

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 infections. While cervical cancer was once a leading cause of cancer death for women in the United States, the number of diagnoses and deaths have decreased dramatically in past decades due to early detection and prevention and have now leveled off. It remains the most common preventable cancer of women in underdeveloped countries.

Statistics

- In 2019, 13,170 new cases of cervical cancer are expected to be diagnosed in women in the United States.
- In 2019, 4,250 women in the United States are expected to die from cervical cancer.
- When detected early before the cancer spreads from the primary site, women have a 92 percent five-year survival rate.
- About 0.6 percent of women will be diagnosed with cervical cancer during her lifetime.
- In 2019, an estimated 1,290 Texas women are expected to be diagnosed and last year 431 were expected to die.

Risk Factors

- **Human Papillomavirus (HPV):** Almost all cervical cancer cases are caused by an HPV infection, which can trigger changes in cell reproduction, and in some cases, cause cervical cancer. Women who have had many sexual partners face an increased risk for HPV infection.
- **Age:** Cervical cancer most often occurs 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 double their risk of cervical cancer, compared to nonsmokers.
- **Oral Contraceptives:** Long-term use of birth control pills may increase the 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 17.
- **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 and Signs

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

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

Tips for Prevention

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 beginning at age 21 and not before, regardless of whether they have received the HPV vaccine. Women age 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 recommends another 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 screening with their physician. Those women who have had a previous pelvic malignancy should consult with their physician regarding type and frequency of follow-up exams.

Girls and young women may also receive vaccinations to prevent the types of HPV infections that cause cancer. Three vaccines are approved by the U.S. Food and Drug Administration for use in females age 9-26, depending on the vaccine. In October 2018, the Gardasil 9 vaccine was approved for expanded use, up to age 45. The vaccines may reduce a woman's risk of cervical cancer, but HPV vaccines cannot protect against existing infections.

Treatment Options

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

Source: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, Texas Cancer Registry, and U.S. Food and Drug Administration



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