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EASY READING

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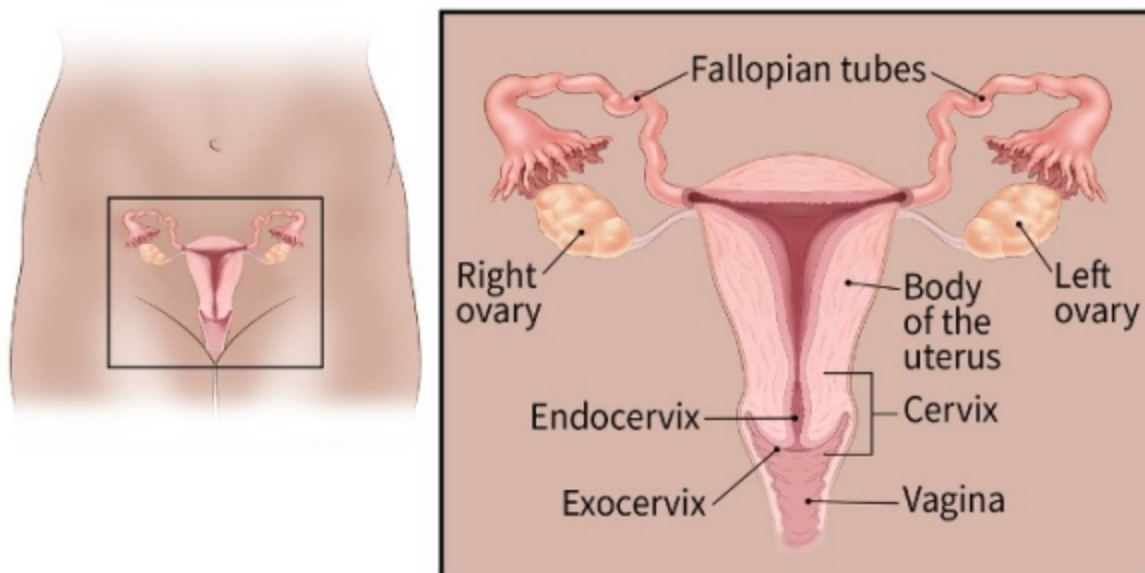
If You Have Cervical Cancer

What is cervical cancer?

Cancer can start any place in the body. Cervical cancer starts in the cervix. It starts when cells in the cervix grow out of control and crowd out normal cells. This makes it hard for the body to work the way it should.

Cancer cells can spread to other parts of the body. Cancer cells in the cervix can sometimes travel to the lung and grow there. When cancer cells do this, it's called **metastasis**. To doctors, the cancer cells in the new place look just like the ones from the cervix.

Cancer is always named for the place where it starts. So when cervical cancer spreads to the lung (or any other place), it's still called cervical cancer. It's not called lung cancer unless it starts from cells in the lung.



The cervix

Ask your doctor to use this picture to show you where the cancer is.

The cervix

The cervix is the lower part of the uterus. It connects the uterus to the vagina (birth canal), which goes to the outside of the body.

Are there different kinds of cervical cancer?

There are a few kinds of cervical cancer. Your doctor can tell you more about the kind you have.

The most common kind is called squamous cell carcinoma. This kind starts in the cells that cover the surface of the cervix.

Questions to ask the doctor

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have cervical cancer?

Cervical cancer often doesn't cause signs or symptoms until it has spread outside the cervix.

Some signs of cervical cancer are:

- Bleeding from the vagina that is not from your period,
- Spotting or discharge from the vagina,
- Pain during sex.

The doctor will ask you questions about your health and do a physical and pelvic exam.

If signs are pointing to cervical cancer, more tests will be done. Here are some of the tests you may need:

Colposcopy: A close look at the inside of the vagina and the cervix using a lighted camera at the end of a thin tube called a colposcope.

Pap test: (or Pap smear) An exam used to scrape cells off the cervix so that they can be tested for cancer and pre-cancer.

Cervical biopsy: In a biopsy, the doctor takes out a small piece of tissue to check it for cancer cells. There are many ways to do a cervical biopsy. Ask the doctor what kind of biopsy you need. A biopsy is the only way to tell for sure if you have cancer.

CT (computed tomography) scan: This is also called a "CAT scan." It's a special kind of x-ray that takes detailed pictures to see if the cancer has spread. CT scans can also be used to help do a biopsy (see below).

MRI (magnetic resonance imaging) scan: This test looks at the soft tissue parts of the body sometimes better than other imaging tests, like a CT scan. Your doctor will decide which imaging test is best.

Chest x-ray: An x-ray may be done to see if the cancer has spread to your lungs.

PET (positron emission tomography) scans: In this test, you are given a special kind of sugar that can be seen inside your body with a special camera. If there is cancer, this sugar shows up as "hot spots" where the cancer is found. This test can help show if the cancer has spread.

Blood tests: Blood tests are not used to find cervical cancer, but they are done to tell the doctor more about your health.

Questions to ask the doctor

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?

How serious is my cancer?

If you have cervical cancer, the doctor will want to find out how far it has spread. This is called **staging**. You may have heard other people say that their cancer was “stage 1” or “stage 2.” Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the growth or spread of the cancer through the cervix. It also tells if the cancer has spread to nearby organs or places farther away.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread outside the cervix. Be sure to ask the doctor about the cancer stage and what it means for you.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I’ll live?
- What will happen next?

What kind of treatment will I need?

There are many ways to treat cervical cancer. The treatment plan that is best for you will depend on:

- The stage of the cancer
- The chance that a type of treatment will cure the cancer or help in some way.
- Your age
- Other health problems you have
- Your feelings about the treatment and the side effects that come with it.

Surgery for cervical cancer

Most women with cervical cancer have some type of surgery.

Cryosurgery

This treatment kills the cancer cells by freezing them. It may be used to treat pre-cancers- abnormal cells that can turn into cancer if not treated .

Laser surgery

This treatment uses a laser to burn off cancer cells. It may be used to treat pre-cancers.

Conization

Conization is also called a **cone biopsy**. To do this a small cone-shaped piece of the part of the cervix that has the cancer or pre-cancer is taken out.

Hysterectomy

A hysterectomy takes out the uterus and cervix. It's the most common way to treat cervical cancer. There are many ways to do this surgery.

Sometimes the ovaries are taken out at the same time. Nearby lymph nodes may also be taken out to see if they have cancer cells.

Ask your doctor what type of surgery you will need. Each type has risks and benefits.

Side effects of surgery

Any type of surgery can have risks and side effects. Be sure to ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat women with cervical cancer should be able to help you with any problems that come up.

Radiation treatments

Radiation uses high-energy rays (like x-rays) to kill cancer cells.

Radiation can be aimed at the cervix from a machine outside the body. This is called **external beam radiation**. Or, a radioactive source can be put into the vagina near the cervix. This is called **brachytherapy**.

Side effects of radiation treatments

If your doctor suggests radiation treatment, ask what side effects might happen. Side effects depend on the type of radiation that's used. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired

Most side effects get better after treatment ends. Some might last longer. Talk to your cancer care team about what you can expect.

Chemo

Chemo is the short word for chemotherapy – the use of drugs to fight cancer. The drugs are often given into a vein. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

When chemo and radiation therapy are given at the same time, it's called **chemoradiation**.

Side effects of chemo

Chemo can make you feel tired, sick to your stomach, and make your hair fall out. But these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, be sure to tell your cancer care team so they can help.

Targeted therapy

Targeted therapy is not the same chemo because these drugs mainly affect cancer cells, not normal cells. They have different side effects from chemo.

Immunotherapy

Immunotherapy is treatment that either boosts your own immune system or uses man-made versions of parts of the immune system that attack the cervical cancer cells. These drugs are given into a vein.

Side effects of immunotherapy

Immunotherapy can cause many different side effects depending on which drug is used. These drugs may make you feel tired, sick to your stomach, or cause a rash. Most of these problems go away after treatment ends.

There are ways to treat most of the side effects caused by immunotherapy. If you have side effects, tell your cancer care team so they can help.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials¹](#) to learn more.

Clinical trials are one way to get the newest cancer treatment. They are the best way for doctors to find better ways to treat cancer. If your doctor can find one that's studying the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

What about other treatments that I hear about?

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These

treatments may be vitamins, herbs, special diets, and other things. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I be able to have children after surgery?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- Will the treatment put me into menopause early?
- Will my sex life change after treatment?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- How soon do I need to start treatment?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?

What will happen after treatment?

You'll be glad when treatment is over. But it's hard not to worry about cancer coming back. Even when cancer never comes back, people still worry about it. For years after treatment ends, you will see your cancer doctor. Be sure to go to all of these follow-up visits. Your doctors will ask about symptoms, do physical exams, and may do blood tests and maybe other tests to see if the cancer has come back. You will also need to keep getting Pap tests no matter what kind of treatment you had.

At first, your visits may be every few months. Then, the longer you're cancer-free, the

less often the visits are needed.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us at 1-800-227-2345 or talk to your doctor to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as good as you can.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
2. <http://www.cancer.org>

Words to know

Biopsy (BY-op-see): Taking out a small piece of tissue to see if there are cancer cells in it

Brachytherapy (BRAKE-ee-THAIR-uh-pee): Radiation treatment that's given by putting a radioactive source right into the tumor or close to it.

Carcinoma (CAR-sin-O-ma): A cancer that starts in the lining layer of organs. Most cancers are carcinomas.

Chemotherapy (KEY-mo-THAIR-uh-pee): Treatment with drugs that kill cancer cells. Often called **chemo**.

Colposcopy (kol-PA-skuh-pee): A colposcope (kol-PA-scope) is used to look at the cervix. The colposcope stays outside the body. It has magnifying lenses (like binoculars). It lets the doctor see the surface of the cervix closely and clearly.

Conization (koh-nih-ZAY-shun): A cone-shaped piece of the tissue that might be cancer is removed from the cervix.

Fallopian tubes (fa-LO-pee-uhn tubes): The tubes on each side of the uterus that carry eggs from the ovaries to the uterus. See **ovary** and **uterus**.

Hysterectomy (HISS-ter-EK-tuh-me): An operation to remove the uterus. See **uterus**.

Metastasis (muh-TAS-tuh-sis): Cancer cells that have spread from where they started to other places in the body.

Ovary (O-vuh-ree): These 2 organs in the pelvis hold a woman's eggs that, when joined with sperm can cause a pregnancy. They also make the hormone called estrogen.

Pap test: Also called a **Pap smear**. A test in which cells are scraped from a woman's cervix and checked for cancer or pre-cancer cells.

Radiation (RAY-dee-A-shun): Uses high-energy rays (like x-rays) to kill cancer cells.

Uterus (YEW-tuh-rus): Pear-shaped organ in a woman's pelvis that holds and feeds the growing baby; also called the womb.

Vagina (vuh-JIE-nuh): Passage that connects the uterus to the outside of the body. See **uterus**.

How can I learn more?

We have a lot more information for you. You can find it online at www.cancer.org (<http://www.cancer.org>)². Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

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