



# Cervical Cancer Fact Sheet

## for Health Care Professionals



### Cervical Cancer in the US<sup>1</sup>

Cervical cancer incidence rates have declined by more than half in recent decades, largely due to the widespread use of regular screening. Because precancers and early cervical cancers rarely have signs or symptoms, it's important for people with a cervix to have regular cervical cancer screening.

### Risk Factors<sup>1, 2</sup>

**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 increases risk, although many people diagnosed with cervical cancer have only had one sexual partner.
- Smoking
- Immunosuppression, including HIV infection
- Chlamydia infection (past or current)
- Long-term use of oral contraceptives
- Having three or more full-term pregnancies
- Young age at first full-term pregnancy (earlier than age 20)
- Intrauterine diethylstilbestrol (DES) exposure
- A family history of cervical cancer
- Lack of access to adequate health care services, including cervical cancer screening

### Screening and Detection<sup>1, 3, 4</sup>

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 under age 25.
- **People ages 25 to 65** should get screened with a primary HPV test\* every five years. If a primary HPV test is not available, screening should be done with a co-test (an HPV and Pap test) every five years or a Pap test every three years.

*\*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.*

- **People over age 65** who have had regular cervical cancer screening in the past 10 years with negative results, with the most recent test occurring in the past three to five 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<sup>1, 2</sup>

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 <sup>2, 3, 4</sup>

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 all children regardless of gender 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 do so as soon as possible. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages.
- The American Cancer Society does not recommend HPV vaccination for people older than age 26.
- Regular screening in people who have no symptoms can help prevent cervical cancer through detection and treatment of precancerous lesions.
- Using condoms during sex cannot prevent all HPV infection but may provide some protection from HPV infection.
- Not smoking is another way to help reduce the risk of cervical precancer and cancer.

## Treatment <sup>2, 4</sup>

Treatment options are based on the tumor subtype, stage, and molecular characteristics, along with patient comorbidities. Surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy drugs, either in combination or alone, are common treatments that might be used. Visit [cancer.org/cancer/cervical-cancer](https://www.cancer.org/cancer/cervical-cancer) to learn more about treatment options for the different types of cervical cancer.

## Cervical cancer in the US:

### 2023 estimates<sup>1</sup>

- New cases: 13,960
- Deaths: 4,310
- 5-year relative survival rate for localized stages: 92%
- 5-year relative survival rate for all stages combined: 67%

## Quality of Life <sup>4, 5</sup>

Common issues affecting quality of life for people with cervical cancer include 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 through treatment, and until the end of life. Throughout a person's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

## References

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