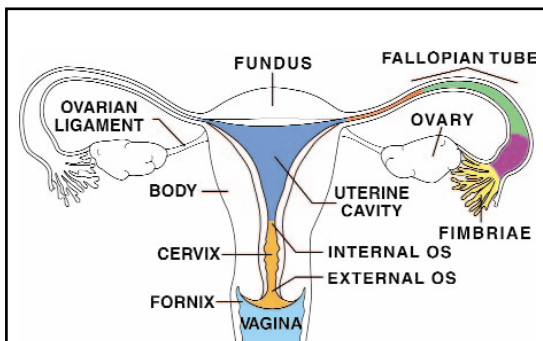


HSIL

Your Diagnosis

High-Grade Squamous Intraepithelial Lesion (HSIL)

The Pap test your clinician recently performed has shown abnormal cell changes of the cervix called High-Grade Squamous Intraepithelial



Lesion (HSIL). HSIL indicates an abnormal condition of the cervical cells and is considered precancerous. When detected early and treated, the abnormal cells can often be completely eliminated before developing into cancer. Approximately 1% of all Pap tests result in

a diagnosis of HSIL. Although HSIL is a precancerous condition that may develop into cervical cancer, it is important to understand that a diagnosis of HSIL does not mean that you currently have cervical cancer. Follow-up with your clinician is necessary to receive the appropriate treatment.

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 to enable a medical laboratory to examine cells from a woman's 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 HSIL

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 will 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.

Cryotherapy In order to destroy abnormal cells, your clinician may elect to use a very low temperature probe to freeze abnormal cells. The cells that grow back during the healing process are usually normal and healthy.

Laser Therapy In this procedure, a highly concentrated beam of light energy called a laser is focused on the affected area of the cervix, and the abnormal cells are vaporized. In time, the vaporized tissue grows back with cells that are usually normal and healthy.

Loop Electrosurgical Excision Procedure (LEEP) Your clinician may use an electric loop to remove abnormal tissue from your cervix. The tissue sample is then sent to a laboratory for further examination. The cells that grow back during the healing process are usually normal and healthy.

Cone Biopsy Your clinician may remove a cone-shaped wedge of tissue from your cervix. This is an extensive form of biopsy because, during the procedure, abnormal tissue that is high in the cervix is removed. The abnormal tissue is then sent to a laboratory for examination.

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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