Promoting Cervical Screening Information for Health Professionals

Activities and Frequently Asked Questions

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1. Introduction

Health Professionals planning information/health promotion sessions may find the activities in this section useful. Included are suggested activities to accompany sections 3, 4 and 5.

Also included are a number of Frequently Asked Questions with accurate information to assist in answering these queries.

2. Activities for Section 3 - What is Cancer?

As a warm-up activity, ask what the group knows about cancer. The following activities may help you to explore this topic:

2.1 Activity 1

This activity aims to help participants gain an understanding of where major organs in the body are and what they do. This can be done in two ways:

Method 1: Parts of the body – drawing

Aim: At the end of this activity, participants should be able to identify some of the body organs and where they are.

Time: 15 – 20 minutes

Equipment:
- about 10 large sheets of butcher’s paper
- sticky tape
- thick marking pens (white board markers) in several colours
- Blu-tac or additional sticky tape to stick drawing up.

Preparation:
- Make sure participants are confident of the medical names for internal body parts (organs) in English and as well in participants’ own language. As well, you may want participants to identify the common names (or slang terms) they use for each body part. This could be part of your own learning and can be a fun exercise when people acknowledge they have many different terms for these. You might be surprised at how many different terms there are, especially if the audience is from a culture different to your own!
- Prepare 10 sheets of butcher’s paper by sticking them together so they are large enough for a person to lie on.

Steps:
1. Explain that you wish to be sure everyone understands what the basic internal body parts are and where they are located in the body.
2. Lay a sheet of paper (1m x 2m) on the floor where all participants will see it. Prepare this before your session. If necessary, ask participants to move around so that they can see the sheet clearly.

3. Ask a volunteer to lie on the paper sheet. If there is no participant who is willing or able to lie on the floor, you should become the volunteer.

4. Get another volunteer to trace the outline of the body onto the paper. Provide a non-permanent marking pen as you don't want to ruin clothing.

5. Have both volunteers return to the group.

6. Ask the group to name the internal parts of the body. For each part, ask the group where they think the part should be.

7. Using the picture on the supporting PowerPoint presentation as a guide, add each of the body parts (organs). You may ask one or more volunteers to do this for you. Where necessary, assist by suggesting information. Label each part with its name. Use a variety of coloured pens. It is important that you include the blood and lymph systems on the diagram.

8. When complete, the drawing could look like the example provided below. You can stick the drawing on the white board or a wall for easy reference throughout the session.
Please note: this activity is particularly useful for both the group who has little knowledge of body parts and what the body parts do and for people who already understand and recognise the shape and position of the internal organs but not the development of cancer or how the treatment or therapy work.

**Method 2: Parts of the body – poster display**

**Aim:** At the end of this activity, participants should be able to identify where the important internal parts of the body are.
**Time:** 10 - 15 minutes

**Equipment:**
- poster or photocopied sheets

**Preparation:**

Prepare a poster of the internal body parts. You can trace the version supplied in Method 1. Use a variety of coloured pens for different parts of the body. If you decide to photocopy a sheet for everyone, you will have a black-and-white image.

Alternatively, you can make a poster with the words both in English and in other languages as required.

**Steps:**

1. Discuss how knowing something about what's inside our bodies and how it works is an important first step when we begin to discuss cancer.

2. Display the drawing/diagram and talk about the internal parts (organs) of the body and what each part does, for example, the heart pumps the blood – which carries food and oxygen – around the body.

Note: This activity takes less time than the activity in Method 1.

**2.2 Activity 2**

**Aim:** At the end of this activity participants should be able to talk about cancer and explain what it is.

**Time:** 10 -15 minutes

**Equipment:**
- whiteboard with coloured markers, or butcher’s paper and coloured pens
- Blu-tac or sticky tape.

**Steps:**

1. Explain to the group the following:
   The human body is made up of tiny individual parts called cells. These are often called the building blocks of the body. Hundreds of cells could fit on a pinhead.

2. Ask the group to:
   Draw three cells* on the whiteboard, blackboard or on a large sheet of paper.

3. Discuss the following:
   - cells are living things and therefore as all living things they die. (As you explain this, cross a cell out of your picture to represent each cell as they die)
because they are living things, cells also reproduce. They reproduce by splitting in two, growing to adult size and splitting again. (Draw a line through the middle of a cell including the nucleus*)

• in a healthy person, there is a balance between the number of dying cells and new cells. (Draw two new cells, one under the crossed out cell and one under the one with a line through it*).

4. Next describe what happens when cells start dividing in an unorderly way and how they form tumours which grow differently than normal cells and how they destroy and crowd out healthy organs. This uncontrolled growth interferes with normal processes in the body (as you speak, quickly draw many cells around one cell in a particular spot).

2.3 Activity 3

Aim: At the end of this activity, participants should be able to explain how cancer starts in the cells and how cancer affects the body.

Time: 10 - 15 minutes

Equipment:
• large drawings (pre-prepared)
• Blu-tac or sticky tape
  or
• whiteboard and coloured pens
• overhead or PowerPoint slides and data projector

Preparation:

Use the pictures ‘How Cells Divide’ and ‘How Cancer Develops’ (see supporting PowerPoint presentation – Chapter 3 – Slides 5 & 6).

Use one of the following which you have prepared beforehand.

• Two large drawings, one of normal and one of cancerous cells (see supporting PowerPoint presentation – Chapter 3 – Slide 6). Stick them up for all to see as you explain each one. Alternatively, you can draw on the whiteboard, and tell the story of how cells divide.
  or
• Make an overhead transparency of normal and cancerous cells (see supporting PowerPoint presentation – Chapter 3 – Slide 6) for use with an overhead projector. Cover the half showing cancerous cells then uncover it when you start to talk about cancer cell division.

Discuss the following during this activity:

• the human body is made up of tiny parts called cells; these are sometimes referred to as the building blocks of life

• hundreds of cells could fit on a pinhead
• different parts of our bodies are made up of different types of cells which are shaped differently

• cells are living things and therefore die; they also reproduce

• cells reproduce by splitting in two (dividing), growing to adult size and splitting again; later on they die

• in a normal situation, there is a balance between the numbers of dying cells and new cells

• in the case of cancer, for some unknown reason a cell will not follow the normal pattern of division. Instead, a cancerous cell will divide in an uncontrolled way and faster than usual. It keeps on multiplying to create a tumour (cancerous or malignant growth). This is a growth which serves no purpose; it crowds the surrounding area, suffocates healthy organs and interferes with the normal processes.

**Primary and Secondary Cancer**
You can use the activity below to illustrate what primary and secondary cancer is. The background information for this activity is found in “Primary and secondary cancer” in Section 3.1.2.

### 2.4 Activity 4

**Aim:** At the end of this activity participants should understand how cancer can start in one part of the body and how if it not treated it can spread to another part of the body.

**Time:** 10 - 15 minutes

**Equipment:**
- large diagram of the body
- suitable coloured markers

**Steps:**

1. Introduce the idea that cancer may start in one part of the body, where it is called a primary cancer but how it can move into other areas of the body. When it moves it is called a ‘secondary’ cancer.

2. If you have already done a body parts exercise, return to the body diagram you used. If you have not, then use the body parts picture to create a poster, whiteboard drawing or overhead transparency of the body.

3. Mark your drawing at the breast area, saying that if the cancer began here, it would be called the primary cancer.

4. If the cancerous cells are not treated, they can detach from the primary site and move to other parts of the body through the blood or lymphatic system. Create arrows to the liver and a bone and mark them as secondary cancers in a different coloured marker.
5. You know when a cancer is a secondary cancer because the cells found in the cancer are from another part of the body than where the cancer is. For example, in a secondary breast cancer, breast cells could be found in a cancer that is removed from the liver or from the bone.

**Different types of cancer**

You can use the activity below to illustrate different types of cancers. The background information for this activity is found in “Different types of cancer” in Section 3.1.4.

**2.5 Activity 5: Fruit Bowl**

**Aim:** At the end of this activity participants should be aware that there are many different types of cancer.

**Time:** 10 minutes

**Equipment:**

- plate, tray or bowl
- 6 pieces of fruit (plastic, real or drawings) including two of the same kind; use vegetables if you prefer.

**Preparation:**

If you are using real or plastic fruit/vegetables, arrange these in a plate, tray or bowl to display at least six different types of fruit: an apple, an orange, and banana – whatever is in season. (Make sure you have at least two types of one fruit such as a red and a green apple, short and long banana).

**Steps:**

1. Introduce the idea of variety when presenting the fruit. You could say something like this: ‘What words do we use to describe these items?’ Point out that, although similar, each fruit has its own name and features, which make it different from other members of the fruit family – apples, tomatoes, melons, etc. You would never mistake one for another. So it is with cancer.
2. Discuss the following key points. You may want to write some key words on paper to make the content clear.

- **Cancer is often thought of as one disease.** In fact, there are more than 100 different types of cancer.

- **Cancer can start in different places in the body and have different names:**
  - sarcoma are in muscle and bones
  - carcinomas in skin or organ linings
  - leukaemia in the blood
  - lymphomas in the lymph system

- **Cancers can respond differently to treatment.** Some respond very well, some less well.

- **The frequency with which cancers occur.** Some are more common in one country, sex or occupation, some in another. For example, skin cancer is very common in the fair skinned population in Australia, whereas in northern countries in the North Hemisphere it is not so.

- **The rate of growth of different cancers.** Some develop slowly, others faster, for example, leukaemia usually develops faster than bowel cancer or prostate cancer.

3. Activities for Section 4 – Cervical Cancer

To warm up, you might like to have an “ice-breaker” and/or you can just ask the group about what they know about cancer and get a sense of the group members’ feelings about cervical cancer.

The following activities may help you to explore this topic:

3.1 Activity 1

This activity aims to explore the range of beliefs, attitudes and feelings people have about cervical cancer.

**Aim:** At the end of this activity participants should be able to identify their own personal beliefs, attitudes and feelings about cervical cancer.

**Time:** 20 minutes

**Equipment:**
- three large sheets of butcher’s paper
- sticky tape or Blu-tac
- thick marking pens

**Steps:**
1. On one sheet of butcher’s paper write the word “beliefs”, on the second sheet write the word “attitudes” and on the third sheet write the word “feelings”.

2. Explain to the group that you wish to explore different people’s beliefs, attitudes and feelings about cervical cancer.

3. Starting with the ‘beliefs’ sheet, ask the group to share their beliefs about cervical cancer. Write down group members’ responses on the butcher’s paper.

4. Follow this process for the ‘attitudes’ and ‘feelings’ sheets.

5. After the group has identified their personal beliefs, attitudes and feelings about cervical cancer you as the facilitator may then discuss that we all have different personal beliefs, attitudes and feelings about different issues.

6. Highlight that our beliefs, attitudes and feelings are shaped and influenced by cultural, religious and social beliefs and values and by what friends, family members, society and the media have told us.

7. It is important to acknowledge that everyone is entitled to their own beliefs, attitudes and feelings and these should be respected and accepted by others.

8. It is also important to acknowledge that some beliefs are based on myths and have no credibility and unless the correct information is provided, misleading information can be given and accepted as fact.

3.2 Activity 2

This activity aims to explore the impact cultural values have on people’s feelings and beliefs about cervical cancer.

**Aim:** At the end of this session participants should be able to discuss the impact cultural values have on people’s feelings, beliefs and attitudes about cervical cancer.

**Time:** 15 minutes

**Equipment:**
- butcher’s paper
- sticky tape or Blu-tac
- thick marking pens

**Steps:**

1. Explain to the group that you wish to explore the impact cultural values have on people’s feelings, beliefs and attitudes about cervical cancer.
2. Ask the group to discuss how they believe their cultural beliefs and values may have shaped their feelings, beliefs and attitudes about cervical cancer.

3. Write participants’ responses on the butcher’s paper.

4. Discuss the responses as a group.

5. Acknowledge that people’s cultural beliefs and values play an important role in defining the person as an individual and also as a member of their community.

3.3 Activity 3

Aim: At the end of this activity participants should have a good understanding of what is myth and what is fact in relation to cervical cancer.

Time: 10 minutes

Equipment:
- 2 sheets of butcher’s paper
- sticky tape or Blu-Tac
- thick marking pens

Steps:

1. On one sheet of butcher paper write ‘myths’ and on the other sheet write ‘facts’.

2. Explain to the group that you wish to explore the myths and facts about cervical cancer.

3. Ask the group to share any information they have heard about cervical cancer. After each response ask the group whether they think this is a myth or fact. Provide the group with the correct response and correct any misinformation.

4. Write the response on the appropriate sheet of butcher’s paper.

5. At the end of the activity provide a brief summary of what is myth and what is fact in relation to cervical cancer.
4. Activities for Section 5 – Cervical Screening

The activities in this section have been adapted from "Spreading the Word" (Anti Cancer Council of Victoria. 1997).

4.1 Activity 1

**Aim:** At the end of this activity participants should be able to identify the various components of the female reproductive system.

**Time:** 15 minutes

**Equipment**
- a jigsaw puzzle of the female reproductive system. You can make this by enlarging a picture of the female reproductive system on to a piece of cardboard. Cut out each organ, so that they can be put together like a jigsaw puzzle.
- pears, enough for each member of the group to have one each.
- a suitable utensil (perhaps a plastic knife?) for removing the core of the pears.

**Steps**
1. Depending upon the number of women in the group, you may need to split the women into smaller groups (if this is the case you will need more than one jigsaw puzzle).
2. Ask participants to assemble the jigsaw puzzle. You may need to assist and you could use this opportunity to explain the function of each organ of the female reproductive system and how the individual components of the reproductive system work in relation to each other.
3. Ask participants to name the reproductive organs, this can be in their chosen terminology or correct anatomical names. Correct any misconceptions or provide names for organs not known.
4. Provide each member of the group with a pear. Explain to participants that the cervix and uterus can be compared to a pear. Ask participants to remove the core of the pear. Highlight the comparison between the cervix and uterus and the pear.
5. Explain that the cervix is made up of two types of cells
   a. Glandular/endocervical cells (mucous-producing cells) usually found in the endocervix
   b. Squamous cervical cells (skin – like cells) usually found on the ectocervix
6. Explain that where these two types of cells meet is known as the Transformation Zone. Show this on the diagram and then on the pear, highlighting where the skin and the flesh of the pear meet (near the stalk). Explain that it is these cells that are collected during a Pap smear.
4.2 Activity 2

Aim: At the end of this activity participants should be able to discuss the risk factors associated with cervical cancer.

Time: 15-20 minutes

Equipment
• butcher’s paper
• sticky tape or Blu-tac
• thick marking pens

Steps
1. Explain to the group that you wish to discuss the risk factors for cervical cancer.

2. Ask the group to discuss any risk factors for cervical cancer that they are aware of.

3. Write participants responses on the butchers’ paper.

4. Discuss the responses as a group.

5. Discuss any additional risk factors for cervical cancer that were not raised by the women.

4.3 Activity 3

Aim: At the end of this activity participants should have a good understanding of strategies to reduce the risk of developing cervical cancer.

Time: 10 minutes

Equipment
• butchers’ paper
• sticky tape or Blu-tac
• thick marking pens

Steps
1. Explain to the group that you wish to explore strategies to reduce the risk of developing cervical cancer.

2. Ask the group to share any information they have heard about things they can do to reduce their risk of developing cervical cancer.

3. Write the responses on the butcher’s paper.

4. At the end of the activity provide a brief summary of strategies we can use to reduce our risk of developing cervical cancer. Be sure to include: “Have a Pap
smear every two years, avoid smoking, and maintain a healthy diet and lifestyle, exercise regularly, practise safer sex”.

4.4 Activity 4

Aim: At the end of this activity participants will have an understanding of the increased risk of developing cervical cancer if you have multiple risk factors.

Time: 10 - 15 minutes

Equipment

• case study of Mary
• loaded dice
• ordinary dice
• paper and pens

Steps

1. Separate the participants into two (2) groups and give one group the loaded dice and the other the ordinary dice.

2. Give each group some paper and pens.

3. Explain to participants that you will tell them Mary’s story, and that you would like each group to consider Mary’s risk /chance of developing cervical cancer.

Mary’s Story:
Mary is a 34 year old woman who has 2 children aged 9 and 11. Mary is a smoker and has been on the pill for about 15 years. Mary had three sexual partners before she got married. Mary has had the HPV virus in the past. Mary has been experiencing some abnormal bleeding after sexual intercourse. Mary is worried she may have cervical cancer. Now that we know Mary’s story we can consider her risk.

• ask the each group to toss the dice 20 times and to record the number of times the number 6 comes up.

• ask each group to state how many times they tossed a 6. The loaded dice group will have many more 6s than the group with the ordinary dice. Explain to the groups that the one that threw more 6s shows the higher level of risk associated with having multiple risk factors than a woman who has an ordinary level of risk.

• highlight that by having regular Pap smears every two years women with more risk factors can ensure that any cellular changes that may be associated with cervical cancer will be detected early and can be treated effectively. Reinforce the point that “A Pap smear every two years can prevent the most common form of cervical cancer in up to ninety percent of cases and is your best protection against cervical cancer.”
5. Frequently Asked Questions

Below is some information and suggestions on answering some of the frequently asked questions about cancer generally and cervical cancer particularly.

Question: Does stress cause cancer?

Answer: Stress is a complicated issue to discuss when discussing cancer. It is often mentioned as one of the risk factors but to date it is not completely understood by scientists. Nevertheless, it seems that in some instances, stressful events in life can trigger an illness, including cancer. Extensive studies in some well defined groups of individuals who were known to be under stress for example, bereavement, marriage breakdown, family and financial problems over a long period of time have shown that their immunity has become depressed, and they became more susceptible to various illnesses.

This lowering of immunity is known to interfere with the normal capacity of the body to eliminate occasional cancer cells which may form. This depression allows the multiplication of cancer cells, and as a result cancer can develop. Stressful events can also lead to certain behaviour changes. For example as a consequence of stressful events a person may begin to smoke or drink alcohol excessively or they may eat more ‘unhealthy’ foods. If continued these changes can themselves contribute to the development of cancer.

Question: Does stress management and positive attitude help to reduce the risk of developing cancer?

Answer: There is not enough scientific evidence to suggest that stress management and a positive attitude reduces the risk of developing cancer. The scientific evidence is mounting however, and suggests that positive attitude and stress management may at least remove some triggers which allow cancer in a predisposed individual to grow and spread. It is certain though, that there are no side effects from properly taught stress reduction techniques and that successful reduction of stress levels is very likely to provide more vitality and enjoyment of life.
Question: Who gets cancer?

Answer: Everyone can develop cancer in their lifetime. As people grow older they are more likely to develop cancer. Children can also develop cancer.

The table below shows the most common cancers as well as most common cancer deaths in Australia in order of occurrence (AIHW, 2007).

<table>
<thead>
<tr>
<th>Male Occurrence</th>
<th>Male Death</th>
<th>Female Occurrence</th>
<th>Female Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>Lung</td>
<td>Breast</td>
<td>Breast</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Prostate</td>
<td>Colorectal</td>
<td>Lung</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Colorectal</td>
<td>Melanoma</td>
<td>Colorectal</td>
</tr>
<tr>
<td>Lung</td>
<td>Unknown site</td>
<td>Lung</td>
<td>Unknown site</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Pancreas</td>
<td>Lymphoma</td>
<td>Pancreas</td>
</tr>
<tr>
<td>Unknown site</td>
<td>Lymphoma</td>
<td>Unknown site</td>
<td>Ovary</td>
</tr>
<tr>
<td>Bladder</td>
<td>Leukaemia</td>
<td>Uterus</td>
<td>Lymphoma</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>Oesophagus</td>
<td>Ovary</td>
<td>Leukaemia</td>
</tr>
<tr>
<td>Kidney</td>
<td>Melanoma</td>
<td>Leukaemia</td>
<td>Stomach</td>
</tr>
<tr>
<td>Stomach</td>
<td>Stomach</td>
<td>Thyroid</td>
<td>Brain</td>
</tr>
</tbody>
</table>

Question: Isn’t cancer a death sentence?

Answer: Cancer is a serious and life threatening disease, however these days many advances in knowledge and understanding of the disease leads to a cure in many cases. The important thing to remember though is that cancer needs to be found early if it is to be successfully treated. Cancer treatments have also improved greatly in recent years. The treatments are safer than they were in the past. The treatment does not last as long and the unpleasant effects of treatment can be controlled a lot better than previously.

Question: Does cancer run in families?

Answer: This is a difficult question to answer – It could be yes and no. The answer depends on the type of cancer. Your family history may be more important for example, in increasing your risk of breast cancer. This depends on the number of blood relatives (on the same side of the family) who have had breast cancer, the age these relatives were when they were first diagnosed and how closely related these relatives are to you. A similar situation applies to colorectal cancer and melanoma.

Recent research has identified a number of “cancer genes” so it is possible that in the near future it will be possible to have a blood test and find out if a person has inherited a “cancer gene” and whether they need to start being checked regularly.
Question: Is cancer infectious? – can you catch it like a common cold or flu?
Answer: Cancer is not infectious – you can safely go and spend time with family and friends who may be suffering from cancer.

Question: How is cancer treated?
Answer: There are different treatments for cancer that are available. The treatment chosen and offered to a patient depends largely on where the cancer is and what the results of tests show. See chapter 3 for further information.

Question: What are alternative treatments and do they work?
Answer: Despite medicine’s success in the cure and treatment of some cancers, some people seek alternative treatment when the diagnosis of cancer is made. These alternative treatments may include certain diets, herbal remedies, and vitamins.

It is difficult to say how effective they are because no long term clinical studies or trials have been shown how beneficial they are or whether they can successfully cure cancer. Some remedies can actually be harmful particularly if the remedies interact with prescribed medication that the person may already be taking. It is important to remember that when diagnosis of cancer is made, the treatment should be discussed with the doctor. This includes alternative treatments that a person may be considering.

Question: Should women have Pap smears more often than every two years?
Answer: There are two situations in which Pap smears are performed outside these guidelines. These are when the PSP recommends more frequent Pap smears because:
- a woman has had an abnormal Pap smear report which needs repeating or is being investigated, treated or followed up
- a woman has symptoms of unusual bleeding between periods, bleeding after the menopause or after intercourse.

Question: When is the best time to have Pap smear?
Answer: It is advisable that Pap smears are not performed during a menstrual period or when there is an infection in the vagina as blood and bacteria may interfere with the examination and assessment of the sample.
Question: Should and can pregnant women have Pap smears?

Answer: Cervical Screening (Pap smear) should be offered to all pregnant women presenting for antenatal care who have not had a Pap smear performed in accordance with national guidelines i.e. within the previous two years for women with no history of abnormal Pap smears and/or a history of treatment of a cervical abnormality.

Pregnant women having Pap smears should be advised that vaginal spotting may occur after the procedure and that this poses no risk to the pregnancy.

Although taking a Pap smear in pregnancy has not been shown to pose any serious risk to the foetus, women with a history of threatened miscarriage or pre-term labour may be unwilling or reluctant to have a Pap smear during pregnancy. If this happens a woman should be advised to have a Pap smear after the birth of her child.

Question: Does a Pap smear reduce a woman’s ability to have children?

Answer: No. It is wise however to have any abnormality checked and treated before pregnancy.

Question: Will treatment affect my chances of becoming pregnant?

Answer: Having treatment for abnormal cells on the cervix will not affect the ability to have children. If a cone biopsy is performed before pregnancy a stitch may need to be inserted into the cervix to strengthen it and reduce the risk of miscarriage. The care of a specialist obstetrician is recommended in such cases. If a woman is pregnant already when the abnormal Pap smear occurs, the doctor may wish to perform a colposcopy to better assess the situation. This procedure will not affect the pregnancy.

For further information see the Queensland Health Policy Cervical Screening in Pregnancy

Question: Does the Pill contribute to the development of cervical cancer?

Answer: At present there is conflicting evidence to suggest that the Pill contributes to the development of cervical cancer. The effects of the oral contraceptive use may be stronger for adenocarcinoma than for the squamous cell carcinoma.

Question: Does stopping smoking reduce the risk of developing cervical cancer?

Answer: The risk of cervical cancer increases with the amount and duration of smoking as well as the age when a woman started to smoke. Research suggests that giving up smoking has a beneficial effect on the immune system and on the early cervical abnormalities.
Question: If a young girl starts having sex when she is 14 years old, should she start having Pap smears when she is 16?

Answer: There is overwhelming evidence that there is no benefit for young women to have Pap smears before the age of 18 as there is very little risk of them getting cervical cancer, even if they start sexual activity as young as 12 to 14 years of age. These young women should have a sexual health check, however, as the risk of sexually transmitted infections such as Chlamydia is much higher in young women.