Cervical Cancer Fact Sheet

Cervical Cancer in the US[1]

Cervical cancer incidence rates have declined by more than half in recent decades, largely due to the widespread uptake of regular screening. Because cervical precancers have no signs or symptoms – and early cervical cancer rarely has any – it's important for people with a cervix to have regular cervical cancer screening.

Risk Factors[1, 2, 3]

HPV. Almost all cervical cancers are caused by persistent infection with HPV. HPV-16 and HPV-18 are the subtypes most associated with invasive cervical cancer.

Other Risk Factors

- Becoming sexually active at a young age and having many sexual partners
- Smoking
- Immunosuppression, including HIV infection
- Chlamydia infection (past or current)
- Long-term use of oral contraceptives
- Having 3 or more full-term pregnancies
- Young age at first full-term pregnancy
- Intrauterine diethylstilbestrol (DES) exposure
- A family history of cervical cancer
- Lower socioeconomic status

Screening and Detection[1, 4, 5, 6]

Screening is a process used to test for cancer in people who have no symptoms. The American Cancer Society recommends the following for early detection in people who have a cervix and are at average risk for cervical cancer:

- **Cervical cancer screening should start at age 25.** Cervical cancer is rare in this age group.
- **People ages 25 to 65** should get screened with a primary HPV test every 5 years. A primary HPV test is a test that is done by itself for screening. If a primary HPV test is not available, screening should be done with a co-test (an HPV and Pap test) every 5 years or a Pap test every 3 years.
- **People ages 66+** who have had regular cervical cancer screening in the past 10 years with negative results, with the most recent test occurring in the past 3 to 5 years, should stop getting screened. People who have a history of serious cervical precancer should continue to be screened for 25 years after that diagnosis, even if screening goes past age 65.
- **People who have had a total hysterectomy** should stop screening, unless it was done as a treatment for cervical precancer or cancer.
- **People who have been vaccinated against HPV** should still follow these guidelines.

Signs and Symptoms[2, 3]

Precancers and early cervical cancers often have no symptoms. Once abnormal cells become cancerous and invade nearby tissue, the most common symptom is abnormal vaginal bleeding, which may start and stop between regular menstrual periods or cause menstrual bleeding to last longer or be heavier than usual. Bleeding may also occur after sexual intercourse, douching, a pelvic exam, or menopause. Increased vaginal discharge, pain during intercourse, and pain in the pelvic region may also be symptoms.

Prevention[2, 4, 5, 7]

The two most important preventive strategies for cervical cancer are HPV vaccination and regular screening.

- Vaccines that protect against high-risk HPV subtypes, as well as anal and genital warts, are routinely recommended for boys and girls ages 9 to 12. Children and young adults age 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 in people who have no symptoms can help prevent cervical cancer through detection and treatment of precancerous lesions.
- Using condoms during sex may provide some protection from HPV infection.
- Not smoking is another way to help reduce the risk of cervical precancer and cancer.

Treatment[3, 5]

- **Precancers:** Precancerous cervical lesions may be treated with a loop electrosurgical excision procedure (LEEP); cryotherapy; laser ablation; or conization.
- **Cancers:** Invasive cervical cancers are generally treated with surgery or radiation combined with chemotherapy. Chemotherapy alone is often used to treat advanced disease. Immunotherapy or targeted therapy may be options for metastatic or recurrent cancer.

Cervical Cancer in the US:

2020 estimates[1]

- New cases: 13,800
- Deaths: 4,290
- 5-year relative survival rate for localized stages: 92%
- 5-year relative survival rate for all stages combined: 66%

Quality of Life[5, 8]

Cervical cancer survivors often express concern about fertility and sexual changes; guilt if they have delayed screening or treatment, or for doing things that may have caused the cancer; fear of recurrence; chronic and/or acute pain; fatigue; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden their cancer may have on finances and loved ones.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis, during treatment, and until the end of life. Throughout a patient's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References

1. American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta. American Cancer Society; 2020. Accessed at http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html on January 14, 2020.
2. American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2019-2020*. Atlanta. American Cancer Society; 2019. Accessed at http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures-2019-2020.pdf on January 14, 2020.
3. American Cancer Society. Cervical Cancer. 2020. Accessed at https://www.cancer.org/cancer/cervical-cancer.html on January 14, 2020.
4. Smith RA, Andrews KS, Brooks D, et. al. Cancer screening in the United States, 2019: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA Cancer J Clin*. 2019; 69:184-210.
5. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Cervical Cancer, Version 1.2020. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf on January 14, 2020.
6. Fontham, ETH, Wolf, AMD, Church, TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. CA Cancer J Clin. 2020. https://doi.org/10.3322/caac.21628
7. Saslow D, Andrews KS, Manassaram-Baptiste D, et al. Human papillomavirus vaccination 2020 guideline update: American Cancer Society guideline adaptation. *CA Cancer J Clin*. 2020; DOI: 10.3322/caac.21616.
8. Brown CG, ed. *A Guide to Oncology Symptom Management. 2nd ed*. Pittsburgh, PA: Oncology Nursing Society; 2015.