Cervical Cancer in the US
Cervical cancer incidence rates have declined by more than half in recent decades, largely due to the widespread uptake of Pap test screening. More recent declines in young women may be associated with human papillomavirus (HPV) vaccine uptake. Because cervical pre-cancers have no signs or symptoms – and early cervical cancer rarely has any, it’s important for women to have regular cervical cancer screening.

Risk Factors
HPV. Almost all cervical cancers are caused by persistent infection with HPV. HPV-16 and HPV-18 are the subtypes most associated with invasive cervical cancer.

Other Risk Factors
• Becoming sexually active at a young age and having many sexual partners
• Cigarette smoking
• Immunosuppression, including HIV infection
• Chlamydia infection (past or current)
• Long-term use of oral contraceptives
• Having 3 or more full-term pregnancies
• Young age at first full-term pregnancy
• Intrauterine diethylstilbestrol (DES) exposure
• A family history of cervical cancer
• Lower socioeconomic status

Screening and Detection
Screening is a process used to test for cancer in people who have no symptoms. The American Cancer Society recommends the following for early detection in women at average risk for cervical cancer:
• All women should be screened starting at age 21.
• Women ages 21 to 29 should have a Pap test every 3 years. HPV testing should not be used for screening in this age group unless it is needed after an abnormal Pap test result.
• Women ages 30 to 65 should be screened with the HPV test and Pap test every 5 years (preferred), or every 3 years with the Pap test alone (acceptable).
• Women ages 66+ who have had >3 consecutive negative Pap tests or >2 consecutive negative HPV and Pap tests within the past 10 years, with the most recent test occurring in the past 5 years, should stop cervical cancer screening.
• Women who have had a total hysterectomy should stop screening, unless it was done as a treatment for cervical pre-cancer or cancer.
• Women who have been vaccinated against HPV should still follow these guidelines.

Signs and Symptoms
Pre-cancers and early cervical cancers often have no symptoms. Once abnormal cells become cancerous and invade nearby tissue, the most common symptom is abnormal vaginal bleeding, which may start and stop between regular menstrual periods or cause menstrual bleeding to last longer or be heavier than usual. Bleeding may also occur after sexual intercourse, douching, a pelvic exam, or menopause. Increased vaginal discharge, pain during intercourse, and pain in the pelvic region may also be symptoms.

Prevention
The two most important preventive strategies for cervical cancer are HPV vaccination and regular screening.
• Vaccines that protect against high-risk HPV subtypes, as well as anal and genital warts, are routinely recommended for boys and girls ages 11 or 12. The vaccine series can be given at age 9 up to age 26. Although the vaccine is likely less beneficial, adults ages 27 to 45 may choose to be vaccinated after discussing risks and benefits with their health care provider.

• Regular screening in women who have no symptoms can help prevent cervical cancer through detection and treatment of pre-cancerous lesions.

• Using condoms during sex may provide some protection from HPV infection.

• Not smoking is another way to help reduce the risk of cervical pre-cancer and cancer.

Treatment³,⁵

• Pre-cancers: Pre-cancerous cervical lesions may be treated with a loop electrosurgical excision procedure (LEEP); cryotherapy; laser ablation; or conization.

• Cancers: Invasive cervical cancers are generally treated with surgery or radiation combined with chemotherapy. Chemotherapy alone is often used to treat advanced disease. Immunotherapy or targeted therapy may be options for metastatic or recurrent cancer.

Cervical Cancer in the US:
2020 estimates¹

• New cases: 13,800
• Deaths: 4,290
• 5-year relative survival rate for localized stages: 92%
• 5-year relative survival rate for all stages combined: 66%

Quality of Life⁵,⁶

Cervical cancer survivors often express concern about fertility and sexual changes; guilt if they have delayed screening or treatment, or for doing things that may have caused the cancer; fear of recurrence; chronic and/or acute pain; fatigue; 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.

A cancer diagnosis can profoundly impact quality of life. Clinicians should assess for any physical, social, psychological, spiritual, and financial issues. Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis, during treatment, and until the end of life. Throughout a patient’s cancer journey, it’s very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References


