

Conservative management of cervical intraepithelial neoplasia grade 2 (CIN2)

The purpose of this leaflet is to provide you with information about **conservative management** following a diagnosis of **cervical intraepithelial neoplasia (CIN) grade 2**.

It is important to remember that CIN is not cancer but indicates precancer cells from the outer lining of the cervix (neck of the womb) that require either treatment, or conservative management (monitoring) to ensure that it does not progress to cancer in the future. Your doctor or clinical nurse specialist will discuss the options with you and recommend the best approach based upon their assessment, and your circumstances and wishes.

What is cervical intraepithelial neoplasia grade 2 (CIN2)?

The cervix is lined by cells called **squamous cells**. These cells are on the outside of the cervix and come into contact with the environment inside the vagina.

The human papilloma viruses (HPVs) are a very common group of viruses that can affect the skin and the moist lining inside parts of the body (mucous membranes). The virus is most common inside the mouth, throat or genital area. There are more than 100 types of HPV.

Some types of HPV can cause abnormal changes to the squamous cells of the cervix. If the cells become abnormal, this can lead to cervical intraepithelial neoplasia (CIN). There are different grades of CIN. Grade 2 means that these abnormal cells have the potential to develop into cancer if they are not treated or do not spontaneously go back to normal without treatment.

What are the treatment options for CIN2?

1. Large loop excision of the transformation zone (LLETZ)

This is a common treatment to remove abnormal cells from the cervix. It is usually performed in the Colposcopy Clinic with a local anaesthetic. It is a small procedure using a thin, loop-shaped tool which is heated with an electric current. This removes the abnormal cells from the cervix and seals the tissue at the same time. This should not be painful, but you may feel some pressure inside the cervix.

Benefits

The benefit of this treatment is that it removes the abnormal cells from the cervix and allows normal cells to grow back in their place.

Risks

The main complications following this treatment are vaginal bleeding and vaginal infection. This treatment is associated with a potential risk to having a premature birth/mid-trimester miscarriage (between 13-26 weeks gestation) in women who have not yet had any children, or those who wish for a further future pregnancy. This is because removing the abnormal cells can weaken the cervix.

The absolute risk is very small and depends on several factors, such as the risk being determined by the amount of cervix removed during the treatment and previous treatments. The majority of women will go on to have a normal term pregnancy, however, it is important to be aware of this association. The doctor or clinical nurse specialist will discuss this with you when discussing the treatment options.

The treatment is not associated with any increased risk of infertility.

2. Conservative management

This option involves regular monitoring through a Colposcopy Clinic for repeated cervical screening tests (smears) and colposcopy examinations, with or without a cervical biopsy (small piece of tissue removed from the cervix).

This treatment option is being offered as studies have shown that, in time, CIN2 can return to normal in approximately 50% of women who have no treatment, and up to 60% of women who are less than 30 years old. However, it may take up to 24 months for CIN2 resolution.

In more recent years, studies have also shown that conservative management does not have a significant effect upon a woman's reproductive health. In women who have not yet had any children, or wish for a further future pregnancy, conservative management can potentially avoid the risk of premature birth/mid-trimester miscarriage (between 13-26 weeks gestation).

Is conservative management a suitable option for me?

This option is most appropriate for women who have not completed their family or are uncertain about their fertility wishes. The specialist team will discuss the options with you and make a recommendation based on your individual circumstances.

What does conservative management involve?

You will be seen in the Colposcopy Clinic at 6 monthly intervals. At the appointment, you will have a colposcopy examination, a cervical screening test, and possibly a cervical biopsy. You will be seen every 6 months until your cervical cells return to normal. You will then be discharged from the Colposcopy Clinic and your cervical screening tests will be performed by your GP as part of the routine NHS Cervical Screening Programme.

If at any point your CIN2 progresses to a higher grade, we will recommend a LLETZ. If after 2 years of close observation the CIN2 remains, then we will re-discuss your options and likely recommend a LLETZ.

It is very important that you attend the Colposcopy Clinic for all of your appointments.

If you feel that you are not able to attend the Colposcopy Clinic at 6 monthly intervals, then conservative management is not an appropriate treatment for you and we would recommend that you have a LLETZ.

What are the risks of conservative management?

The increased risk of cervical cancer in the longer term is not known but may be higher for women who are not treated at the time of initial diagnosis. Less than 1 in 200 women with CIN2 will develop cervical cancer in a 2-year conservative management period. The rate of progression to a higher grade of CIN is about 1 in 10 women under 30 years of age, and 1 in 5 of women of any age. Persistence of CIN2, as well as progression, is likely to mean that half of women will require LLETZ within 2 years of diagnosis.

What if I change my mind about conservative management?

You can change your mind at any time. You can contact the Colposcopy Clinic if you are feeling worried or concerned about your treatment and speak to a member of the specialist team.

Any further questions?

If you need any further information, please contact the Colposcopy Clinic (telephone number below) or your GP.

Further information

Smoking

There is good evidence that smoking is associated with changes in the cervix. If you live, work, or are registered with a GP in Hertfordshire, you can access free stop smoking support methods with Hertfordshire Stop Smoking Service. You can refer yourself or you can ask a member of staff to refer you.

- **Stop Smoking Service**
<https://www.hertfordshire.gov.uk/services/health-in-herts/smoking/stop-smoking-service.aspx>
 - Telephone 0800 3899 3998
 - Text 'SMOKEFREE' to 80818
- **NHS Website for England**
<https://www.nhs.uk/tests-and-treatments/colposcopy/>
- **British Society for Colposcopy and Cervical Pathology**
www.bsccp.org.uk

Useful contact details

East and North Hertfordshire Teaching NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Colposcopy Team:

- Telephone 01438 286177

Colposcopy Nurse:

- Telephone 07554 337989

Colposcopy Appointments:

- Telephone 01438 286171 (Monday to Friday, 8.30am - 4.30pm)

Leaflet information

**You can request this information in a different format or another language;
please speak to your doctor or nurse.**

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