

# Cervical Cancer

Information for people with cancer

**This information should not be used to diagnose yourself or in place of a doctor's care.**

Cervical cancer starts in the cervix. The cervix is part of the reproductive system. It is the narrow, lower part of the uterus (womb) that connects to the vagina. It is about 2.5cm (1 inch) long.

The cervix makes mucus that cleans and lubricates the vagina. During childbirth, the cervix widens to allow the baby to pass from the uterus into the vagina.

Cervical cancer may also be called cancer of the cervix, carcinoma of the cervix or cervical squamous cell carcinoma (SCC).

Pre-cancerous changes to the cervix are called dysplasia, cervical intraepithelial neoplasia (CIN) or squamous intraepithelial lesion (SIL). These are changes that may eventually become cancer.

## Diagnosis and Staging

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### What are the signs and symptoms of cervical cancer?

People with early stage cervical cancer often do not have any symptoms.

As the cancer advances, some common symptoms are:

- Spotting: spots of blood from the vagina, other than a normal menstrual period.
- Bleeding after intercourse (having sex).
- Discharge from the vagina, more or different than usual.

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

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## How is cervical cancer diagnosed?

Tests that may help diagnose cervical cancer include:

- **Pap test:** [www.bccancer.bc.ca/screening/cervix/get-screened/what-is-cervical-screening](http://www.bccancer.bc.ca/screening/cervix/get-screened/what-is-cervical-screening)
- **Colposcopy:** a specialist doctor will use a microscope called a colposcope to look for abnormal cells in your cervix and vagina. This test is used to confirm the diagnosis from the Pap test.
- **Biopsy:** a small amount of tissue is removed. A specialist (pathologist) will examine the tissue to see if it is cancer. This may be done during the colposcopy.
- **Other tests you may need:**
  - **Blood tests**
  - **Chest X-ray or CT (computed tomography) scans:** to see the tumour and if the cancer has spread.
  - **Cystoscopy:** a doctor uses a cystoscope (a tube with a camera and light on the end) to look at your bladder and the tube that carries urine (pee) out of your bladder. This is done to see if the cancer has spread to your bladder. The doctor may take a biopsy if they find a suspicious area.
  - **Sigmoidoscopy:** a doctor uses a sigmoidoscope (a tube with a camera and light on the end) to look at your rectum and the lower part of your large intestine. This is done to see if the cancer has spread to your rectum or lower part of your large intestine. The doctor may take a biopsy if they find a suspicious area.

For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: [bccancer.libguides.com/pathfinder-screening](http://bccancer.libguides.com/pathfinder-screening)

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## What are the types of cervical cancer?

- Squamous cell carcinomas make up about 75% (75 out of 100) of cervical cancers.
- Adenocarcinoma cervical cancers are less common.
- Rare types of cervical cancer include mixed adenosquamous carcinomas and small cell carcinomas.

## What are the stages of cervical cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

### Cervical cancer staging:

- **Stage 0:** Pre-cancer. Tumour is only on the surface tissue of the cervix. Sometimes called CIN (Cervical Intraepithelial Neoplasia).
- **Stage 1A:** Tumour is only in the cervix and can only be seen with a microscope.
  - **Stage 1A1:** Tumour is no more than 3 mm deep and no more than 7 mm wide.
  - **Stage 1A2:** Tumour is more than 3 mm deep but not more than 5 mm deep. Tumour is not more than 7 mm wide.
- **Stage 1B:** The tumour is only in the cervix and can be seen without a microscope, or tumour can only be seen with a microscope but is bigger than a Stage 1A tumour.
  - **Stage 1B1:** Tumour is less than 4 cm wide.
  - **Stage 1B2:** Tumour is more than 4 cm wide.

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- **Stage 2A:** The tumour has spread outside of the cervix and the uterus but has not grown into the lower part of the vagina or into the walls of the pelvis. Tumour has not grown into the tissues next to the cervix and uterus.
  - **Stage 2A1:** Tumour is less than 4 cm wide.
  - **Stage 2A2:** Tumour is more than 4 cm wide.
- **Stage 3A:** Tumour has spread to the lower part of the vagina but not into the wall of the pelvis.
- **Stage 3B: One or more of the following:**
  - Tumour has grown into the wall of the pelvis.
  - Tumour is blocking a ureter (tube that carries urine, or pee, from your kidney to your bladder) which makes your kidney larger than it should be (hydronephrosis) or stops the kidney from working properly.
- **Stage 4:** The tumour has spread outside of the pelvis into the bladder and rectum, or the cancer has spread to other parts of the body (distant metastasis).

For more information on staging, see our About Cancer page:

[bccancer.bc.ca/health-info/types-of-cancer/about-cancer](http://bccancer.bc.ca/health-info/types-of-cancer/about-cancer)

### What are the grades of cervical cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing. A pathologist will give the cancer a grade after looking at the cells under a microscope. Cervical cancer can be grade 1, 2 or 3. The lower the number, the lower the grade.

**Low grade:** cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

**High grade:** cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

The grade of the cancer can help your health care team plan your treatment.

## Treatment

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### What is the treatment for cervical cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different from what is listed here.

Treatment for cervical cancer depends on the stage of the cancer.

### Stage 0

#### Loop Electrosurgical Excision (LEEP)

- A fine wire loop electrode is used to remove the abnormal cells.
- Done in a doctor's office or clinic, with a local anesthetic (freezing).
- Small risk of causing future pregnancy problems.

#### Laser

- A high-energy beam of light is used to kill the abnormal cells.
- Done in a clinic. You do not need local anesthetic.
- Very precise treatment. There are very few side effects to the normal tissue surrounding the abnormal cells.
- You may feel heat or warmth briefly during the procedure.
- You will heal faster compared to other treatments.
- Unlikely to affect your fertility or ability to get pregnant.
- Not recommended if you are pregnant.
- If your doctor wants you to have a biopsy, this treatment may not work for you.

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## Cone biopsy (conization)

- A cone-shaped sample of tissue is removed from the cervix using a scalpel or laser.
- Used for treatment when the pre-cancerous cells are too far up the cervical canal to be reached with other methods.
- Usually done as a hospital day surgery with local anesthetic.
- Small risk of causing future pregnancy problems.

## Hysterectomy

- A surgeon removes your cervix, uterus and sometimes your fallopian tubes and ovaries.
- An option for some people, including those who have other gynecological conditions or who do not want future pregnancies.
- Simple hysterectomy: only uterus and cervix are removed.
- Radical hysterectomy: uterus, cervix, upper part of the vagina and nearby ligaments that support your uterus are removed. Lymph nodes in your pelvis are also removed.

## After treatment of pre-cancers with laser, cone biopsy, LEEP

- You may feel menstrual-like cramps after treatment. You can use aspirin, ibuprofen or a similar mild pain medication.
- You will likely have a bloodstained or yellow-coloured vaginal discharge for several weeks after the treatment.
- To prevent infection while your cervix heals, do not put anything into your vagina. No tampons, no douches. You should not have intercourse for several weeks after treatment.
- Contact your doctor if you have heavy bleeding, bleeding with clots, fever, or pain that gets worse and does not go away.

## Stage 1 – 2A

### Surgery

- If you may still want to become pregnant in the future, a cone biopsy may be an option for you.
- **Simple hysterectomy:** only uterus and cervix are removed.
- **Radical hysterectomy:** uterus, cervix, upper part of the vagina and nearby ligaments that support your uterus are removed. Lymph nodes in your pelvis are also removed.

### Radiation therapy (uses high energy x-rays to kill or shrink cancer)

- May be the main treatment or may be used with surgery.
- Given in two different ways:
  - **External beam:** radiation is given by a machine from outside of your body.
  - **Brachytherapy:** radioactive seeds are put into your body and the seeds give the radiation.

For more information about radiation therapy go to:

[bccancer.bc.ca/our-services/treatments/radiation-therapy](http://bccancer.bc.ca/our-services/treatments/radiation-therapy)

## Stage 2, 3, 4

### Radiation therapy

- Usually the main treatment. See above.

### Surgery

- May be needed if there is still cancer after the radiation therapy.

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## Systemic therapy (chemotherapy)

- An option if cancer has spread to other parts of your body or the cancer comes back (recurrence).
- May be used with radiation therapy.

For more information about systemic therapy go to:

[bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

## What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Guidelines for follow-up after treatment are on our website:  
[www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/uterine-cervix#Follow-up-Uterine-Cervix](http://www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/uterine-cervix#Follow-up-Uterine-Cervix)
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- After treatment, you may return to the care of your family doctor or specialist for regular follow-up. If you do not have a family doctor, please talk to your BC Cancer health care team.
- **Follow-up schedule and tests:**
  - You should see your doctor for a pelvic and rectal exam every 3-4 months for the first 2 years after treatment.
  - For the next three years, you should see your doctor for a pelvic and rectal exam every 6-12 months.
  - Five years after treatment, you should continue to see your doctor for a pelvic and rectal exam once per year.
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: [bccancer.bc.ca/lifeaftercancer](http://bccancer.bc.ca/lifeaftercancer)



## More Information

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### What causes cervical cancer and who gets it?

These are some of the risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer start growing.

- Anyone who has a cervix and has ever been sexually active (sexual touching or intercourse) is at risk of cervical cancer.
- Almost all cervical cancers are caused by certain types of the Human papillomavirus (HPV).
  - There are more than 100 types of HPV and about 40 can infect the genital area. About 15 types of genital HPV can cause cervical cancer.
  - HPV is one of the most common sexually transmitted infections (STIs). Most adults have HPV some time in their lives. It usually goes away within 24 months without any problem.
  - In some people, the dysplasia (abnormal cells caused by HPV) does not go away. Over time, these abnormal cells in the cervix can change into cervical cancer.
- Risk factors for HPV infection:
  - Starting sexual activity at a young age
  - Having multiple sexual partners
  - A sexual partner who has had multiple partners
  - Not using condoms or barrier methods to lower your risk of STIs
- Risk factors for HPV infection leading to cervical cancer:
  - Weakened immunity, for example because of HIV / AIDS, or drugs taken for an organ transplant
  - Smoking

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- Cervical cancer is probably not affected by heredity (family or genetic history).
- Cervical cancer can start to develop at a younger age than many cancers and affects people over a wide age range. Most people diagnosed with cervical cancer are between the ages of 30 and 60.

## Statistics

- **B.C.:** [www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type](http://www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type)
- **Canada:** [www.cancer.ca/en/cancer-information/cancer-type/cervical/statistics/?region=bc](http://www.cancer.ca/en/cancer-information/cancer-type/cervical/statistics/?region=bc)

**Note:** Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

## Can I help prevent cervical cancer?

Here are some things you can do to lower your risk of cervical cancer:

- **Get regular sexual health screening:** This is important for people who are sexually active.
- **Practice safe sex:** Use a condom or barrier method every time you have vaginal, anal or oral sex.
- **Get vaccinated against HPV (human papillomavirus):** It is best to get the HPV vaccine before becoming sexually active. However, people who are already sexually active may still benefit from the vaccine. There is more information on the Immunize BC website: [immunizebc.ca/diseases-vaccinations/hpv](http://immunizebc.ca/diseases-vaccinations/hpv)

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- **Stop smoking.** Do not smoke and try not to be around tobacco and cigarette smoke. Even if you have been using tobacco for many years, quitting will lower your risk of getting cancer. Support is available to help you quit smoking.
  - Visit the BC Cancer Tobacco and Cancer Prevention page: [www.bccancer.bc.ca/health-info/prevention/tobacco](http://www.bccancer.bc.ca/health-info/prevention/tobacco)

## Is there screening for cervical cancer?

- You can prevent cervical cancer by getting regular Pap tests. A Pap test is the screening test for cervical cancer. It will find pre-cancerous and cancerous cells in your cervix before you have any symptoms: [www.bccancer.bc.ca/screening/cervix/get-screened/what-is-cervical-screening](http://www.bccancer.bc.ca/screening/cervix/get-screened/what-is-cervical-screening)
- When abnormal cells are removed before cancer develops, the cure rate is 100% (all cases).
- For cancer limited to the surface tissue of the cervix, the cure rate is 80 – 90% (80-90 out of 100).

## Where can I find more information?

- If you have questions about cervical cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page: [bccancer.bc.ca/our-services/services/library](http://bccancer.bc.ca/our-services/services/library)
- BC Cancer Library Cervical Cancer pathfinder: [bccancer.libguides.com/pathfinder-cervical](http://bccancer.libguides.com/pathfinder-cervical)
- Managing Your Symptoms: <http://www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects>
- Emotional Support: [www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support](http://www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support)