The Leeds Teaching Hospitals NHS Trust

Conservative management of Cervical intraepithelial neoplasia - grade 2 (CIN 2)

Information for patients

Leeds Centre for Women's Health

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

Introduction

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

It is important to remember that CIN 2 is not cancer but is a pre-cancerous change in the cells of the cervix that can be monitored (conservative management) or treated to prevent it from progressing to cervical cancer in the future.

The colposcopist looking after you will discuss these options with you and recommend the best approach based upon your individual circumstances and wishes.

What is CIN 2?

CIN is **NOT** cancer and may be monitored or treated depending on the grade and your personal situation.

CIN is caused by an infection of the Human Papilloma Virus (HPV). 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. HPV is a very common virus with more than one hundred subtypes. Some types of HPV can cause abnormal changes to the squamous cells of the cervix and are know as cervical intraepithelial neoplasia (CIN).

Depending on the depth of cells affected, CIN is graded as 1-3. The number shows how deep the cells changes go into the outer surface of the cervix. CIN 2 means there is a moderate amount of abnormality of the cells of the cervix.

Grade 2 (CIN 2) means that these abnormal cells have the potential to develop into cancer if they are not treated or they can spontaneously go back to normal without treatment.

The likelihood of progression or regression depends on your individual situation and includes factors such as:

- Age.
- If you smoke.
- Grade of CIN.
- If you have a condition affecting your immune system.

What are the treatment options for CIN 2?

Large Loop Excision of The Transformation Zone (LLETZ)

This is a common treatment using a thin wire loop which is heated with an electric current to remove the abnormal cells from the cervix. This is usually performed in the colposcopy clinic.

The benefit of treatment is to remove abnormal cells allowing healthy cells to replace them.

What are the risks and benefits of LLETZ

The main complication following this treatment can be discomfort or pain, potential heavy vaginal bleeding and vaginal infection.

The LLETZ treatment can create a potential risk of having a premature birth or mid-trimester miscarriage. This is because removing abnormal cells can weaken and shorten the cervix.

There is no clear evidence that standard treatment (less than 10mm) to the cervix is associated with any increase in pre-term labour. If more tissue needs to be removed women are more likely to have their baby 1-2 months early. LLETZ is not associated with any increased risk of infertility.

Conservative Management Option

This option involves regular monitoring at a colposcopy clinic six months after your initial colposcopy for repeated cervical screening and colposcopy examination with or without a cervical biopsy, for up to two years. Studies have shown that CIN 2 can return to normal in approximately 50% of individuals who do not have treatment and up to 60% of individuals who are less than 30 years old. It may take up to two years to resolve.

If CIN 2 has stayed the same for two years, your colposcopy team will offer you LLETZ treatment.

Is conservative management a suitable option for me?

Conservative management of CIN 2 is not suitable for all individuals as it depends on your individual circumstances and examination findings. The colposcopist will discuss this with you and make a recommendation based on your individual circumstances. If you are in a younger age group and have not had children or wish to have a future pregnancy, then conservative management is an option worth considering.

Some people choose conservative management because CIN 2 often returns to normal without treatment. Avoiding LLETZ also avoids removal of cervical tissue, which may reduce the small risk of pregnancy and other complications associated with larger cervical excisions.

What does conservative management involve?

You will be seen in the colposcopy clinic at six monthly intervals. This will involve having a colposcopy examination, a cervical screening test and possibly a cervical biopsy if necessary. You will be seen every six months until you have had two consecutive high-risk HPV Negative cervical screening tests. This could take over two years. This means the CIN and HPV has resolved and you will be discharged from the colposcopy clinic and return to routine cervical screening with your GP. If at any point your CIN 2 progresses to a higher grade we will recommend a LLETZ treatment. If after two years of close observation the CIN 2 remains, we will re-discuss your options and likely recommend a LLETZ as per national guidelines. If the abnormality regresses to a lower grade (CIN 1) after two years or is HR HPV positive and negative cytology, your case will be discussed at the Colposcopy multidisciplinary meeting (MDT).

It is very important that you attend the colposcopy clinic for all your appointments. If you feel that you are not able to attend the colposcopy clinic at six monthly intervals, the conservative management is not an appropriate choice for you and we would recommend that you have a LLETZ treatment.

What are the risks and benefits of conservative management?

Conservative management is a safe option as the progression of precancerous cells to cancer usually takes many years.

However, the grade of precancerous cells can increase in some individuals. Fewer than one in 200 individuals will develop cervical cancer within their two year conservative management period because of regular reviews and the offer of treatment if the abnormality progresses to a more severe change (higher than CIN 2).

One in five individuals with conservatively managed CIN 2 will progress to a higher grade of CIN within two years and a LLETZ would be recommended for those individuals. It would also usually be recommended for those who have persistent CIN 2 after two years of conservative management. About 50% of the cases of CIN 2 will go back to normal without treatment and 60% in individuals who are less than 30 years old.

What happens if I become pregnant during conservative management?

If you become pregnant during your conservative management, please tell the colposcopy clinic. Colposcopy can be usually performed safely during pregnancy if required, but cervical biopsies and treatment are usually postponed until after the baby is born unless cancer is suspected.

What else can I do?

In individuals that smoke, CIN 2 cells are more likely to get worse so that they will need treatment. If you smoke, we would encourage you to stop as this will make it less likely that CIN 2 cells go back to normal.

For help to stop smoking please visit:
www.nhs.uk/better-health/quit-smoking/

What if I change my mind about conservative management?

You can change your mind at any time and request a LLETZ treatment. You can contact the colposcopy department if you are feeling worried or concerned about your management and speak to a member of the specialist team on the details at the end of this leaflet.

Contact telephone numbers

Colposcopy Co-ordinator

- Telephone: **0113 206 7434**
  (Tuesday 8am-1.30pm, Wednesday 8am-3pm, Thursday 8am-3pm. Voicemail at all times).

References and sources of information used for this information leaflet

- Clinical course of untreated CIN 2 under active surveillance: systematic review and meta-analysis. BMJ 2018 Tainio et al. https://doi.org/10.1136/bmj.k499
- NHS England (2024) NHS Cervical Screening Programme and Colposcopy Management. www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management
- BSCCP (British Society for Colposcopy and Cervical Pathology) www.bsccp.org.uk/
- The Eve Appeal.



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Produced by: Medical Illustration Services • MID code: 20261007_021/MH

LN006285
Publication date 10/2026
Review date 10/2029