



Cervical Cancer Fact Sheet

Cervical cancer starts in the cells lining the cervix – the lower part of the uterus (womb). The number of cervical cancer cases has dropped by more than half in recent decades.

Risk Factors

Human papillomavirus infection by the human papillomavirus (HPV) is the most important risk factor for cervical cancer. Infection with HPV is common. The infection normally goes away on its own or doesn't cause any problems. HPV infections that don't go away can increase a person's risk for cervical cancer.

Other risk factors include: becoming sexually active at a younger age; having many sexual partners or a partner who has had many sexual partners (although many women who get cervical cancer have had only one sexual partner); smoking; having a weakened immune system; having a history of chlamydia infection; using oral contraceptives for a long time; having 3 or more full-term pregnancies; being younger than age 20 with a first full-term pregnancy; and being born to a woman who took diethylstilbestrol (DES) during pregnancy.

Prevention

Not all cervical cancers can be prevented. But depending on a person's age, overall health, and personal risk for cervical cancer, there are some things that can be done that may help reduce the risk.

- **HPV vaccination** Vaccines can help protect young people from infection with the types of HPV that can cause cervical and other cancers. HPV vaccination is recommended for boys and girls between **ages 9 and 12**.

Children and young adults **ages 13 through 26** who have not been vaccinated, or who haven't gotten all their doses, should get the vaccine as soon as possible. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages.

- **Regular screening** Screening is testing for a disease in people who have no symptoms. Regular screening for cervical cancer can help find changes in the cervix that can be treated before they become cancer.
- **Not smoking** can help reduce the risk of cervical pre-cancers and cancer.

Screening and Early Detection

The American Cancer Society recommends the following for people who have a cervix and are at average risk for cervical cancer:

- **Cervical cancer testing should start at age 25.** People under age 25 should not be tested. Cervical cancer is rare in this age group.
- **People between the ages of 25 and 65** should get a primary HPV test every 5 years. A primary HPV test is an HPV test that is done by itself for screening. If you cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years.

The most important thing to remember is to get screened regularly, no matter which test you get.

- **People over age 65** who have had regular cervical cancer testing in the past 10 years with normal (or “negative”) results should not be tested for cervical cancer. Your most recent test should be within the past 3 to 5 years. Those with a history of serious cervical precancer should continue to be tested for at least 25 years after that diagnosis, even if testing goes past age 65.
- **People who have had a total hysterectomy (removal of the uterus and cervix)** should stop testing unless the surgery was done to treat cervical cancer or a serious precancer.
- **People who have been vaccinated against HPV** should still follow the screening recommendations for their age group.

Signs and Symptoms

People with cervical precancers and early cervical cancer usually have no symptoms. Symptoms often do not start until the cancer becomes larger and grows into nearby tissue. When this happens, the most common symptoms are:

- Abnormal vaginal bleeding, such as bleeding and spotting between menstrual periods; having periods that are longer or heavier than usual; or bleeding after having sex, after menopause, or after douching
- Unusual discharge from the vagina, which may have some blood
- Pain during sex or pain in the pelvic region

Treatment

Treatment for cervical cancer depends on the type and stage of the cancer, special testing that might be done on the tumor, as well as the person’s age, other health problems, and personal choices. People who are diagnosed with cervical cancer should discuss all treatment options and make informed treatment decisions together with their doctors.

Living With Cervical Cancer

From the time a person is diagnosed with cervical cancer, quality of life is affected in some way. Different physical, social, psychological, spiritual, and financial issues can come up at any time during the cancer experience and after treatment is over.

Some types of cervical cancer can be serious. Palliative care is focused on helping to improve the quality of life and dealing with issues that people living with a serious illness might have. People with advanced cervical cancer may benefit from having palliative care at any time from the point of diagnosis, throughout treatment, and beyond.

Good communication between a person with cancer and their health care team is important and involves:

- Asking and answering questions
- Working together to set care goals
- Making shared decisions
- Managing side effects and other issues
- Making sure to schedule follow-up tests and care

To learn more, visit www.cancer.org/cancer/cervical-cancer.html.



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