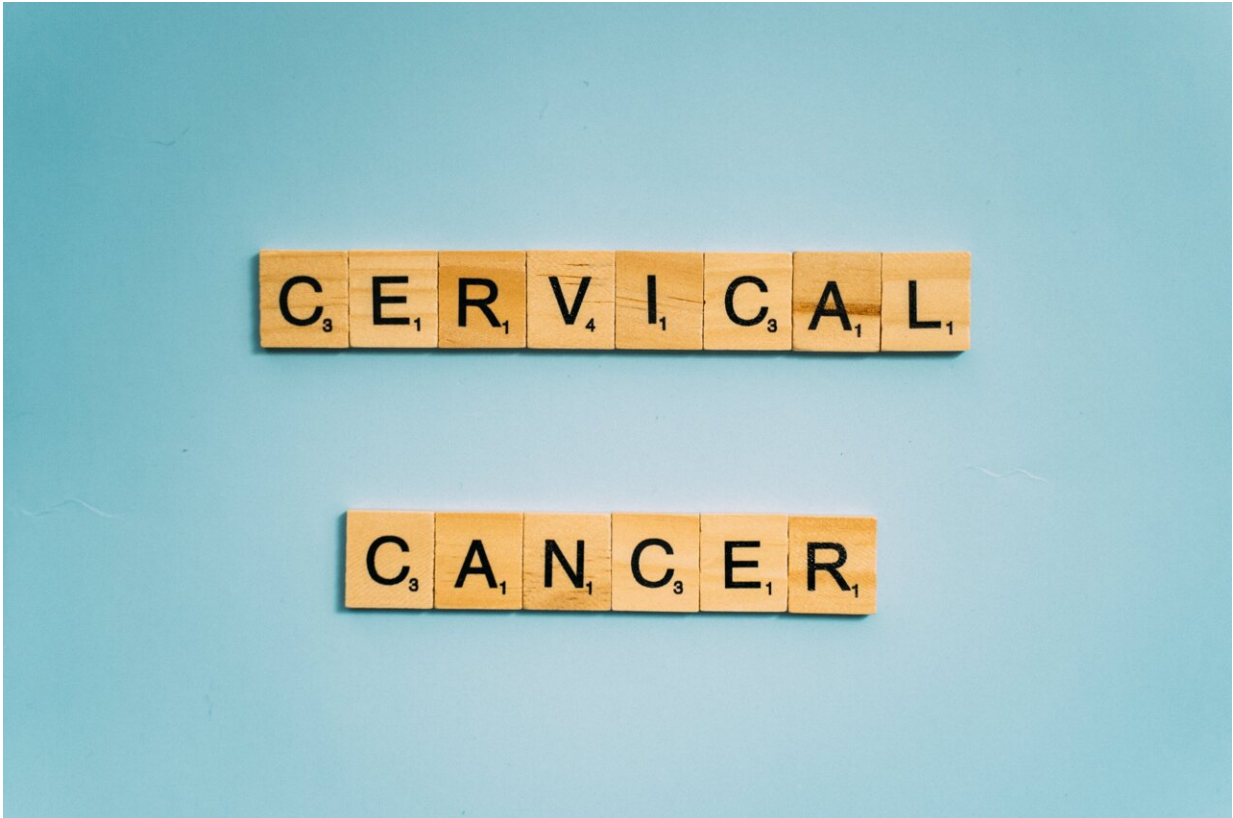


What to know about cervical cancer

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Credit: Anna Tarazevich from Pexels

Part of the reproductive system, the cervix connects the vagina to the uterus, also known as the womb. By collecting cervical cells (called the Pap smear after the scientist who pioneered the screening test in the mid-1900s), cancer can be detected even at an early stage.

While cervical cancer may cause symptoms of bleeding or pain, it often does not cause any symptoms, especially in early stages. That's why Pap smears typically are recommended every three years for women ages 21 to 65.

For women who are 30 and up, Pap smears may be recommended every five years, combined with testing for HPV infection. Pelvic examination with assessment of the cervix and other gynecologic structures, such as the vagina, vulva, urethra, anus, uterus and ovaries, can be easily performed in years when a Pap smear is not due.

HPV is the most common cause of cervical cancer. It is a frequent viral infection transmitted sexually through skin-to-skin contact. To help protect from cancer in the future, an HPV vaccine is available for males and females starting at ages 9 to 11. The vaccine is approved by the Food and Drug Administration for people ages 9 to 45.

Treatment for cervical cancer will depend on many factors. For early-stage cervical cancer, a surgery called a total hysterectomy to remove the cervix and uterus may be considered. A hysterectomy may be performed through a cut in the lower part of the belly. Or a hysterectomy can be done through a cut in the vagina. Minimally invasive procedures, such as with robotic-assisted or [laparoscopic surgery](#) using long, thin surgical instruments passed through small cuts in the belly also are options.

However, removing the uterus means pregnancy no longer is possible. Some surgical procedures, such as a trachelectomy (cervix removal), can preserve the uterus and fertility options.

For cervical cancer that has advanced but has not spread to other parts of the body, chemotherapy and radiation—delivered internally, externally or both—are typically recommended.

Medications are available for advanced cervical cancer that is continuing, keeps coming back or has spread. Targeted therapy called bevacizumab often is used in combination with other medicines. For patients who test positive for PD-L1—a type of protein that stops the [immune system](#) from attacking cancer—an immunotherapy called pembrolizumab also may be used.

So-called "second-line treatments," such as tisotumab vedotin-tftv, given after earlier treatments have been unsuccessful, also are available and showing improved overall response rate.

While all treatments have benefits and risks, these treatments hold promise for enhanced long-term outcomes for patients with advanced and recurrent cervical cancer.

Measures to reduce risk of developing cervical cancer:

- Ask your health care team about an appropriate Pap test routine for you depending on your age and individual factors.
- Consider the HPV vaccine. The HPV vaccine is approved by the FDA to age 45. Are you up to date on your vaccines?
- If you are sexually active, practice safe sex by using condoms and limiting sexual partners.
- If you smoke, work hard to quit. Your health care team can point you to a variety of resources to stop tobacco use. Research shows women who smoke are twice as likely to get [cervical cancer](#).

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