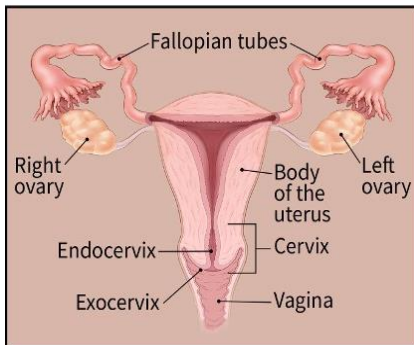


WHAT IS CERVICAL CANCER?

Cancer begins when cells in the body grow out of control. Cells in any part of the body can become cancer and spread.

Cervical cancer starts in the cells lining the cervix -- the lower part of the uterus. The cervix connects the body of the uterus to the vagina.



ABOUT CERVICAL CANCER

There are two main types of cervical cancer, named for the type of cell where the cancer started.

Squamous cell carcinomas begin in the thin, flat cells that line the bottom of the cervix. This type of cervical cancer accounts for about 80 percent of cervical cancers.

Adenocarcinomas develop in the glandular cells that line the upper portion of the cervix. These cancers make up about 20 percent of cervical cancers.

All women are at risk for cervical cancer, although it occurs mostly in women over 30.

Human papillomavirus (HPV) is the main cause of cervical cancer. HPV is a common virus that is passed from one person to another during sex. At least half of sexually active people will have HPV at some point in their lives, but few women will get cervical cancer.

SYMPTOMS

1. Abnormal vaginal bleeding, such as:
 - bleeding after vaginal sex
 - bleeding after menopause
 - bleeding and spotting between periods
 - Having (menstrual) periods that are longer or heavier than usual
 - Bleeding after douching or after a pelvic exam may also occur
2. An unusual discharge from the vagina which may contain some blood and may occur between your periods or after menopause
3. Pain during sex

Note: These symptoms may also be caused by something other than cancer: speak to your doctor to be sure.

WHAT ARE RISK FACTORS FOR CERVICAL CANCER?

- Previous contraction of HPV, HIV or Chlamydia
- Long term use of oral contraceptives (birth control) and IUDs
- Overweight
- Had three or more full-term pregnancies
- Has a family history of cervical cancer

REDUCE THE RISK OF CERVICAL CANCER

HARM REDUCTION

Using condoms can help prevent HIV and HPV. Both HIV and HPV can lead to weakened immune systems and therefore put one at a higher risk of contracting cervical cancer.

- HPV can be spread through sexual activity, including vaginal, anal, and oral sex
- HPV causes about 70% of cervical cancers worldwide
- Vaccinations for HPV only work to prevent contracting the disease but cannot treat it if it is already present

TESTING

Routine Pap Smears and other tests can help detect precancerous cells and reduce the chances of developing cervical cancer.

It is recommended to:

- Have a Pap Smear exam approximately every three years
- Have an HPV screening every five years after the age of 30

WHERE TO FIND FREE TESTING

Through the Cancer Services Program, New York State provides no cost breast, cervical and colorectal cancer screenings to men and women who:

- Live in New York State
- Do not have health insurance, or have health insurance with a cost share that may prevent a person from obtaining screening and/or diagnostic services
- Meet income eligibility requirement
- Meet age requirements (40 and older for Cervical Cancer)

STAGES OF CERVICAL CANCER AND TREATMENT OPTIONS

There are multiple treatments for cervical cancer at each of its stages. Treatment recommendations at earlier stages include the possibility of remaining fertile and having children.

STAGE 0 - CARCINOMA IN SITU (LOCAL, WITHIN BOUNDARIES)

This is known as pre-cancer. The cells in this stage have not grown past the surface.

Treatment options for squamous cell carcinoma in situ in this stage are:

- Cryosurgery
- Laser Surgery
- Loop electrosurgical excision procedure (LEEP/LEETZ)
- Cold knife conization
- Hysterectomy

Treatment options for adenocarcinoma in situ in this stage are:

- Hysterectomy
- Cone biopsy (for women who wish to have children)

STAGE IA1 - IIA

Treatment Options

Women who want to maintain fertility can have a cone biopsy if the edges of the cone do not contain cancer cells.

For those who do not, a hysterectomy can be performed. If the cancer has grown into the blood cells, a radical hysterectomy and removal of the pelvic lymph nodes may be necessary.

STAGES IB1 AND IIA1

Treatment options for women who want to maintain fertility include

- Radical trachelectomy with pelvic lymph node dissection

Treatment options for women who don't want to maintain fertility include:

- Radical hysterectomy with removal of lymph nodes in the pelvis and some lymph nodes from the para-aortic area

STAGES IB2 AND IIA2

Treatment options:

- Chemoradiation: This is usually the standard treatment
- Radical hysterectomy with pelvic lymph node dissection and para-aortic lymph node sampling: If cancer cells are found in the removed lymph nodes, or in the

edges of the tissue removed, surgery may be followed by radiation therapy

STAGE IIB - IVB

These are stages in which the cancer has spread and the only treatment available is chemoradiation.

Stage IVB is considered incurable.

RESOURCES AND SUPPORT PROGRAMS

[Gilda's Club NYC](#)

(212) 647-9700

[American Cancer Society](#)

(800) 227-2345

[BOLD: Bronx Oncology Living Daily Program](#)

(718) 430-2380

[Young Adults with Cancer](#)

(212) 712-8029

[CancerCare](#) runs support groups for several populations

800-813-HOPE (4673)