

If You Have
**Cervical
Cancer**



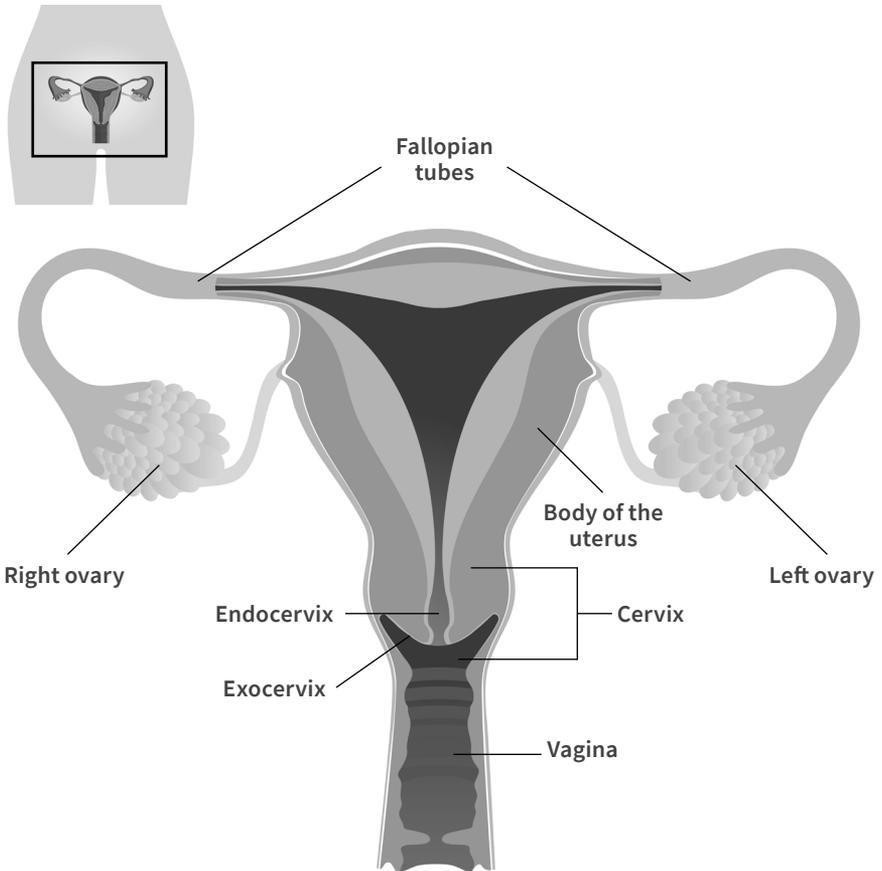
Every cancer. Every life.[™]

Learning about cervical cancer and your options for treatment can help you make the best choices for your care.

This booklet will go over what you can expect if you've been told you have cervical cancer.

The cervix

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



What is cervical cancer?

Cancer can start anywhere in the body. Cervical cancer starts in the cervix. It starts when cells in the cervix grow out of control.

There are different kinds of cervical cancer. **Squamous cell carcinoma** is the most common kind. This cancer starts in the cells that cover the surface of the cervix. Your doctor can tell you more about the kind of cervical cancer you have.

Cancer cells sometimes spread to other parts of the body. For instance, cancer cells in the cervix might travel to a person's lungs and grow there. But cancer is always named for the place it starts. So, if 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.

When cancer cells spread, it's called **metastasis**, and the cancer cells in the new place look just like the ones from the cervix.

How serious is my cancer?

If you have cervical cancer, the doctor will want to do tests to find out more about the tumor. These tests can help tell you:

- How big the tumor is
- If and how much it has spread to other parts of the body

This is called **staging**. Knowing the cancer's stage will help decide what type of treatment is best for you.

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.

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
- How likely it is that a treatment will get rid of the cancer
- Your feelings about the treatment and the possible side effects
- Your age and overall health

Here are some of the most common treatments for cervical cancer.

Surgery

Many people with cervical cancer have some type of surgery. Surgery can be used to:

- Diagnose cervical cancer
- Find out if and how far the cancer has spread
- Remove the cancer (especially for early-stage cancers)

Some of the most common surgeries for cervical cancer are:

- **Hysterectomy:** It's the most common way to treat cervical cancer. The surgery removes the uterus and cervix, and sometimes the ovaries are taken out at the same time. Nearby lymph nodes also may be removed to see if they have cancer cells.

- **Cryosurgery:** This procedure kills the cancer cells by freezing them. It may be used to treat abnormal cells that can turn into cancer if not treated (also called precancers).
- **Laser surgery:** This surgery uses a laser beam to burn cancer cells. It may be used to treat precancers.
- **Conization** (also called a **cone biopsy**): This procedure takes out a small piece of the cervix that has cancer or precancer.

Each type has risks and benefits. Ask your doctor what type of surgery is best for you.

Radiation therapy

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

The two main kinds of radiation used for cervical cancer are:

- **External beam radiation**, which is aimed at the cervix from a machine outside the body
- **Brachytherapy**, which places a radiation source in the vagina near the cervix

Sometimes, both kinds of radiation might be used. Ask your doctor which kind of radiation is best for you and why.

Chemotherapy

Chemotherapy (chemo) uses medicine that kills cancer cells.

Chemo used for cervical cancer is given intravenously (IV). IV chemo is given through a small plastic tube called a catheter.

A needle is used to place the catheter into a vein in your arm or hand. It's usually given over a few minutes or over several hours.

Chemo might be used to treat cancer that has grown outside the cervix. It can also be helpful if cervical cancer comes back after treatment.

Immunotherapy

Immunotherapy uses medicines to help your own immune system attack cancer cells. It is given through an IV.

Targeted drug therapy

Targeted drugs are different from chemo drugs. They “target” parts of cancer cells that make them different from normal cells. These drugs are given through an IV or are taken by mouth as pills.

Clinical trials

Clinical trials are research studies that test new medicines or treatments in people. They compare current treatments with others that may be better. Clinical trials are one way to get the newest cancer treatments. They help doctors find better ways to treat cancer.

If you would like to learn more about clinical trials, ask your doctor if there’s one that might be right for you. 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 stop at any time.

Questions to ask your cancer care team

- How serious is my cancer?
- What treatment do you think is best for me?
- Will my treatment include surgery?
- What's the goal of this treatment? Do you think it could get rid of the cancer?
- What are the common side effects of treatment? Are they usually short-term or permanent?
- Will the treatment put me into menopause early?
- Will I be able to have children after my treatment?
- Is there a clinical trial that might be right for me?
- How soon do we need to start treatment?
- What should I do to be ready for treatment?
- Where will the treatment be given? How long will it last?
- Is there anything I can do to help treatment work better?

What about other treatments I've heard about?

When you have cancer, you might hear about other ways to treat the cancer or your symptoms. This might include vitamins, herbs, special diets, and other treatments.

Some of these treatments 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.

What are the side effects of treatment for cervical cancer?

Side effects depend on what treatment you get, whether your cancer has spread, and how your body responds to treatment. Some side effects happen during treatment and get better quickly. **Long-term** or **late side effects** are ones that last longer or show up weeks, months, or even years later.

The sooner you talk to your cancer care team about side effects you're having, the better they can be managed.

Here are some of the most common side effects of cervical cancer treatments and ways to manage them.

Fatigue (feeling very tired) is one of the most common side effects of cancer and cancer treatments.

- Balance activity and rest. Your body needs both.
- Ask for help from friends and family.
- Plan your days. Start with the biggest task first.

Nausea (feeling sick to your stomach) and **vomiting** (throwing up) can lead to other problems like losing weight or dehydration.

- Eat small meals throughout the day.
- Avoid greasy, spicy, or strong-smelling foods.
- Stay hydrated by sipping on clear fluids like water, broth, ginger ale, or tea.

Talk to your cancer care team about medicines that can help with nausea and vomiting.

Diarrhea is having loose or watery bowel movements more than what is normal for you.

- Avoid triggering foods and drinks that might make diarrhea worse. Some common ones are citrus juices, fizzy sodas, high-fat and fried foods, high-fiber foods (like nuts, seeds, whole grains, beans, and raw fruits or vegetables), artificial sweeteners, and milk products.
- Avoid alcohol and tobacco.
- Eat gentle foods like rice, bananas, applesauce, mashed potatoes, or toast.

If you're having soreness or discomfort from diarrhea, using baby wipes (with no perfumes or alcohol) or petroleum jelly around the anal area may help. You can also try a warm bath in a tub or a sitz bath.

Constipation is when your bowels move less often than what is normal for you or when your stool becomes hard and difficult to pass.

- Try to eat at the same times each day.
- If it's OK with your cancer care team, eat more high-fiber foods, such as whole-grain breads and cereals; fresh raw fruits with skins and seeds; fresh raw vegetables; fruit juices; and dates, apricots, raisins, prunes, prune juice, and nuts.
- Drink more water and fluids. Warm fluids might also be helpful.
- Get as much physical activity as possible.
- Always ask your cancer team before using stool softeners or laxatives.

Urinary retention is when you have trouble peeing or emptying your bladder completely. It can be caused by a tumor, medicines, dehydration, or constipation.

- Try to pee at least every 4 hours, even if you don't feel you need to.
- Try to move your bowels regularly.
- If you are able, drink 6 to 8 cups of fluid daily. Water is your best choice.
- Talk to your doctor about all medicines, vitamins, herbs, and supplements you're taking. Some medicines can make it harder to pee.
- Avoid drinks with caffeine, alcohol, or citrus juices. These can irritate the bladder.

Bowel or bladder incontinence is when you can't control your bowels or bladder. This can cause leaking of urine or stool. Some people might have incontinence at certain times, like when laughing, sneezing, or coughing. Incontinence can be caused by a tumor, or by treatments such as surgery or radiation. It might also be caused by caffeine, alcohol, tobacco, an infection, a blockage, or other things that weaken the bowel and bladder muscles.

- Avoid tobacco, which can cause coughing and bladder irritation.
- Empty your bladder every 3 to 4 hours while awake, to help avoid accidents.
- Try to move your bowels at the same time every day. (This is sometimes called bowel training.) For example, try to go to the bathroom after meals, even if you don't feel like you need to go.
- Pelvic floor muscle exercises (sometimes called Kegels) can help you improve your bowel and bladder control. Talk to your cancer care team to help make sure you're doing the exercises the right way.

Many people with bowel or bladder incontinence can improve their symptoms by making diet changes, having a bathroom schedule, and making their pelvic muscles stronger. Ask your doctor if it might be helpful for you to work with a therapist for pelvic physical therapy. They can help you learn to do Kegels and other exercises to improve bladder control.

Sexual problems can be long-term side effects for some people. They might be things like hormone changes, vaginal dryness or tightness, pain during sex, or low desire for sex or intimacy.

- **Hormones or estrogens** can help with menopause symptoms or vaginal dryness. Not everyone can take hormones, so talk to your doctor to see if they might help you.
- **Vaginal moisturizers or lubricants** can help with dryness and stiffness (when the vagina can't stretch or move comfortably). Dryness and stiffness can make having sex painful. Moisturizers and lubricants are different, so talk to your doctor about which one might be best for you and your symptoms.
- **Vaginal dilators** can help with stiffness as well. A vaginal dilator is a tube used to stretch (dilate) the vagina. Even if you're not sexually active, things like pelvic exams will be more comfortable if the vagina can stretch.

Many people feel uncomfortable talking about these symptoms, so they don't bring them up with their cancer care team. But sexual side effects are common, and they can be managed.

Paying for treatment

Cancer care and treatment can make it hard to work and pay bills. Sometimes, there might be costs that your health insurance doesn't cover fully. Family or caregivers might also have to miss work to help you.

But there are resources to help people with cancer and their families. Ask your cancer care team if you can talk to a **social worker, patient navigator, or financial counselor**. They can help with things like insurance, transportation, housing, food, and other needs.

Here are some questions you may want to ask about paying for treatment:

- What are my out-of-pocket costs?
- How do I find out what my insurance will cover?
- What can I do if I don't have insurance?
- Are there payment plans or assistance programs?
- Do I need prior authorization from my insurance company?
- Where will I get treatment?
- Can someone help me complete FMLA (Family and Medical Leave Act) paperwork, if needed?

Keep track of all your medical bills and paperwork in case you need them in the future.

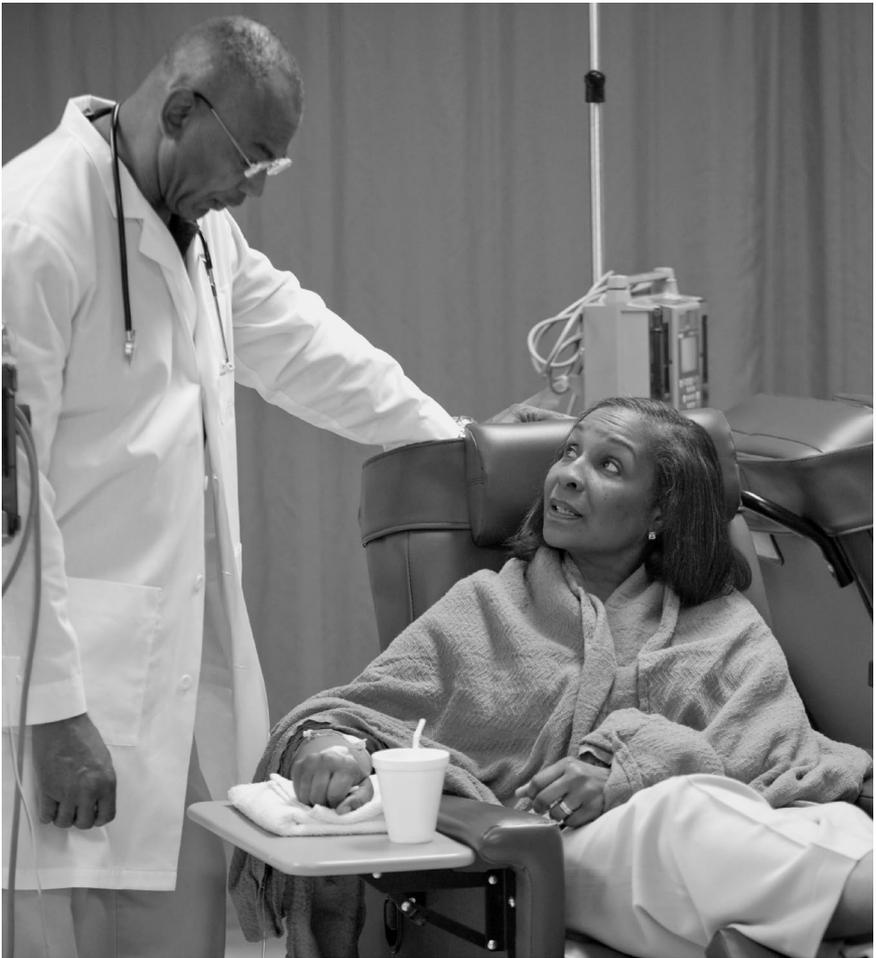
Mental health and distress

Cancer doesn't just affect a person's physical health. It can cause mental distress in many people. Mental distress includes stress and negative feelings that are severe and last for a long time. They can affect the way you think, feel, and cope with having cancer. Mental distress can make it hard to focus on treatment, making appointments, or even just doing the day-to-day things. It can also make physical symptoms like pain and nausea worse.

It's completely normal to have these thoughts and feelings, and you are not alone. It's important to talk about what's going on so your cancer care team, family, and friends can support you.

Studies show that people with cancer who get treatment for their mental distress have a better quality of life and longer survival times.

If you or someone you know is struggling or in crisis, help is available. Call or text 988 to speak with trained crisis counselors anytime.





This is a booklet about cervical cancer. It provides you information about:

- What cervical cancer is
- Common treatments
- Common side effects and how to manage them
- Information on paying for treatment
- Caring for your mental well-being
- Questions you might want to ask your cancer care team

To learn more about cervical cancer, visit the American Cancer Society website at cancer.org/cervicalcancer or call us at **1-800-227-2345**. We're here when you need us.



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