

Cervical Cancer

Cervical cancer occurs when cancer cells form in the cervix or the lower part of a woman's uterus. Cervical cancer is primarily caused by HPV (human papillomavirus) infections. While cervical cancer was once a leading cause of cancer-related deaths in women in the United States, the number of diagnoses and deaths have decreased dramatically in past decades due to access to early detection and vaccine prevention. It remains the most common preventable cancer for women in many countries around the world.

Statistics

- In 2024, **13,820 new cases** of cervical cancer were expected to be diagnosed in women in the United States.
- In 2024, **4,360 women** in the United States were expected to die from cervical cancer.
- About **0.7%** of women will be diagnosed with cervical cancer during her lifetime.
- In 2024, an estimated **1,450 Texas women** were expected to be diagnosed and **460** were expected to die from cervical cancer.
- **When detected early** before the cancer spreads from the primary site, there is a 5-year survival rate of **91%**.

Risk Factors

- **Human Papillomavirus (HPV):** Almost all cervical cancer cases are caused by an HPV infection, a sexually transmitted virus which can trigger changes in cell growth and in some cases, cause cervical cancer. People who have had multiple sexual partners are at an increased risk for HPV infection and may not even know they carry the virus.
- **Age:** Cervical cancer is most often diagnosed in women between the ages of 35 and 44.
- **Medical History:** Women with HIV, AIDS, a history of Chlamydia, or who are being treated for autoimmune diseases have a higher risk of cervical cancer, as do women with a family history of cervical cancer.
- **Smoking:** Female smokers have a doubled risk of cervical cancer compared to nonsmokers.
- **Oral Contraceptives:** Long-term use of birth control pills may correlate with risk of cervical cancer.
- **Childbirth:** Multiple childbirths can increase risk of developing cervical cancer. Women who have had more than three full-term pregnancies face a higher risk, as well as women who have had a full-term pregnancy before age 20.
- **Diet:** Women with diets low in fruits and vegetables may be at higher risk.
- **DES Exposure:** Women whose mothers took the anti-miscarriage drug DES before 1971 have increased risk.

Symptoms

The early changes related to cervical cancer may not come with warning signs; however, women may notice symptoms as the disease worsens. If any of the following symptoms or signs are present, women are encouraged to consult their physician for proper testing:

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| • Abnormal vaginal bleeding | • Bleeding after intercourse |
| • Abnormal vaginal discharge | • Pain in the pelvic area |
| • Painful intercourse | • Bleeding or spotting between periods |
| • Post-menopausal bleeding | • Longer or heavier periods |

Prevention

Young people (age 9 and up) can receive HPV vaccinations to prevent the types of infections that cause cervical cancer. HPV infections can also cause head and neck cancer and anal cancer, which can also be prevented by these vaccines. The vaccine is approved for adults through age 45. The vaccines may reduce a woman's risk of developing cervical cancer, but do not protect against pre-existing infections.

Early Detection

The most effective screening tool for cervical cancer is a Pap test, in which a cell sample is reviewed with a microscope. Women in their 20s should have a Pap test to screen for cervical cancer every three years, regardless of whether they have received the HPV vaccine. Women aged 30-65 should have a Pap test and DNA HPV test every five years or only a Pap test every three years to screen for cervical cancer. The DNA HPV test, given in conjunction with a routine Pap test, may identify existing HPV infections that could lead to cervical cancer. The U.S. Preventive Services Task Force also offers the option to screen with the high-risk human papillomavirus (hrHPV) test only, every five years. Physicians may recommend that women have more frequent screening if certain risk factors are present. Women over 65 should discuss previous test results and the risks and benefits of future screening with their physician. Women who have had a previous pelvic malignancy should consult with their physician regarding type and frequency of follow-up exams.

Treatment Options

Women with cervical cancer should consult with a gynecologic oncologist, a radiation oncologist and in some cases, a medical oncologist to determine their specific treatment needs. There are several treatment options for cervical cancer including chemotherapy, radiation therapy, targeted therapy, immunotherapy, surgery, and palliative medicine. Each method may be used alone or in combination with other treatments.

About Texas Oncology

With more than 550 physicians and 300 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Breast Specialists, Texas Center for Proton Therapy, Texas Colon & Rectal Specialists, Texas Imaging & Infusion Center, Texas Oncology Surgical Specialists and Texas Urology Specialists. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

Sources: American Cancer Society, Centers for Disease Control and Prevention, National Cancer Institute, U.S. Preventive Services Task Force, and World Health Organization



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