

PATIENT EDUCATION HANDOUT

Cervical Cancer Screening

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WHAT IS CERVICAL CANCER?

Cancer can develop anywhere atypical cells divide without regulation (in an uncontrolled manner). In women, this can occur on the uterine cervix, which connects the vagina and uterus.

The cancer can lead to tumor formation on the cervix and, as it advances, the cancer can enter local organ structures or spread outside the reproductive system.¹ The American Cancer Society estimates that in 2022, there will be about 14,100 new cases and 4,280 women will die from cervical cancer.¹ Cervical cancer can occur in women at any age but is more common after age 40.

Risk factors for cervical cancer include the following²:

- Family history of cervical cancer
- Multiple sexual partners (or having sexual partners who have multiple sexual partners)
- Early age at which you first had sex (especially younger than 18 years old)
- Prior history of dysplasia (abnormal changes in the cells) on the cervix, vagina, or vulva
- Family history of cervical cancer
- Smoking
- Sexually transmitted infections
- Being immunocompromised
- Exposure to diethylstilbestrol (DES) before birth (having a mother who took a medication known as DES while pregnant)
- Infection with human papillomavirus (HPV)

Cervical cancer may cause no symptoms at all. However, here are some common symptoms of cervical cancer²:

- Abnormal bleeding, spotting, or watery discharge from the vagina
- Pelvic pain
- Problems with urination
- Swollen legs

WHAT IS HUMAN PAPILLOMAVIRUS?

Human papillomavirus is a virus that spreads through vaginal, anal, or oral sex and can lead to changes within the cells in your body. Many HPV infections are asymptomatic,¹ meaning, they don't cause symptoms, but over time they can result in abnormal changes to your cells. This can develop into cervical cancer as well as anal, vulvar, penile, or head and neck cancers.² Many sexually active people will have a genital HPV infection in their lifetime. In 2013–2014, high-risk genital HPV was found in about 45% of adults.³ Some types of HPV are more likely to lead to cancer than others. Lower-risk HPV types can lead to genital warts.

You can protect yourself against HPV through vaccination. Vaccination works best if a person completes the series of vaccines before sexual activity begins. It is still helpful before a person is sexually active and potentially exposed to HPV and can also be given after a person has been sexually active. People can get vaccinated for HPV at any time, from ages 9–26 (it has been FDA approved for people up to 45 years old). The ideal age for HPV vaccination is around 11–12 years old. The vaccine requires 2 doses given 6–12 months apart.⁴

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HOW DO YOU SCREEN FOR CERVICAL CANCER?

Cervical cancer is a slow-growing cancer. Precancerous cell changes can be detected with regular screening. Deaths from cervical cancer have dropped significantly because of the increased use of the Pap test.¹ A Pap test looks for abnormal cells in the cervix. Pap tests can also be combined with an HPV test that detects high-risk HPV types, which are associated with an increased risk of cervical cancer. Regular screening can detect precancerous changes and lead to early intervention. Cervical cancer screening can be done by your family medicine or primary care doctor or by your obstetrician-gynecologist.

THE SCREENING GUIDELINES ARE BELOW⁵:

If you are less than 21 years old: no screening.

If you are 21–29 years old: Pap test every 3 years.

If you are 30–65 years old:

- Pap test and HPV test every 5 years.
- Pap test only every 3 years.
- HPV test only every 5 years.

If you are older than 65: no screening.

Exceptions to the screening guidelines are as follows:

- If you are immunocompromised, have HIV, have a history of cervical cancer, or were exposed to DES before birth, you may need more frequent screening.
- If you have had a hysterectomy with removal of the cervix (complete hysterectomy) and ...
 - have a history of cervical cancer or moderate-to-severe cervical changes, you should continue screening for 20 years after your surgery; or
 - have no history of cervical cancer or cervical changes, you do not need screening.

WHAT CAN I EXPECT DURING A PAP TEST?

You will begin by lying down on your back on the exam table and placing your feet in the stirrups at the end of the table and relaxing your knees outward. Your doctor will insert a speculum with lubricant into your vagina to hold the vaginal walls open. This will allow the doctor to see your cervix and use a small brush to collect cells from your cervix.

If you have any questions before your Pap test, be sure to ask your doctor.

UNDERSTANDING YOUR CERVICAL CANCER SCREENING RESULTS

Normal is normal! Follow the screening guidelines above for the next time you should screen again.

There are many ways a Pap smear and HPV test could come back as abnormal. An HPV test may come back positive. With a Pap smear, if any abnormal cells are found, they may fall into the following categories⁶:

- Atypical squamous cells of undetermined significance (ASC-US)
- Low grade squamous intraepithelial lesion (LSIL)
- High grade squamous intraepithelial lesion (HSIL)
- Atypical squamous cells and cannot exclude HSIL (ASC-H)
- Atypical glandular cells (AGC)

Depending on your result, age, and other risk factors, your doctor may move on to more follow-up testing such as the following⁶:

- **Colposcopy:** using a microscope, the doctor can closely examine the atypical cells in your cervix.
- **Biopsy:** your doctor can remove a small sample of tissue and send it to the laboratory for further testing to find out the degree of changes to your cells as listed below:
 - **CIN 1:** mild changes that usually resolve on their own
 - **CIN 2:** moderate changes
 - **CIN 3:** severe changes
- **Endocervical sampling:** using a small brush, your doctor will take a tissue sample from the inside of the cervix, which can be sent to the laboratory for further testing to determine the degree of changes to your cells.

Follow-up testing will determine your risk of cervical cancer and next steps for possible removal (excision) or destruction (ablation) of abnormal cells. You may need more frequent screening after an abnormal Pap test.

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