

do you know your risk for **CERVICAL CANCER?**

Risks

- Early onset of sexual activity
- Multiple sex partners
- History of abnormal genital cytology (Pap Smear)

Recommendations

- Annual Pap Smear unless specifically directed by physician
- HPV vaccination of females 9-11 before onset of sexual activity

Cervical Cancer FAQs

What is Cervical Cancer?

Cervical cancer (or cervix cancer) is cancer of the cervix. The cervix is the lower part of the uterus (womb), which opens into the vagina

How common is cervical (cervix) cancer?

The American Cancer Society estimates that in 2008, about 11,070 women in the United States will develop cervical cancer and about 3,870 will die from it. Worldwide, cervical cancer is the second-most-common type of cancer that strikes women – behind only breast cancer.

The good news is that the number of American women with cervical cancer has decreased about 75 percent in the past 50 years - largely thanks to the Pap test.

What causes cervical cancer?

“High-risk” types of the human papillomavirus (HPV) have been shown to be the cause of cervical cancer.

Most women will get one or more types of “high-risk” (potentially cancer-causing) HPV at least once in their lives. The body’s immune system usually fights off the infection, and most women with HPV never suffer from any problems as a result.

In some women, however, the infection does not go away. When the virus stays active in the body for a long period of time, cervical cells may begin to change and the risk of cervical cancer increases.

Are there other causes of cervical cancer?

High-risk types of the HPV virus are the cause of cervical cancer.

However, other factors can increase the likelihood that an HPV infection develops into cervical cancer:

- Exposure while in the womb to a medication called diethylstilbestrol (DES), which was prescribed to many women to prevent miscarriage between 1938 and 1971.
- Infection with chlamydia or herpes simplex virus type 2 (both different types of sexually transmitted diseases).

- A first-degree relative (mother or sister) with a history of cervical cancer, which the International Journal of Cancer reports increases personal risk three-fold.
- Conditions that weaken the body's immune system, such as HIV/AIDS.
- Smoking, which interferes with the body's ability to fight off infection. [In fact, one study showed that smokers are 60 percent more likely to develop cervical cancer, and former smokers are 12 percent more likely.
- Low levels of folic acid (a type of Vitamin B).

There also are some data that suggest that long-term use of oral contraceptives (10 or more years) may increase the risk of some types of cervical cancer.

What can you do to prevent cervical cancer?

The best way to protect yourself is to get screened regularly with both the Pap and HPV tests. Together, these tests determine if you are likely to have or to develop abnormal cells that could become cervical cancer if not treated. If your Pap looks abnormal, and/or HPV testing shows you have an infection with a high-risk type of the virus that has not gone away, your doctor, nurse or other healthcare professional can perform an additional exam called a colposcopy to determine if any abnormal cells need to be removed.

Meanwhile, you can help strengthen your body's defenses by not smoking. Some evidence also suggests that it helps to take a folic acid supplement (a type of Vitamin B), like women do when they are pregnant.

How long does it take for cervical cancer to develop?

Once cervical cells begin to change, it typically takes 10-15 years before invasive cervical cancer develops. As the cells change, they first become "pre-cancerous" - a condition also known as "dysplasia" or CIN - the abbreviation for cervical intraepithelial neoplasia.

If detected early, dysplasia can be treated before the cells become cancerous.

What are the symptoms of cervical cancer?

Symptoms do not always occur when cervical cancer develops.

However, when they do, they may include:

- Unusual vaginal discharge or bleeding (especially after sexual intercourse).
- A lower back pain.
- Painful urination (particularly when there is also pain in the lower abdomen).
- Pain during sex.

Remember: These symptoms can have a number of causes. They do not necessarily mean you have cervical cancer. Talk to your doctor or nurse if you have any of these symptoms.

How is cervical cancer diagnosed?

Cervical cancer is diagnosed through a series of exams, typically beginning with a Pap and HPV test, followed by a colposcopy (in which a lighted, magnifying instrument is used to examine your cervix) and biopsy (in which a sample of tissue is removed for analysis in a laboratory).

How is cervical cancer treated?

If you are diagnosed with cervical cancer, your physician(s) will discuss the best treatments with you.

Treatment options depend on the following:

- The stage of the cancer.
- The size of the tumor.
- Your age.
- Your desire to have children.

Treatment typically involves one or more of the following:

- Surgery to remove the uterus (hysterectomy)
- Radiation therapy, in which high-energy x-rays or other types of radiation are used to kill the cancer cells. Radiation therapy can be delivered using a machine positioned outside the body to bombard the cancer, or through a radioactive substance sealed in a wire, catheter or other device and then placed in the body in or near the cancerous area.
- Chemotherapy, which uses drugs to stop the growth of cancer cells. Chemotherapy can be taken by mouth, or injected into a vein, muscle, spinal column, organ or body cavity.
- Note that if a woman is pregnant when diagnosed with cervical cancer, the treatment will depend on the stage of the cancer and of the pregnancy. For cervical cancer found in its early stages, or for cancer diagnosed during the last trimester of pregnancy, treatment may be delayed until after the baby is born.

What is the chance of recovery from cervical cancer?

The prognosis (chance of recovery) depends on factors such as:

- The stage of the cancer (whether it affects part of the cervix, involves the whole cervix or has spread to the lymph nodes or other places in the body).
- The size of the tumor.

HPV FAQs

What is HPV?

The human papilloma (pronounced “pap-ah-LO-mah”) virus, also called HPV, is a common virus that most people get at one point during their lives.

There are more than 100 types of HPV. They usually don’t cause any problems. However, when they do, the most frequent result is the common wart, such as those seen on the hands and feet. About 30 of these HPV types affect the genital area. They are divided into two groups:

- **“Low-risk” types of HPV**
There are about 12 types of HPV that are called “low-risk” because they cannot cause cervical cancer. They can, however, cause genital warts or minor cell changes on the cervix that go away on their own. If you think you have genital warts, talk to your doctor to find out about treatment options.
- **“High-risk” types of HPV**
There are more than a dozen types of “high-risk” HPV that can cause harmful changes in the cervix. The cervix is the lower part of the uterus (womb), which opens into the vagina. These abnormal cell changes, called dysplasia or CIN (the abbreviation for cervical intraepithelial neoplasia), may gradually develop into cervical cancer if not treated.

In most cases, the body’s immune system fights off or suppresses the virus before dysplasia or cancer develops. The Centers for Disease Control and Prevention (CDC) estimates that 70 percent of new HPV infections (including those that are “high risk”) go away within one year, and 91 percent are gone within two years. It’s only when high-risk types of HPV stay “active” that the risk of developing dysplasia and cervical cancer increases significantly.

Women who have a persistent infection with high-risk HPV are 200-plus times more likely to develop pre-cancerous cervical disease.

Can HPV cause any other kinds of cancer besides cervical cancer?

Cervical cancer is by far the most significant concern. However, high-risk types of HPV also have been linked to less-common cancers of the vagina, vulva, anus and, in men, penis. Some research also has suggested a link between high-risk types of HPV and other cancers, such as oral (mouth and throat) cancer. However, these other HPV-related cancers are still being investigated and are thought to be relatively rare.

How common is HPV?

The Centers for Disease Control and Prevention (CDC) has reported that as many as 80 percent of women will get a genital type of HPV by the age of 50. However, most of those infections go away or are suppressed by the body within one to two years, without causing any problems that require treatment.

How do you get HPV?

The types of HPV that cause genital warts, abnormal cervical cells (dysplasia) and/or cervical cancer are spread from person to person through sex or intimate skin-to-skin (genital) contact. Condoms provide some protection; however, they cannot prevent infection completely, because they do not cover all areas of the genital region.

It is important to know that while having more than one sexual partner may increase the risk of getting HPV, it is possible to get the virus from just one person. In fact, it is estimated that 8 of 10 women will catch the virus at some time by the age of 50.

It also is important to remember that even women who have had only one sexual partner for many years need to be screened for abnormal cells that can turn into cervical cancer. This is because HPV may remain dormant in the cervical cells for a long period and not be detected. If this occurs, the virus is inactive and thus won't cause any problems – unless it re-activates, perhaps due to changes in your body's immune system. It is impossible to determine exactly when you acquired an HPV infection or how long you have been infected.

Can you get HPV through oral sex?

This is a question that is still being researched. Some studies have found that 25-35% of oral (mouth and throat) cancers are linked to high-risk types of HPV. However, in light of the widespread practice of oral sex, the American College of Obstetricians and Gynecologists considers the spread of HPV through this route to be rare.

How often does HPV cause cervical disease?

In one study conducted by the National Cancer Institute (NCI), four percent of women who were found through testing to have high-risk HPV developed advanced, pre-cancerous cervical disease in the following three years. When watched for 10 years, about seven percent of the women developed advanced cervical disease. However, if a woman happens to have high-risk HPV type 16 or 18, which can be determined by some laboratories, those percentages are higher. In the NCI study just mentioned, about 10 percent of women with HPV type 16 or 18 developed CIN 3 within three years, and 20 percent did so in 10 years.

What can you do to protect yourself from HPV and its effects?

The U.S. Food and Drug Administration (FDA) recently approved the first vaccine designed to protect against four types of HPV; the two that most commonly cause cervical cancer, and two others that cause most genital warts. The agency approved the use of the vaccine, called Gardasil®, for girls and young women age 9-26. However, the FDA cautioned that “females are not protected if they have been infected with HPV types prior to vaccination, indicating the importance of immunization before potential exposure to the virus” – in other words, prior to a woman's first sexual relationship.

However, even immunized women can still be infected with one of the HPV types that are not targeted by the vaccine. Thus, and for many other reasons as well, it's a good idea to:

- Limit your number of sexual partners
- Use condoms if you are not in a monogamous relationship. Condoms do not protect completely against HPV and other sexually transmitted infections.

In addition, there are some other steps you can take to reduce the chance that an HPV infection will persist, causing abnormal cells to form:

- Don't smoke, because that can prevent the body's immune system from working effectively.

- Take a folic acid supplement - like the ones recommended for pregnant women – along with your multi-vitamin. One recent study found that women with higher levels of folate – a type of B vitamin – were less likely to get a new HPV infection. And if an HPV infection already exists, it was less likely to persist.

After you get HPV, will it go away? Or will you have it forever?

Medical science does not yet have all the answers to life's mysteries, and this is one of them. It is not known whether the body is actually able to get rid of the virus altogether, or - as appears to happen in at least some women -- the infection is merely suppressed. The good news is that whichever scenario is true, a negative HPV test means you are risk-free for the next few years. However, that also means that periodic re-testing is needed to make sure that an old HPV infection hasn't "re-activated," or that you haven't been exposed to a new, different type of the virus.

Can men get HPV too?

Men get HPV just like women do. As with women, men usually have no symptoms, unless the HPV virus begins to cause abnormal changes in skin cells. However, although HPV infection has been linked to cancer of the penis and anus, these cancers are very rare in men. For this reason, as well as because a good, reliable way to collect a sample of male genital skin cells that would allow detection of HPV has yet to be discovered, there is currently no FDA-approved HPV test for men.

Are lesbians at risk of getting HPV?

Yes. Remember, HPV can be passed through intimate skin-to-skin contact as well as intercourse. Thus, if either woman has ever had sex or other intimate contact with a man, she can get HPV and possibly pass the virus to her partner.

How is HPV different from other sexually transmitted diseases (STDs)?

Unlike STDs such as herpes or gonorrhea:

- HPV by itself is not a disease. HPV is a very common viral infection, affecting up to 80 percent of women by the age of 50.
- HPV infections usually go away or are suppressed by the body, without causing any lasting problems.
- Evidence suggests that after you get a particular type of HPV, you become immune to it and cannot be re-infected with that same type again.

What are the symptoms of HPV?

"Low-risk" types of HPV don't usually cause any symptoms at all. However, they sometimes cause genital warts. They may also cause mild cell changes on the cervix; however, these do not cause any noticeable symptoms and go away on their own, without needing treatment.

"High-risk" types of HPV also do not usually cause any symptoms you can notice or that need to be treated. That is because the infection usually does not stay "active" very long. However, if infection with high-risk types of HPV does persist, abnormal cell changes may develop in the cervix. These cell changes can lead to more serious disease if not detected and treated early. That's why it is important to be screened regularly with both the Pap and HPV tests.

When symptoms of cervical disease do occur, they may include:

- Unusual vaginal discharge or bleeding (especially after sexual intercourse).
- Lower back pain.
- Painful urination (particularly when there is also pain in the lower abdomen).
- Pain during sex.

Remember: These symptoms can have a number of causes. They do not necessarily mean you have cervical cancer. Talk to your doctor or nurse if you have any of these symptoms.

Can HPV be treated?

Antibiotics or other currently available medicines cannot treat HPV infection. The virus usually goes away or is suppressed by the body without causing any problems. However, there is treatment if the virus causes genital warts or pre-cancerous cells on the cervix. That's why regular screening with a Pap smear and HPV test is so critical. With early treatment of pre-cancerous cells, cervical cancer can be prevented before it has a chance to develop.

Should you tell your sexual partner(s) if you have HPV?

If you are tested for HPV and are told by your physician, nurse or other healthcare provider that you have the virus, it is your own, personal decision whether to tell your partner. It is important to remember that most adults will get one or more types of HPV at some point in their lives. Chances are, your partner was already exposed to HPV by the time your infection was detected. Likewise, it is impossible to know for certain from whom you got the HPV virus in the first place. You could have been exposed in another relationship months or years earlier, and the infection may have been dormant in the meantime. In addition, if your partner is a male, you should be aware that there is currently no FDA-approved HPV test for men. Thus, there is no way to determine whether he has the virus. Fortunately, serious, HPV-related health problems also are relatively rare in men.

Does HPV interfere with a woman's ability to get pregnant?

Having HPV does not interfere with a woman's ability to become pregnant.

Can a mother with HPV pass the virus to her child?

The federal Centers for Disease Control and Prevention (CDC) says it's possible for the HPV virus to be passed from mother to child during birth, but it is "rare." In fact, the agency estimates this occurs in no more than 1.1 cases per 100,000 children. In these extremely infrequent cases, the HPV infection is found in the infant's respiratory tract, which can lead to wart-like growths -- most commonly, on the larynx. Early diagnosis and care are key.

A specific cause for cervical cancer has been discovered: the human papillomavirus (HPV). In most cases, HPV infections are not "active" long enough to cause problems. However, if an infection with a "high-risk" type of HPV persists, abnormal cells may develop - and turn into cervical cancer if not detected and treated early.

But there is good news. A simple test can determine if you have high-risk HPV and need to be examined more carefully. The Pap smear may not find abnormal cells until cancer has developed. That's why experts now recommend that women 30 and over (when risk of cervical cancer is highest) get the HPV test along with their Pap.

The HPV Test

Key Points For women

Key points on how to get the HPV test to take control of your own health, for women age 30 and older.

1. The decision to get an HPV test is one that you can make for yourself.
2. If you decide you want the test after reviewing this Web site and other information, call your doctor's or nurse's office before your next exam and ask for the HPV test along with your Pap. (In other words, tell the office you want to have the HPV test no matter what your Pap result is.)
3. If your doctor or nurse isn't aware that the HPV test has been approved for routine screening (all women age 30 and older), or if he/she thinks the Pap is enough, it's OK to say you want the HPV test "for extra peace of mind."
4. Most insurance companies pay for routine HPV testing, along with a Pap, for women 30 years of

The HPV Vaccine

With the introduction of the first HPV vaccine, the dream of eliminating cervical cancer is increasingly within reach. Cervical cancer is the only type of cancer for which there is one, specific cause - certain “high-risk” types of HPV. HPV is a very common virus that normally doesn’t cause any problems. But in some women, the infection stays active long enough to cause abnormal cells to form, which can then develop into cervical cancer. With the HPV test, we can identify which women are at risk and need to be monitored. And now, the vaccine will allow many HPV infections to be prevented from occurring in the first place. However, even with a vaccine, women will still need a regular Pap and - depending on their age - the HPV test. That’s because:

- The protection offered by the vaccines is incomplete. There are roughly 15 types of the HPV virus that can cause cervical cancer. Gardasil is designed to protect against two types of the virus that are responsible for 70 percent of all cervical cancers. However, they cannot fully protect women against the remaining 30 percent of cervical cancers that are caused by other “high-risk” types of HPV.
- The vaccines cannot protect everyone. HPV is transmitted through intimate (sexual) skin-to-skin contact. Thus, to be fully effective, current research suggests that the vaccine should be given before girls become sexually active. In other words, the ideal time to get the vaccine is during adolescence. (The FDA has approved use of Gardasil in girls and young women age 9-26. However, the agency also stated that “females are not protected if they have been infected with HPV types prior to vaccination, indicating the importance of immunization before potential exposure to the virus” - in other words, prior to a woman’s first sexual relationship.)
- It is not known whether a “booster” vaccine shot will be needed later in life to ensure continued protection.

Both vaccination and screening are essential tools in the fight against cervical cancer, with the best routine for each woman depending on her age and personal history. You should discuss your particular situation with your doctor or nurse. Although official guidelines that include vaccination have yet to be developed, these general recommendations are emerging from the experts:

Cervical Cancer Prevention Guidelines*

Adolescent girls

Individuals most likely to benefit from the HPV vaccine are young girls/adolescents (starting at the age of 9), who are not yet involved in sexual relationships.

Women younger than 30 years

Women should start getting an annual Pap test about three years after they have sexual intercourse for the first time, or by age 21 -- whichever comes first. If the lab cannot be sure whether a woman’s Pap result is normal or abnormal (called an inconclusive or ASC-US Pap), an HPV test also is recommended.

In addition, some women may choose to get the HPV vaccine. The FDA has approved use of the vaccine in women up to the age of 26, based on available safety and efficacy data. However, the benefit has not yet proven in women who already are sexually active, since they may have been exposed to one or both types of “high-risk” HPV the vaccine protects against.

Women age 30 or older

This is the age group most at risk of developing cervical cancer. Thus, screening with both the Pap and the HPV test offers extra peace of mind. If the results of both the HPV and Pap tests are normal, the HPV test only needs to be repeated once every three years. That’s because the risk of missing a woman at risk when both tests are normal is just one in a thousand.

** Developed from the 2006 "Educate the Educators" slides titled "HPV and the HPV Vaccines Program," produced by the American Society for Colposcopy and Cervical Pathology (ASCCP).*

A note about men:

Males get HPV too and can pass the virus to women. However, the FDA has not approved the use of Gardasil for boys or men. There are currently no data demonstrating that the vaccine can protect them from getting genital warts or developing HPV-related cancers (such as cancer of the penis, which is rare), or that it can prevent transmission of the virus to women.

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