

Cervical Cancer

The cervix is the narrow lower third portion of the uterus, or womb, that opens into the vagina. Cervical cancer is one of the most curable types of cancer when it is diagnosed in its early stages and treated promptly. Changes in the cells of the cervix may be present for as long as 10 years before invasive cancer develops. Over the last 30 years, the death rate from cervical cancer has declined significantly, even though it is the **third** most common female reproductive system cancer and the **second** most common cause of death from gynecologic malignancy.

Cervical cancer is usually preceded by **dysplasia**, which is a change in the cells on the surface of the cervix. These abnormal cells can progress to invasive cancer. Cancer can progress through four stages defined by the extent of spread of the cancer.

Stages of invasive carcinoma of the cervix:

1. **Stage 1:** The cancer is strictly confined to the cervix.
2. **Stage 2:** The cancer extends beyond the cervix, but has not extended to the pelvis wall.
3. **Stage 3:** The cancer has extended to the pelvis wall.
4. **Stage 4:** Cancer has spread to other parts of the body.

Possible symptoms:

Early cervical cancer usually causes no symptoms and is not detected unless a woman has a pelvic exam and a pap test. Symptoms usually do not appear until abnormal cells become cancerous and invade nearby tissue. Advanced cervical cancer may include bleeding or vaginal discharge between menstrual periods, after intercourse, or after menopause. Menstrual bleeding may last longer and be heavier than usual.

Risk factors for cervical cancer:

- *History of multiple sexual partners.* A woman who has never been sexually active has a very low risk for developing cervical cancer.
- *Intercourse at an early age (17 years or less).*
- *Women with current or prior HPV (human papillomavirus) infection.*
- *Smokers and drug abusers.*
- *Women in lower socioeconomic groups unable to obtain regular gynecologic screening and care.*
- *Women whose immune system is compromised because of HIV, etc.*
- *Women who have previously had cervical dysplasia or cervical cancer.*

Prevention:

- Women should schedule a pap smear yearly after the age of 18 or when they become sexually active. The Pap test is a simple, painless test to detect abnormal cells in and around the cervix.
- Minimize your number of sexual partners.
- Use latex condoms during intercourse.

- Women who have had a hysterectomy (surgery to remove the uterus, including the cervix) should ask their physician's advice about having pelvic exams and pap tests.
- See your physician if you have symptoms such as bleeding between periods, bleeding with intercourse, or painful intercourse.

Treatment of cervical cancer:

Treatment depends on different factors such as the woman's age and overall health, the location and size of the tumor and stage of the disease, and whether the woman wants to have more children in the future.

Treatment may consist of the following:

- **Cryosurgery (freezing):** Performed with an instrument that freezes and destroys abnormal tissue.
- **Cauterization:** Burning, also called diathermy.
- **Laser Surgery:** Destroys the abnormal area without harming healthy tissue.
- **Conization:** Surgery to remove a cone-shaped piece of tissue from the cervix. Also called cone biopsy.
- **Hysterectomy:** An operation in which the uterus is removed.

Regular follow-up exams such as pelvic exams, pap tests and laboratory tests are important for any woman who has been treated for precancerous changes of the cervix.

**THE EDUCATION DEPARTMENT WOULD LIKE TO WISH EVERYONE A
HEALTHY AND PROSPEROUS NEW YEAR!!**

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