Understanding your biopsy results

Your biopsy is examined under a microscope by a pathologist. The report describes any changes in the cells of your cervix and how far they extend. This sheet explains the terms you may see.

KEY POINTS

- Abnormal cells are not cancer. They are changes that can, over many years, become cancer if left untreated.
- Low-grade changes (LSIL) usually clear on their own and are monitored.
- High-grade changes (HSIL) are usually treated, most often with LLETZ.
- Adenocarcinoma in situ (AIS) is a glandular precancer that is treated by removing it completely.
- I will explain your result with you and send a copy to your GP.

How the report is written

Australian reports describe changes as low-grade or high-grade squamous intraepithelial lesions (LSIL or HSIL). This is the main result to look for. The older CIN grade (1, 2 or 3) may also be given in brackets. *Squamous* refers to the cells covering the outside of the cervix; *glandular* refers to the cells lining the cervical canal.

CIN stands for cervical intraepithelial neoplasia. It describes how far the abnormal cells extend through the surface layer. LSIL usually matches CIN 1, and HSIL usually matches CIN 2 or CIN 3.

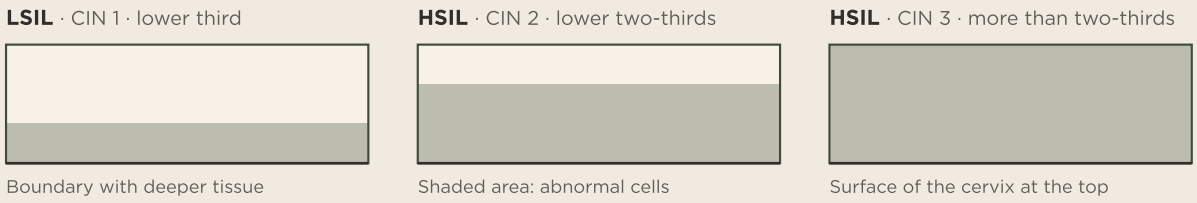


Figure 1. How far abnormal cells extend through the surface layer of the cervix. The abnormal cells stay within the surface layer and have not broken through into the deeper tissue, which is why these are precancerous changes, not cancer. Simplified, not to scale.

What your result means

No abnormality	No significant changes were found. I will recommend when your next test is due.
LSIL or HPV effect (CIN 1)	Low-grade change caused by HPV. It usually clears within one to two years. A repeat test is usually due in about 12 months.
HSIL (CIN 2)	High-grade change. Treatment is usually recommended. For some younger people, careful monitoring may be offered instead. I will discuss this with you if it applies.

HSIL (CIN 3)	High-grade change through most or all of the surface layer. Treatment is recommended.
Adenocarcinoma in situ (AIS)	Precancerous change in the glandular cells of the cervical canal. It is treated by removing the area completely. See the sheet *Adenocarcinoma in situ (AIS): treatment and follow-up*.
Cancer	Rarely, a biopsy shows cancer, usually at an early stage. If so, I will see you promptly to explain the result and arrange care with a gynaecological cancer specialist.

Other words you may see

p16	A stain that helps the pathologist decide between LSIL and HSIL, particularly when the change looks like CIN 2.
Transformation zone	The area where the outer and canal cells meet, where most changes start.
Margins	After a LLETZ or cone biopsy: whether the edges of the removed tissue are clear of abnormal cells.

Common questions

Is HSIL cancer?
No. HSIL is a precancerous change. Treating it now is very effective at preventing cancer.

Did the biopsy remove the abnormal area?
Usually not. A biopsy is a small sample, about the size of a grain of rice, taken to find out what the area is.

Can changes come back after treatment?
Sometimes. This is why you have yearly Test of Cure testing after treatment for HSIL.

How long do results take?
Usually 1 to 2 weeks. I will contact you to discuss them.

Why treat HSIL if it might clear?
High-grade changes are less likely to clear and more likely to progress over time. Treatment removes them.

Could the biopsy have missed something?
A biopsy samples a small area. I combine it with what was seen at colposcopy and your screening history to recommend the next step.

Will this affect having children?
Monitoring does not. If treatment is needed, I will discuss any effect on future pregnancy with you beforehand.

Does my partner need to do anything?
No. There is no routine test or treatment for partners. Most people clear HPV without knowing they had it.

Questions to ask your doctor

- What exactly did my biopsy show?
- Do you recommend monitoring or treatment, and why?
- When will my next test or appointment be?

When to seek help

Please see your GP or contact the rooms if you have bleeding after sex, between periods or after menopause, or ongoing unusual discharge or pelvic pain while you wait for follow-up.

Rooms	03 8400 6193 — appointments and non-urgent questions, business hours
Urgent, after hours	Dr James Aridas, 0459 706 061 — urgent gynaecology concerns, and pregnancy concerns before 20 weeks
From 20 weeks pregnant	The birth suite at your booked hospital: Epworth Freemasons 03 9483 3833 · Cabrini Malvern 03 9508 6000 · Jessie McPherson 03 9594 2776
Emergency	Call 000 or go to your nearest emergency department

SOURCES AND FURTHER READING

1. Cancer Council Australia. National Cervical Screening Program Guidelines, updated April 2025. cancer.org.au/health-professionals/clinical-practice-guidelines/cervical-cancer-screening
2. Department of Health, Disability and Ageing. National Cervical Screening Program: a summary guide for healthcare providers, February 2025. health.gov.au/ncsp
3. Department of Health, Disability and Ageing. Understanding the National Cervical Screening Program management pathway, 2025. health.gov.au/ncsp
4. RANZCOG. Cervical screening in Australia (patient information pamphlet), version 3, 2025. ranzcog.edu.au
5. Cancer Institute NSW. Colposcopy: a guide to what you need to know. cancer.nsw.gov.au
6. Cancer Council information and support: 13 11 20

This information is general and does not replace individual medical advice. If your circumstances differ from what is described here, please discuss them with Dr Aridas.

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