# Cervical Cancer

## Basic description

Cervical cancer forms slowly. Normal cells change to pre-cancerous ones that, over time, may grow into cervical cancer. For most women, pre-cancerous changes go away without any treatment. But, if these pre-cancerous cells were identified and treated, almost all true cervical cancers could be prevented.

Because cervical pre-cancers have no signs or symptoms – and early cervical cancer rarely has any, either – it's important for women to have regular cervical cancer screening. Women with cervical cancer may sometimes have unusual vaginal bleeding, spotting or discharge, or pain or bleeding during sex.

## Opportunities

**Prevention** Most cervical cancers can be prevented in 2 ways:

- Reduce the risk of pre-cancers. Infection with some strains of the human papilloma virus (HPV) is the most important risk factor for cervical cancer and pre-cancer. Using condoms during sex may provide some protection from HPV infection, and vaccines that protect against certain strains of HPV are available. To be most effective, the vaccines should be given before a woman becomes sexually active.
- Regular screening with the Pap test (for some women, this is combined with the HPV test). These tests can detect pre-cancers, which can be treated to prevent cervical cancer before it develops.

**Detection** The American Cancer Society recommends the following guidelines for early detection in women at average risk:

- All women should have cervical cancer screenings beginning at age 21. Women ages 21 to 29 should receive a Pap test every 3 years. HPV testing should NOT be used for screening in this age group (although it may be used during follow-up of an abnormal Pap test).
- For women ages 30 to 65, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. Another option for these women is to get the Pap test alone every 3 years.
- As long as they haven't had any serious pre-cancers (like CIN2 or CIN3) in the past 20 years, women over age 65 who have had regular screenings in the previous 10 years should stop cervical cancer screening. Women with a history of CIN2 or CIN3 should continue testing for at least 20 years after the abnormality was detected.
- Women who have had a total hysterectomy, unless it was done as a treatment for cervical pre-cancer or cancer, should stop screening. Women who have had a hysterectomy without removal of the cervix should continue screening according to these guidelines.
- Women who have been vaccinated against HPV should still follow these guidelines.

**Treatment** The 3 main types of treatment for cervical cancer are surgery, radiation, and chemotherapy. Cervical cancers that have spread beyond the cervix generally are treated with surgery or radiation, often followed by chemotherapy.

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## Who is at risk?

**HPV** The most important risk factor for cervical cancer is HPV infection. Some sexual behaviors, including having multiple sex partners, having partners who have had multiple sex partners, and having sex at an early age, are known to increase a woman's risk of HPV infection.

### Other risk factors

- Cigarette smoking
- Immunosuppression, including HIV infection
- Chlamydia infection (past or current)
- A diet that is low in fruits and vegetables
- Being overweight
- Long-term use of oral contraceptives
- Having 3 or more full-term pregnancies
- Young age at first full-term pregnancy
- Intrauterine DES exposure
- A family history of cervical cancer

### Cervical cancer in the United States: 2016 estimates

- New cases: 12,990
- Deaths: 4,120
- 5-year relative survival rate for localized stage: 92%
- 5-year relative survival rate for all stages combined: 68%

## Quality-of-life issues

From the time of diagnosis, the quality of life for every cancer patient and survivor is affected in some way. They may be affected socially, psychologically, physically, and spiritually.

The topics that patients and survivors most often express concern about are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden their cancer may have on finances and loved ones. Women with cervical cancer are also often concerned about whether they will be able to get pregnant.

## Bottom line

The most effective way to detect cervical pre-cancers and cancer at an early stage is to follow the American Cancer Society's cervical cancer screening guidelines. Avoiding risk factors, such as HPV infection and smoking, and getting any pre-cancers treated may help reduce the chances of developing cervical cancer. HPV vaccines can also help prevent HPV infection and the pre-cancerous changes that lead to cervical cancer.

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