

How long will the effects last?

If abnormal cells are found, diagnosed, and treated early, there is an excellent chance of complete cure. If left untreated, the cancer may spread to surrounding structures such as lymph nodes and nearby pelvic tissues. As the tumor enlarges or spreads beyond the cervix, the likelihood of cure decreases. However, recent studies have shown that combined treatment with radiation and chemotherapy adds years to the lives of women with invasive cervical cancer.

If cervical cancer recurs, it most often occurs within the pelvis.

How can I take care of myself after treatment?

Consult your doctor for instruction regarding intercourse, douching, or using tampons.

Frequent exams and Pap smears will be recommended to look for early signs of recurrence. Keep all follow-up appointments.

If your ovaries have stopped functioning as a result of treatment, your doctor may recommend estrogen replacement therapy.

What can be done to help prevent cervical cancer?

Several measures can be taken to reduce your risk of cervical cancer:

- ♀ *Do not start having sexual intercourse until you are at least 18 years of age.*
- ♀ *Minimize your number of sexual partners and be aware that to minimize your risk, your partner should have had as few partners as possible. Ask your partners if they have had any sexually transmitted diseases.*
- ♀ *Use latex condoms every time you have sexual intercourse, particularly if you or your partner has had many previous partners.*

Cervical Cancer is one of the leading killers of women worldwide, including Antigua & Barbuda

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Stop smoking.

Maintain good personal hygiene.

If you are or have ever been sexually active, you should have regular gynecological checkups, including a Pap smear. This test should be done soon after the first time you have sexual intercourse and every 12 months thereafter.

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Generally you should have a Pap smear every year. Your health care provider will recommend how often you should be tested based on your risk factors for cervical cancer. If you have one or more risk factors, you should have a Pap smear at least once a year.

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If you have symptoms such as vaginal discharge, bleeding between periods, bleeding with intercourse, or painful intercourse, see your health care provider right away.

Information contained in this booklet is meant for informational purposes only and should not substitute the visit to your doctor nor his/her advice for your health care.

Accuracy of the content is current to the date of printing.

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Cervical
Cancer



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What is cervical cancer?

The cervix is the neck of the uterus that opens into the vagina. Cervical cancer, also called cervical carcinoma, develops from abnormal cells on the surface of the cervix. Cervical cancer is one of the most common cancers affecting women.

Cervical cancer is usually preceded by dysplasia, precancerous changes in the cells on the surface of the cervix. These abnormal cells can progress to invasive cancer. Once the cancer appears it can progress through four stages. The stages are defined by the extent of spread of the cancer. The more the cancer has spread, the more extensive the treatment is likely to be.

How does it occur?

The exact causes of cervical cancer remain unclear.

There are 2 main types of cervical cancer:

Squamous type (epidermoid cancer): This is the most common type, accounting for about 80% to 85% of cervical cancers. This cancer may be caused by sexually transmitted diseases. One such sexual disease is the human papillomavirus, which causes venereal warts. The cancerous tumor grows on and into the cervix. This cancer generally starts on the surface of the cervix and may be diagnosed at an early stage by a Pap smear.

Adenocarcinoma: This type of cervical cancer develops from the tissue in the cervical glands in the canal of the cervix.

You are at greater risk for cervical cancer if:

- ♀ You have had an abnormal Pap smear.
- ♀ You or your sexual partner has or had a human papillomavirus (HPV) infection, or genital warts.
- ♀ You have had a herpes infection of the cervix.
- ♀ You have had a sexually transmitted disease (STD).
- ♀ You have had many sexual partners or began sexual activity before age 18.
- ♀ You do not use condoms with new partners.
- ♀ You had previous genital or vaginal cancer.
- ♀ Your sexual partner's previous partner had cervical cancer or abnormal cervical cells.
- ♀ Your sexual partner has or had cancer of the penis.
- ♀ You smoke cigarettes.
- ♀ Your immune defenses are low, such as in the case of people with transplants, people taking immunosuppressive drugs, or people with AIDS.

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Your mother took the hormone DES (diethylstilbestrol) when she was pregnant with you.

What are the symptoms?

Early cervical cancer usually causes no symptoms. The cancer is usually detected by a Pap smear and pelvic exam. This is why you should start having Pap smears and pelvic exams as soon as you become sexually active. Healthy young women who have never been sexually active should

Pap smear:
cells are scraped from the cervix and examined under a microscope to check for disease or other problems



have their first annual pelvic exam by age 18.

Later stages of cervical cancer cause abnormal vaginal bleeding or a bloodstained discharge at unexpected times, such as between menstrual periods, after intercourse, or after menopause. Abnormal vaginal discharge may be cloudy or bloody or may contain mucus with a bad odor. Advanced stages of the cancer may cause pain.

How is it diagnosed?

Your doctor will do a Pap smear. For this test, your provider uses a small spatula and brush to gently scrape cells from the cervix. The cells are spread across a glass slide. The slide is sent to a lab where the cells are examined.

Your Pap smear may show cells that are:

- ♀ normal
- ♀ mildly abnormal
- ♀ precancerous
- ♀ cancerous.

Mild abnormalities detected by the Pap smear will most likely return to normal with minimal or no treatment. However, you should have follow-up Pap smears every few months as recommended by your doctor to make sure the cells have returned to normal.

If the Pap smear reveals more significant abnormalities, your health care provider will want to look at the cervix with a colposcope. A colposcope is a special type of micro-

scope that allows your doctor to examine the vagina and cervix. During the exam, a sample of the abnormal tissue may be taken by cutting off a tiny piece of the cervix (a biopsy) or by taking scrapings from the lining of the cervical canal (endocervical curettage). The samples are sent to the lab to test for cancer cells.

If your Pap smear is normal but your doctor sees an area of the cervix that does not look normal in a pelvic exam, your provider may biopsy the area. Sometimes Pap smears do not pick up abnormal cells.

The earlier cervical cancer is diagnosed and treated, the greater the chances are that your ability to have children can be preserved.

How is it treated?

The early precancerous changes can usually be treated easily with:

- ♀ laser surgery
- ♀ cryosurgery (freezing treatments)
- ♀ electrocautery (burning with a wire)
- ♀ surgery to remove precancerous tissue.

Discuss the advantages and disadvantages of these treatments with your doctor.

Cancer on the surface of the cervix is called cancer in situ of the cervix. Possible treatments for this type of cervical cancer are:

- ♀ cone biopsy of the cervix, which is removal of a cone-shaped piece of the cervix with a surgical knife, laser, or wire loop
- ♀ hysterectomy, which is removal of the uterus.

Treatment of invasive cervical cancer depends on the extent of the cancer, your age and general health, and the risk that it will spread to other parts of the body. If the invasive cancer is small and involves only the cervix or uterus, your doctor may recommend removing the uterus and cervix, upper vagina, and some surrounding tissue in the pelvis. The ovaries are usually removed also, but on rare occasions they are not removed so your normal hormone function may be preserved. (If your ovaries are removed, you may take estrogen after the surgery.) For more advanced cervical cancer, you may have combined radiation and chemotherapy.