

WHAT IS CERVICAL CANCER?

The cervix is the lower part of the uterus that opens into the vagina. When the cells in the lining of the cervix begin to divide and grow uncontrolled, a tumor results. Squamous cells, the thin, flat cells that form the cervix surface, are the cells that most often become cancerous. They represent 85-90% of cervical cancers. About 16,000 women each year are diagnosed and 4,800 of these women will die from cervical cancer.

CERVICAL CANCER TESTS:

Different tests are available to the physician to detect how far the cervical cancer has spread when the cancer is found in a pap test. Cystoscopy and proctosigmoidoscopy are two procedures used to find the spread of cervical cancer with the patient under anesthesia during a pelvic exam. With cystoscopy, the bladder is examined with a thin, lighted instrument. Proctosigmoidoscopy inspects the rectum and lower part of the larger intestine. Intravenous pyelogram is a series of x-rays to check the kidneys and bladder. A CAT scan is also a series of x-rays put together by a computer to create a detailed image of the body that can search for the cancer. Using magnetic resonance imaging (MRI), a magnet linked to a computer takes pictures of the body to find the location of the cancer.

*For more information,
please contact:*

AMC Cancer Research Center's
Cancer Information & Counseling Line
1-800-525-3777

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CERVICAL CANCER



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WHAT ARE THE RISK FACTORS?

- **Human Papillomavirus (HPV) infection**

This is the biggest risk factor in contracting cervical cancer. Although there are over 70 types of HPVs that cause warts on any part of the body, certain types of HPVs are passed through sexual contact and can develop into cervical cancer.

- **Age**

Women from the ages of 50-55 have the highest chance of developing cervical cancer.

- **Race/Ethnicity**

African Americans have twice the death rate from cervical cancer than other races. Cervical cancer death rates among Native Americans and Hispanics are higher than Caucasians.

- **Oral Contraceptives**

Long-term use of oral contraceptives has been statistically shown to slightly increase the risk of contracting cervical cancer.

- **Smoking**

Research has proven that smoking can contribute to cervical cancer.



Remember:

Early detection of cervical cancer can save your life.

SYMPTOMS:

Abnormal bleeding, such as an unusually heavy and long-lasting period, bleeding after menopause, sexual intercourse, a pelvic exam, douching, and bleeding between menstrual periods are symptoms of cervical cancer. Another symptom of cervical cancer is an increase in vaginal discharge.



PAP SMEAR: THE FIRST DEFENSE

A woman should have her first pap test when she becomes sexually active or when she turns 18. In a pap test, cells are taken from the cervix and upper vagina to examine for abnormal changes. Taken annually along with a pelvic exam, this test can detect precancerous cells that can be immediately treated to prevent cervical cancer.

TREATMENT:

Surgery

Surgery involves removing the cancerous tissue from the cervix. It can be as simple as removing the cancer on the surface of the cervix to having a hysterectomy that removes the entire uterus.

Radiation Therapy

Using high-energy rays, the cancer cells are destroyed. There are two types of radiation. External radiation, using a large machine, requires 5 weeks of outpatient treatment. The internal radiation inserts a radioactive substance onto a woman's cervix, leaving it there for 1-3 days. This is repeated for 1-2 weeks with the patient remaining at the hospital.

Chemotherapy

When the cervical cancer has moved to other parts of the body, one or a combination of drugs are used to kill the cancer cells. These drugs can be taken orally or intravenously and are given in cycles of treatment and recovery periods.

For more information, contact your physician.