

# An analysis of cervical cytology in general practice

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**A**FTER careful analysis of the results and information obtained from the standard forms used in each case, two factors emerged that seemed to the author both interesting and of prime importance. The first was the ages of women spontaneously coming forward for cervical smears, and the second was the number of these patients who were found to have symptomless cervical erosions. The first was thought to be the most important.

Figure 1 shows the age incidence of patients coming forward requesting a cervical smear with no apparent medical indications and it will immediately be obvious that the

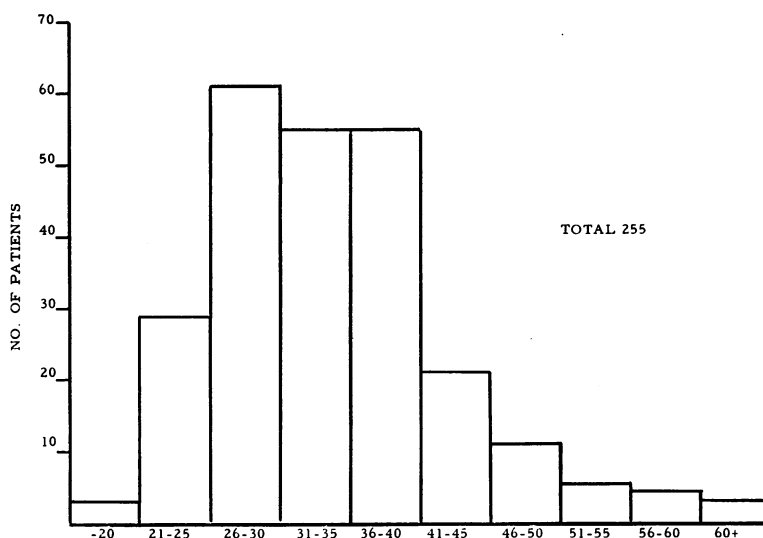


Figure 1

Analysis of ages of women *requesting* smears

vast majority falls between the ages of 26 and 40. This was also found in Oxford where 50 per cent were under 35 years of age. This should be contrasted with the incidence in this country of carcinoma of the cervix which is generally regarded as falling between the ages of 40 and 65.

The first thought might be that the wrong people are coming forward, and that stronger efforts should be made, even at the exclusion of the younger ones, to attract the older women. Half of this is certainly true, but the author feels strongly that in no circumstances should the younger women be excluded. It has been suggested that much unnecessary anxiety on their behalf can be avoided if smears are not done until later in life, as many young women may have abnormal cells on their smears that either regress

or take up to 15 years to show any further signs of change. The questions the authors would like to ask are who is to tell which ones these are, and how are we to know they exist, if these women are discouraged from coming forward in the first place? Furthermore it is surely better to do some unnecessary operations and have no deaths from the disease in question, than to discover the disease after it has become overt when it is too late. This must be the primary problem of the whole of preventive medicine where some patients are going to be unnecessarily worried and many are to be saved. The other factor that seems relevant is that a patient having a cervical smear when young, and finding it not too distasteful, will be encouraged to come forward on a regular basis and will eventually fall into the more dangerous age-group. Therefore *every* woman should be allowed to come forward, and more vigorous efforts should be made to encourage those older women to attend regularly and have cervical smears taken.

Another factor that appeared when the results were prepared was the apparently high proportion of symptom-free women who had a cervical erosion. This constituted 18.14 per cent of the total number, but after break-down it was found that erosions were found in 29.8 per cent of symptom-free women. From discussion with the author's senior colleagues it appears that they also find a similar proportion in their clinics.

The question that arises from this is whether carcinoma of the cervix is more common in patients with a cervical erosion than in others. This has always been in dispute, but has been brought to light again recently by Kroll (1970) who suggests that cervical cancer is more common in eroded cervixes. Stoll (1958) has suggested that it is 26 times more common in eroded cervixes than in those that are clinically normal.

If this is so, or even if it is thought that it might be so, then it is reasonable not to exclude younger women from a campaign to encourage people to come forward for regular cervical smears.

Finally six smears were reported as suspicious (1.33 per cent) and table II summarizes the results. Three were found to be malignant or pre-malignant (0.66 per cent). It was of particular interest after referral to the medical records that one patient, Mrs L. C., had a smear taken that was reported as Class II, but in view of the clinical appearance, and despite the fact that a three-month repeat was suggested by the cytologist, the patient was referred urgently to the local consultant gynaecologist. Biopsy showed a poorly differentiated Stage I carcinoma. This shows how careful one must be both in the interpretation of the results, and of the interpretation of the clinical findings.

The three patients with cancer all fell into the accepted age group for the disease, and while this in no way suggests that time is being wasted on the young, it stresses the importance of encouraging the older women to come forward as well.

### Conclusions

The main conclusion is that more efforts should be made to persuade women of all age groups to have regular cervical smears, with special appeal to those women between the ages of 35 and 65, but that no woman should be turned away. It is also concluded that the negative or doubtful smear is not the only factor that has to be taken into account, and that practitioners must still be prepared to rely on their clinical judgment.

This analysis is based on the records obtained by one doctor in a two-handed practice

TABLE I  
TABLE OF EROSIONS FOUND

	No.	Percent
Total smears ..	452	
By request (symptom free) .. ..	255	
Erosions:		
total .. ..	86	18.1
symptom free .. ..	76	29.8
with pill .. ..	20	25.6
at postnatal ..	11	12.8

of almost 5,000 patients during a three-year period. Four hundred and fifty-two cervical smears were obtained and sent to the Royal Berkshire Hospital where they were examined and the results returned to the doctor. Not all the smears were for medical reasons; 255 were at the request of symptom-free patients.

TABLE II  
SMEARS REPORTED AS SUSPICIOUS OR POSITIVE

<i>Age of patient</i>	<i>Original smear</i>	<i>Diagnosis</i>	<i>Outcome</i>
37 .. .. .	Class IV	Ca. in situ	Total hysterectomy
19 .. .. .	Class II	Erosion	Medical Rx.
57 .. .. .	Class II	Stage 1 Ca.	Radiotherapy
23 .. .. .	Class II	Postnatal inflammation	Spont. recovery
39 .. .. .	Class IV	Ca. in situ	Cone biopsy
47 .. .. .	Class II	P.M.B. inflammation	Cautery

All follow-up tests have been normal to the date of writing

It was the information that emerged about the latter that stimulated the writing of this paper. The figure of 452 may be slightly misleading, as not all patients attending surgery with gynaecological complaints were referred to the author for cervical smears. This was not regarded as necessary in those patients who had to be referred to the hospital outpatient department, as smears are done there on all new patients. Furthermore, it is not suggested that only 452 patients in the practice had cervical smears taken during the three years. There are a number of family planning clinics in the area, and many women prefer to go there.

The analysis was made of the information contained on the standard forms that are completed in all cases.

The results of the study are shown in tables I and II.

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