

Patient Counseling Information Gynecology Pathology Report

Patient Name: Patient Name

Date of Testing: Testing Date

Birth Date: Patient Birth Date

Social Security #: Patient Social Security #

Your Pathology Test Result

Cervical Intraepithelial Neoplasia (CIN)

Pathologist Description of Your Diagnosis

Dysplasia means abnormality in cellular growth and development. It is often used to refer to cellular changes. In the cervix, it is termed CIN. In cervical cancer, CIN is considered a precursor to invasive cancer. The progression rate of low grade CIN to in-situ (noninvasive) cancer is reported to be around 15% - 20%. The time of progression can be anywhere from 1 - 7 years depending on the grade of the CIN. In some patients CIN can remain dormant and even regress spontaneously without treatment. Causes of CIN are various, but they mainly are the result of some type of stimulating agent of the epithelium, such as HPV. HPV (human papilloma virus) is a sexually transmitted disease of the ano-genital tract. It has a high propensity to cause CIN in women. In a small percentage of cases CIN may be caused by other agents.

Your Options For Treatment

After determining the extent and severity (CIN 1, 2, 3) of cervical dysplasia, the goal of treatment is to remove all abnormal growth that is likely to develop into cervical cancer. The abnormal tissue of a more severe dysplasia may be removed by cervical conization (surgical removal of a cone-shaped area of tissue), cauterization with heat, cryosurgery (using extreme cold to freeze the dysplasia), laser treatments to vaporize abnormal cells, or a loop electrosurgical excision procedure or LEEP (a technique that uses an electrified wire loop). Newer experimental treatments are also being used to treat cervical dysplasia with vitamin A derivatives called retinoids, but so far these have not been more effective than standard therapies.

Patients' Frequently Asked Questions

Should I expect vaginal bleeding/discharge after treatment?
How long must I abstain from sex?
Will conization lead to future problems during pregnancy?
How many years of follow up will be needed?

What did you see during colposcopy?
What parts of my cervix were involved?
What are advantages/disadvantages of each treatment?

Suggestions For Your Gynecological Health Maintenance

Don't Miss Your Follow Up Appointments

Eat a diet rich in carotene, vitamin C, vitamin E and folic acid
Report any abnormal gynecological bleeding at once to your doctor

Additional Gynecology Patient Resources and Support

National Cancer Institute – 800-4 CANCER
website: www.nci.nih.gov
Health & Wellness Hotline 800-394-7546
www.wdxcyber.com/ncanc11.htm

<http://gyncancers.about.com/library/weekly/aa073001a.htm>
www.ama-assn.org/special/std/support/educate/stdhpv.htm
<http://content.health.msn.com/content/article/3724.524>
American Cancer Society – 800-ACS-2345

This report is provided to help you understand your pathology test result and to review your treatment options. Other treatment options and additional information may also be available. Please consult your doctor with any questions you may have. Only you and your doctor can decide which treatment is best for your condition based on your medical history and condition.

This information provided by: Doctor's Name

