

By FIONA
MACRAE

THERE is a life-saving test that millions of women find embarrassing, painful and frightening.

Offered to women aged between 25 and 49 every three years, and then every five years from 50 up until the age of 64, smear tests check for cells in the cervix — the entrance to the womb — that could become cancerous.

It allows potentially dangerous changes to be picked up early, when they are easiest to deal with, and the test is credited with saving 2,000 lives a year.

But attendance is at an all-time low — just 71 per cent of those invited go for their smear, NHS figures show, meaning five million are missing out. Under-35s are particularly unlikely to be tested, with an attendance rate of just 65 per cent, despite their age group being at highest risk of the disease.

A recent survey suggests body image worries are keeping many women away. The survey — of 2,000 women aged 25 to 35, carried out for the charity Jo's Cervical Cancer Trust — found that concerns about a stranger doing an intimate examination, worries about personal odour and the look of their genitals are all stopping women from going for testing.

Some 81 per cent of those who avoided screening said they found having a smear embarrassing, 71 per cent were scared and 67 per cent felt they did not have control over the process.

The Pap smear test, developed in the Fifties, involves using a speculum (a plastic cylinder with a round end) through which a small brush is inserted to scrape cells from the cervix.

The sample is then sent to a lab, which examines the cells under the microscope for pre-cancerous changes — abnormalities that could develop into cancer.

Results are sent in the post around two weeks later. But with cervical cancer claiming almost 1,000 lives a year, Jo's Cervical Cancer Trust has said there is an urgent need for smear tests to be more patient-friendly.

There is also a drive to rebrand the smear test. An awareness campaign, launched earlier this month by Public Health England, uses the term 'cervical screening'. Officials said the term 'smear test' was outdated and may be putting women off going for testing.

Here, we look at what could replace the current test in the next few years.

URINE AND BLOOD TESTS

SEVERAL companies are developing tests that check urine for human papilloma virus (HPV), the sexually transmitted virus that is behind 99.8 per cent of cases of cervical cancer.

Women could produce a urine sample at home and send it by post to the lab, removing the embarrassment factor, with the bonus that it would be pain-free.

An analysis of 14 studies of urine tests published in the BMJ in 2014 concluded that they were 'non-invasive and acceptable to women', but weren't quite as accurate as HPV tests done on cervical cells.

However, experts say the accuracy could be improved by refining the lab test.

Other researchers are working on tests that look for tiny chemical changes to DNA that are a sign of pre-cancer.

One, from Queen Mary University of London, detected 93 per cent of pre-cancerous changes when used on cells taken from the cervix.

This is more than the 61 per cent picked up using a smear test alone and the 86 per cent detected by a combination of a smear test and an HPV test, it was reported last year.

Lead researcher Professor Attila Lorincz described the test as 'astounding' and said it could 'revolutionise screening'.

'The new test is much better than anything offered in the UK at present, but could take at least five years to be established,' she

said at the time. She added that it also works on urine and could be adapted for use with blood.

DIY TESTS

THE UK National Screening Committee is considering introducing 'DIY' tests to be used at home by women who do not respond to invitations for screening. The woman inserts a tampon-like swab into her vagina, to collect a sample of cells and liquid. The swab is then sent through the post to the lab to be tested for HPV. In a pilot study in

Scotland, a third of the 3,800 women sent kits have used them — meaning women who would otherwise have missed out were being screened.

A separate review of more than 70 studies published in The BMJ last year concluded that tests done on vaginal samples taken by women at home are just as good at picking up pre-cancerous cells as those performed on cells taken from the cervix by medics.

DIY or home kits do, however, return slightly more false positive results — meaning there is a risk

women could be told that they have pre-cancerous cells when they don't.

Various home HPV tests are already available privately, with companies charging around £50 for kits that are mailed back in a Freepost envelope. (There are many different sorts, from cotton bud-type swabs to brushes and tampon-like ones).

'Self-testing kits are quite good at detecting HPV, and I think they are a great alternative to going to your GP surgery and having a smear test,' says Tania Adib, a

consultant gynaecologist at the Lister Hospital in London.

'You can do one in the comfort of your own home, it's not intimidating and it's not scary. They are a very good idea.'

Jo's Cervical Cancer Trust says that adding home testing to the national screening programme could be a 'game-changer'.

However it acknowledges that self-testing would be more difficult to set up in England than in the rest of the country due to the ageing IT infrastructure. Cancer Research UK says that there are

Cervical cancer screening can save lives, but with the take-up rate the lowest it's ever been, there ARE other alternatives

New checks that could soon replace those 'embarrassing' SMEAR T

I SHUNNED APPOINTMENTS – AND

PAMELA NELIS, 49, a sales representative from Greenock, Renfrewshire, in Scotland, lives with her fiancé Stuart, and has three children Gemma, 28, Emily, 21, and Adam 20. She was diagnosed with cervical cancer in 2012 after ignoring her screening appointments for two decades.

I WENT to my one and only cervical smear test in my mid-20s. It wasn't terrible, just a bit uncomfortable and embarrassing, but even so, for reasons, I can't really explain, I never went back for another.

I'd just bin the screening invitation letters, telling myself I was too busy.

I didn't know anyone who'd ever had cervical cancer or much about the symptoms and just assumed it was something rare that would never happen to me.

But then, as time went on, the thought of a smear test started to become terrifying: I would tense up and have a panic attack at just the thought of it. I thought it was bound to be painful after so long as well as embarrassing.

In my early 30s I started getting irregular periods and very heavy bleeding: it got much heavier over the next ten years — I'd regularly pass clots of blood. Sex was painful

and I had spotting afterwards. I never saw a doctor, though, and kept ignoring the screening appointments. I confided in my mum and my two best friends and they begged me to see the GP, but I couldn't stand the thought of being prodded around down there. I was so stupid.

Eventually in 2012 my symptoms worsened over six months until one day my friend had to call an ambulance as I'd collapsed in the hallway, covered in blood.

Tests revealed I had a tennis ball-size tumour in my cervix with tendrils that had wrapped themselves around my bladder and bowel. I



HEALTH



Pictures: GETTY/GRAEME HUNTER PICTURES

ESTS

'many practical and emotional barriers that may prevent a person from attending screening' and, although self-sampling could help with some, it's not a 'magic solution', because people who have abnormal results would still need a follow-up appointment.

Dr Heather Currie, an associate specialist gynaecologist at Dumfries and Galloway Royal Infirmary, believes that, in future, the NHS may offer all women, not just those who have missed their smear test, the

option of home testing. 'Some women may feel more reassured by someone else taking the sample, but it would be great to have self-sampling as an option,' she adds.

LIGHT SCANNER

BILLED as a 'revolutionary advance in cervical cancer detection', the LuViva digital scanner beams light into the cervix and collects and analyses it as it bounces back.

Changes in the intensity and wavelength of the light can be a

sign of the structural and chemical changes found in pre-cancerous cells.

A nurse inserts the end of the probe via the vagina, scanning takes just one minute and the results are instant.

U.S. manufacturer Guided Therapeutics describes the process as 'painless'. However, a speculum is still used.

In trials, the scanner, which is in use in Turkey, Hungary and several Middle Eastern countries, picked up 87 per cent of women with pre-cancerous cells — this compares to a figure of 50 to 70 per cent for a smear test.

The maker says it plans to 're-evaluate' the market in the UK next year.

'When women who have been tested with both LuViva and Pap are surveyed, they overwhelmingly prefer LuViva,' says Dr Mark Faupel, the company's chief operating officer.

However, Claudine Domoney, a consultant gynaecologist at Chelsea and Westminster Hospital in London, told Good Health that it is too early to know how useful it will be.

HOWEVER...

THE smear test — or, at least, the way a sample is collected — will be with us for a while yet. But it may be that women will need to have one less often.

The NHS is changing the way it does cervical screening.

A conventional smear test checks a sample of cells taken from the cervix under the microscope, which picks up 50 to 70 per cent of pre-cancerous samples.

The new system will also test the cell samples for HPV, which is around 90 per cent accurate, to pick up suspect samples of cervical cells.

Wales has already made the switch, England is due to make it at the end of this year and Scotland at the start of next year.

With the sample of cells taken from the cervix in the same way as before, women won't notice a difference in the way the test is carried out.

A study from King's College London and Public Health England published in February found that the new system detected up to 50 per cent more abnormal samples.

This could prevent 500 cases of cervical cancer a year — a fifth of the current total, lead author Dr Matejka Rebolj reports in The BMJ.

But, while moving to HPV testing won't remove the embarrassment factor, the added accuracy could mean women need to be screened less often, and officials are considering whether to increase the gap between tests.

This has already happened in Australia, where women have gone from two-yearly smear tests to having an HPV test every five years.

Today's youngsters may need even fewer tests, with recent research from Queen Mary University of London concluding girls and women in their teens and early 20s today may only need to be screened three times in their lives — at 30, 40 and 55.

This is because, since 2008, girls aged between 11 and 13 have been offered a vaccine against HPV. While not effective against all HPV strains, it protects against those responsible for 70 per cent of cases of cervical cancer.

Vaccination should also dramatically cut cervical cancer rates, with the number of cases in 25 to 29-year-olds, the women at highest risk of the disease, predicted to fall by 55 per cent in the next 15 years.

In the meantime, women are urged not to put off going for their smear.

Options for those who are anxious or embarrassed include asking the doctor or nurse to talk them through the process in detail, holding the speculum themselves and helping guide it in and taking a friend with them to provide reassurance.

Nandita deSouza, a professor of translational imaging at the Institute of Cancer Research in London, sees women aged between 25 and 40 with cervical cancer 'every week' who have missed a smear — or never had one at all.

'It might involve a couple of minutes of embarrassment,' she says. 'But it could save your life.'

'It's a very small thing. None of us enjoy it, but just do it.'

Under the microscope



Television personality **Spencer Matthews, 30**, answers our health quiz

CAN YOU RUN UP THE STAIRS?

I CERTAINLY can. I'm married to a particularly athletic woman, Vogue [who is a model] and we train together. I'll do CrossFit when I can, and love running and cycling. I used to do a lot of weightlifting but I had the odd lower back problem, and now I'm more interested in flexibility.

GET YOUR FIVE A DAY?

VOGUE and I cook a lot at home, we absolutely love lamb and beef — we also love our veg and fruit. We have got weak points, I'll probably have a bar of Dairy Milk every day and find myself looking forward to it.

EVER DIETED?

YES. I used to be a very different shape growing up, I was known as Fatty Matthew at school. I'm now about 12st and just under 6ft. But I've been as heavy as 14st 6lb through being lazy.

ANY VICES?

I ABSOLUTELY love chocolate — Dairy Milk probably isn't great for you but I do just love it. I gave up drinking on June 13 last year and it's the best decision I've ever made. It's completely changed my life:



I'm far more active, far more business minded, just a much better bloke. It had a major impact on my productivity and self worth.

WORST ILLNESS/INJURY?

I DON'T get ill much, though I had a cold recently and got a headache — for me that's so foreign.

POP ANY PILLS?

I MIGHT have a protein shake after a workout if I don't have time to cook but I always find that cooking is better than all that stuff.

EVER HAVE PLASTIC SURGERY?

I THINK I look all right. No disrespect to people who love a plastic surgeon but I find it's misrepresentative of who you really are. You see a lot of supermodels nowadays who don't look the way they were intended to look. In young women in particular it can be a bit of a tragedy to play around with your face.

COPE WELL WITH PAIN?

YES, I had my legs waxed for charity once and I was absolutely fine with it, a bit disappointed actually. I've done a bit of boxing and don't care about the end result being too painful.

EVER BEEN DEPRESSED?

I'VE ALWAYS been a happy chappy and I've only recently begun to understand the severity of anxiety and depression. In the back of my mind I used to brand it as weak, I suppose. Now I realise just how wrong I've been. Hats off to people who deal with it.

ANY PHOBIAS?

I USED to be an uncomfortable flyer, so my son Theodore's godfather and I did a skydiving course and jumped out of 32 planes in two days to get over that.

LIKE TO LIVE FOR EVER?

GOD, I don't think so. I'll take a look at what the next place is like, thanks very much. I'd like our son to live for ever. But once my time is done on this planet, one lifetime will be enough.

■ SPENCER is an ambassador for Simply Beef & Lamb.

Interview by LIBBY GALVIN

NEARLY PAID WITH MY LIFE

remember the oncologist at the bottom of my bed saying it was bad news, that the tumour was so big they couldn't do a hysterectomy as it was too dangerous, I might die during surgery. My best friend screamed, but I was silent — I think because at the back of my mind I'd been expecting it. I was told my heavy bleeding had been a symptom.

At that point I wondered if it was even worth having treatment as it seemed so bleak, but my friend talked me round.

I then had ten cycles of chemotherapy and radiotherapy every day for six weeks, followed by four bouts of brachytherapy [internal radiation]. The treatment was gruelling, but it worked and in April 2013 I was told I

was in remission. In the six years since I've seen my three grandchildren born and I'm getting married on my 50th birthday on April 12 — all things I nearly didn't get to see.

I've had a lucky escape and want to warn other women about the importance of screening tests.

I can't have them myself now because all results would come back abnormal but my eldest daughter has had a smear test, and my younger daughter will definitely have one when she turns 25 — she'd like one sooner. They're not painful and take just couple of seconds. Don't let shyness put your life in danger.

■ PAMELA is supporting Race for Life. Join a local event at raceforlife.org

JO WATERS