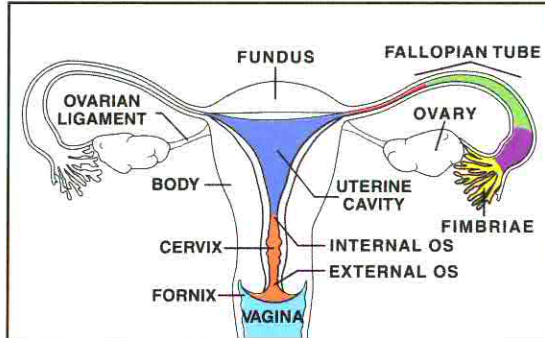


Your Diagnosis

Low-Grade Squamous Intraepithelial Lesion (LSIL)

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



Intraepithelial Lesion (LSIL). LSIL is an early precancerous condition of the cervix. Approximately 2-3% of all Pap tests result in a diagnosis of LSIL.

Although LSIL is an abnormal result that requires additional follow-up, it is

important to understand that a diagnosis of LSIL 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 to enable a medical laboratory to 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 LSIL

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 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 will use an electric loop to remove abnormal tissue from your cervix. The tissue sample is then sent to a laboratory for further examination.

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

- AmeriPath: www.ameripath.com or 800-330-6565
- 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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