

CERVICAL CANCER AWARENESS MONTH

The United States Congress designated January as Cervical Cancer Awareness Month. This is a chance to raise awareness and teach women how to protect themselves from the Human Papilloma Virus (HPV). HPV is a very common sexually transmitted infection and is usually the cause of almost all cervical cancer. HPV is a group of more than 200 related viruses, some of which are spread through the vagina, oral or anal sex. There are two types of sexually transmitted HPV low risk and high risk.

Low Risk HPV – cause no disease, but a few low risk HPV types can cause warts around or on the genital, anus, mouth or throat.

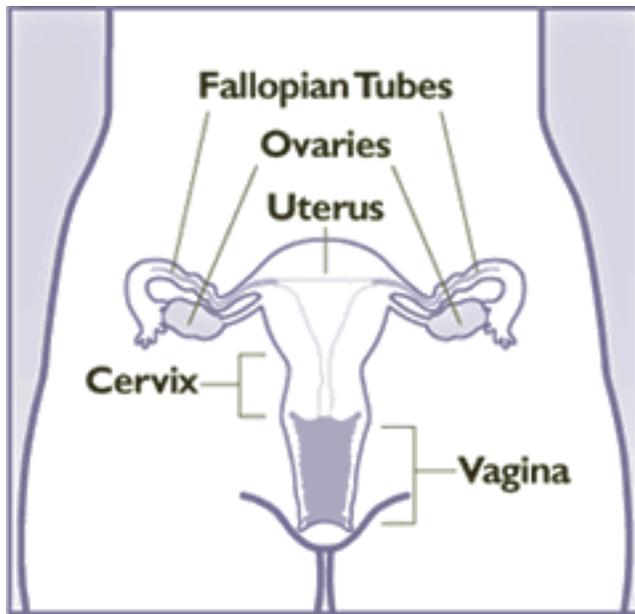
High risk HPV can cause several types of cancer.

HPV infection is common. Nearly all sexually active people are infected with HPV within months to a few years of being sexually active. Approximately half of these infections are with high-risk HPV type. Males and females can become infected with HPV and develop HPV related cancers (cancer.gov)

HPV Vaccine Recommendation

- Routine vaccination age 11 or 12 years but can be started at age 9
- Vaccination for everyone through age 26 if not adequately vaccinated when younger. Vaccination is given in a series of two to three doses depending on age of first vaccination
- Vaccination is not recommended for everyone older than age 26 years. Some adults 27 through 45 years might decide to get the HPV vaccine after discussion with their health care provider (Centers for Disease Control and Prevention.gov CDC)

Approximately 79 million Americans presently have HPV many of whom are unaware of the infection (healthfinder.gov). Cervical cancer was once a leading cause of cancer death for women in the United States but with present screening and preventative measures its impact has decreased. It is stated that about 13,500 women in the United States are diagnosed with cervical cancer and more than 4,200 die from the disease each year. Cervical cancer is among a number of cancers that can be caused by several pathogens such as viruses, bacteria and parasites (American Association for Cancer Research AACR).



Cervical cancer starts in the cells lining the cervix which is the lower part of the womb sometimes called the uterine cervix. The cervix connects the body of the uterus to the vagina. Cervical cancers start from cells with pre-cancerous changes but only some women with these changes will develop cancer. Most women with pre-cancerous cell changes will have the condition disappear without treatment. Some women with pre-cancerous cells do turn into invasive cancer. Treating all cervical pre-cancers can prevent almost all cervical cancers (American Cancer Society ACS)

RISK FACTORS – (ACS))

- HPV – almost all cases of cervical cancer are caused by certain types of HPV. Some types of HPV cause genital warts and some cause cancer. HPV is the most common infection that spreads through any type of sexual contact.
- Smoking – women who smoke are twice as likely as non smokers to get cervical cancer. Tobacco byproducts have been found in the cervical mucosa of women who smoke
- Weakened immune system – Human immunodeficiency virus (HIV). The immune system is extremely important in slowing the growth and spread of cancer cells
- Chlamydia infection –common bacterial infection of the reproductive system spread through sexual contact. Most times the women are symptom free and the infection is detected during a pelvic exam testing for chlamydia.

- Diet low in fruits and vegetables – increased risk for cervical cancer
- Overweight
- Long term use of oral contraceptives (birth control pills)
- Intrauterine device (IUD)
- Multiple full-term pregnancies – 3 or more full term pregnancies. Studies have pointed to hormonal changes during pregnancy as possible making women more at risk to HPV infection or cancer
- Younger than 17 years old with first full term pregnancy – these women are almost 2 times more likely to get cervical cancer when they age than if they had their first child 25 years or older
- Economic status – many low-income women do not have easy access to adequate health care services
- Diethylstilbestrol (DES) hormonal drug given to some women during 1940 – 1971 to prevent miscarriage
- Family history of cervical cancer – sometimes familial trait if mother or sister has cervical cancer your chances are higher of developing the cancer

Prevention – there is no way to completely prevent cancer but there are things to do that can lower your risk. Some women believe you should stop screening if you are no longer having children. this is false, continue using the ACS screening recommendations.

Screenings – this means getting tested before you have any symptoms. The ACS recommends the following –

- Pap tests/Papa smears
- HPV tests
- Cervical cancer screening should begin at age 25.
- Those aged 25 to 65 should have a primary HPV testing doe every 5 years. If primary HPV testing unavailable a co-test that combines HPV test with a PAP test every 5 years or a PAP test only every 3 years.
- People over 65 years who have had regular screening in the past 10 years with normal results and no serious diagnosis within the past 25 years should stop cervical cancer screening.
- Once cervical cancer screening has stopped it should not be started again. People who have been vaccinated against HPV should still follow these guidelines for their age

- HPV vaccine can prevent HPV
- Cervical cancer can be prevented with regular screenings and follow-up
- Women who have had total hysterectomy should stop screening unless the hysterectomy was done for cervical pre-cancer. Women who had hysterectomy but the cervix remain should continue screening as was stated above
- Women who have had HPV vaccine should still follow the recommended screening

Although annual screening should be done, women with abnormal screening may need a follow up Pap test with HPV test done in 6 months or a year. Follow your health care provider recommendations. The cervical cancer death rate dropped significantly with the Pap test screening but the death rate has not changed much over the past 15 years

Signs and Symptoms – early cervical cancers and pre-cancer patients usually have no symptoms. Symptoms often do not appear until the cancer is larger and grows into nearby tissue leading to some common symptoms

- Abnormal vaginal bleeding which occur after having vaginal sex, post menopausal bleeding, bleeding or spotting between menses, menses longer or heavier than usual. Bleeding after douching
- Unusual vaginal discharge
- Pain during sex
- Pain the pelvic region

Advanced Disease

- Swelling of the legs
- Problems urinating or having a bowel movement
- Blood in the urine (ACS)

Treatment

- Surgery – cryosurgery cold metal probe is placed directly on the cervix, kills the cells by freezing them. Laser surgery focused laser beam directed through the vagina and used to burn off abnormal cells. .Conization - cone shaped tissue removed from the cervix. Simple or total hysterectomy
- Radiation Therapy – high energy x-rays or radioactive particles to kill cancer cells

- Chemotherapy – anti cancer drugs given by mouth or injected into a vein
- Targeted Therapy – specifically targets changes in the cancer cells. Some prevent new blood vessels from forming to nourish the cancer cells.
- Immunotherapy – drugs used to stimulate the the immune system to recognize and destroy cancer cells (ACS)

Cervical Health Awareness month can make a difference as we use this opportunity to educate and spread the word about important ways women can stay healthy. Women must be encouraged to get their well-woman visit this year. Most insurance plans must cover well-woman visit. Stress to parents the importance of getting their pre-teens (boys and girls) the HPV vaccine (healthfinder.gov). Most cervical cancers can be prevented by regular screening and accurate follow up. Remember if detected early cervical cancer is one of the most successfully treatable cancers.