



Cervical Cancer Fact Sheet

for Patients and Caregivers



Cervical cancer starts in the cells lining the cervix – the lower part of the uterus (womb). The number of cervical cancer cases has dropped by more than half in recent decades.

Risk Factors

Infection by the human papillomavirus (HPV) is the most common risk factor for cervical cancer. The infection normally goes away on its own or doesn't cause any problems. HPV infections that don't go away can increase a person's risk for cervical cancer.

Other Risk Factors:

- Becoming sexually active at a young age and having many sexual partners or a partner who has had many sexual partners (although many people who get cervical cancer have only had one sexual partner)
- Smoking
- Having a weakened immune system
- Having a history of chlamydia infection
- Using oral contraceptives for a long time
- Having three or more full-term pregnancies
- Being younger than age 20 with a first full-term pregnancy
- Being born to a person who took diethylstilbestrol (DES) during pregnancy

Prevention

Not all cervical cancers can be prevented. But depending on a person's age, overall health, and personal risk for cervical cancer, there are some things that can be done that may help reduce the risk.

- **HPV vaccination:** Vaccines can help protect people from infection with the types of HPV that can cause cervical and other cancers. HPV vaccination is recommended for all children regardless of gender between ages 9 and 12.

Children and young adults ages 13 through 26 who have not been vaccinated, or who haven't gotten all their doses, should get the vaccine as soon as possible. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages. The American Cancer Society does not recommend HPV vaccination for people older than age 26.

- **Regular screening:** Screening is testing for a disease in people who have no symptoms. Regular screening for cervical cancer can help find changes in the cervix that can be treated before they become cancer.
- **Quitting tobacco:** Staying away from tobacco can help reduce the risk of cervical precancers and cancer.

Screening and Early Detection

Screening is a process used to look for cancer in people who have no symptoms. The American Cancer Society recommends the following for people who have a cervix and are at average risk for cervical cancer:

- **Cervical cancer screening should start at age 25.** People under age 25 should not be tested. Cervical cancer is rare in this age group.
- **People between the ages of 25 and 65** should get a primary HPV test every five years. A primary HPV test is an HPV test that is done by itself for screening. If you cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every five years or a Pap test every three years.

The most important thing to remember is to get screened regularly, no matter which test you get.

- **People over age 65** who have had regular cervical cancer screening tests in the past 10 years with normal (or “negative”) results should not be tested for cervical cancer. Your most recent test should be within the past three to five years. Those with a history of serious cervical precancer should continue to be tested for at least 25 years after that diagnosis, even if testing goes past age 65.
- **People who have had a total hysterectomy (removal of the uterus and cervix)** should stop screening unless the surgery was done to treat cervical cancer or a serious precancer.
- **People who have been vaccinated against HPV** should still follow the screening recommendations for their age group.

Signs and Symptoms

People with cervical precancers and early cervical cancer usually have no symptoms. Symptoms often do not start until the cancer becomes larger and grows into nearby tissue. When this happens, the most common symptoms are:

- Abnormal vaginal bleeding, such as bleeding and spotting between menstrual periods; having periods that are longer or heavier than usual; or bleeding after having sex, after menopause, or after douching
- Unusual discharge from the vagina, which may have some blood
- Pain during sex or pain in the pelvic region

Treatment

Treatment for cervical cancer depends on the type and stage (how big the cancer is and if it has spread) and the results of any testing done on the tumor. Your age, other health problems, and personal choices are also considered. Special testing might be done on the tumor to figure out the best treatment. If you have cervical cancer, talk to your doctor about the best treatment for you.



Living With Cervical Cancer

Cervical cancer affects a person’s quality of life. Different physical, social, mental health, spiritual, and money issues can come up at any time.

People with cervical cancer may be helped by palliative care at any time. Palliative care focuses on helping manage symptoms, addressing issues, and improving quality of life.

Good communication between a person with cancer and their health care team is important and involves:

- Asking and answering questions
- Working together to set care goals
- Making shared decisions
- Managing side effects and other issues
- Scheduling follow-up tests and care



Visit the American Cancer Society website at cancer.org/cancer/cervical-cancer or call us at **1-800-227-2345** to learn more. We’re here when you need us.