HSIL

The Pap test your healthcare provider recently performed has shown some abnormal changes of the cervix called High-Grade Squamous Intraepithelial Lesion, or HSIL. High-grade means that there are more significant changes in the size and shape of the abnormal (precancerous) cells, meaning that the cells look very different from normal cells. HSILs are more severe abnormalities and have a higher likelihood of progressing to invasive cancer. HSIL may be characterized by a long lead time before development into cancer. Although HSIL is a precancerous result that may develop into cervical cancer and will require additional follow up, it is important to understand that a diagnosis of HSIL does not necessarily mean that you currently have cervical cancer.

Pap Test Background Information

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to find abnormal cellular changes that may arise from cervical cancer or before cancer develops.

A Pap test and pelvic exam are important parts of a woman’s routine healthcare because they can detect abnormalities that may lead to invasive cancer of the cervix. These abnormalities can be treated before cancer develops. Most invasive cancers of the cervix can be prevented if women have Pap tests regularly. Also, as with many types of cancer, cancer of the cervix is more likely to be treated successfully if it is detected early.

Women should talk with their healthcare provider about when and how often they should have a Pap test. Current general guidelines recommend that women have a Pap test at least once every 3 years, beginning about 3 years after they begin to have sexual intercourse, but no later than age 21. About 55 million Pap tests are performed each year in the United States. Of these, approximately 3.5 million (6 percent) are abnormal and require medical follow-up.
Follow-up and Treatment Options for HSIL

Colposcopy: Your healthcare provider may decide to perform an additional test called a colposcopy. In this procedure, an instrument similar to a microscope is inserted through the vagina and used to view the cervix directly. Your healthcare provider will be able to see the surface of the cervix clearly during the procedure and will look for any abnormal areas.

Biopsy: If areas of abnormal cells are seen during the colposcopy, your healthcare provider may biopsy (remove a small tissue sample) and send it to a laboratory for study under a microscope. Often, multiple areas of the cervix are biopsied during the procedure. While a Pap test is a screening test, a biopsy is a diagnostic test and will provide a definitive diagnosis.

Endocervical Curettage (ECC): In this procedure, your healthcare provider will scrape cells from the wall of your cervical canal with a small spoon-shaped tool called a curette. The cells are then sent to a laboratory and studied for abnormal changes. ECC is often performed with a biopsy. If the lab finds abnormal cells that have a high chance of becoming cancer, further treatment is needed.

Cryotherapy: In order to destroy abnormal cells, your healthcare provider 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.

LEEP (Loop Electrosurgical Excision Procedure): Your healthcare provider 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 healthcare provider may remove a cone-shaped wedge of tissue from the opening of the cervix. The tissue is then sent to a laboratory for further examination. The cells that grow back during the healing process are usually normal and healthy.

Questions to Ask Your Healthcare Provider

- Is this diagnosis going to progress into something more severe?
- What type of follow up 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

- American Cancer Society: www.cancer.org
- National Cancer Institute: www.cancer.gov
- CancerCare: www.cancercare.org

The content on this handout is provided to you as general information and not intended as diagnosis. Please consult with your physician regarding the essential details about your condition.