

Active surveillance of Cervical Intraepithelial Neoplasia Grade 2 (CIN 2)

This information sheet gives more information on the treatment choices for CIN 2 (Cervical Intraepithelial Neoplasia grade 2).

It is important to remember that CIN is not cancer, but it is a condition that requires either watching (surveillance) or treatment to make sure cancer does not develop in the future.

The nurse or doctor looking after you in colposcopy will discuss your treatment options and recommendations based on your individual circumstances.

What are my treatment options?

Until recently, patients with CIN2 would usually have been offered treatment called LLETZ or loop excision to remove abnormal cells. However, there is now evidence to support surveillance of CIN2 and only treat it if it does not get better of its own accord.

What is active surveillance of CIN 2?

Surveillance means watching closely with smear tests and colposcopy instead of treatment with loop excision of cervix.

Why offer surveillance of CIN 2?

One reason for offering this management is that studies show that given time, CIN 2 may return to normal in about half of patients with no active treatment. This is important so that risks associated with LLETZ treatment can be avoided.

Is active surveillance of CIN 2 a suitable option for me?

It is important to understand that surveillance of CIN 2 is not suitable for all patients. The colposcopy team will take into account your individual circumstances before making a recommendation for your management.

Surveillance for CIN 2 is more likely to be suitable for younger people in whom a small area of CIN 2 is seen on the cervix.

What does surveillance of CIN 2 involve?

You will usually need to be seen in the colposcopy clinic every 6 months for a smear test and colposcopy until the cells return to normal.

If CIN 2 is still present after 2 years, we suggest active treatment with LLETZ. If any time during the 2 years, the cells become worse in grade or size then we would recommend LLETZ treatment at that point.

It is very important that you attend the Colposcopy Clinic when any appointment is made for you. If you cannot attend, for any reason, please let us know so the appointment can be used by someone else and we can arrange another appointment for you.

What else can you do?

We know that in people who smoke, CIN2 cells are more likely to get worse so that they need treatment. If you smoke, we would encourage you to stop as this will make it more likely that the CIN2 cells go back to normal.

Further advice

We hope that you have found the information in this leaflet helpful. If you require any further advice regarding any aspect of your care, please do not hesitate to ask the clinic staff on 0151 708 9988 ext 4266 (an answer phone is available). They are there to support you and are happy to help with any concerns or anxieties.

You can also contact useful web sites for further information:

The British Society for Colposcopy and Cervical Pathology: www.bsccp.org.uk

Jo's Trust

www.jotrust.co.uk

References (further reading)

British Medical Journal, 2018. Tainio et al. Clinical course of untreated CIN 2 under active surveillance: systematic review and meta analysis. This analysis published in 2018 in the British Medical Journal pooled results from studies involving over 3000 women. This showed that in 60% of women aged under 30 years with CIN 2 the cells became less abnormal within 2 years of surveillance. In 11% of women the cells had become more abnormal (CIN 3). There were no cases of cancer in these women.

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Tel: 0151 708 9988

Issue Date: 15/12/2020

Reference: Gyn/2024-314-v2

Review Date: 15/12/2026

© Liverpool Women's NHS Foundation Trust