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# CERVICAL CANCER

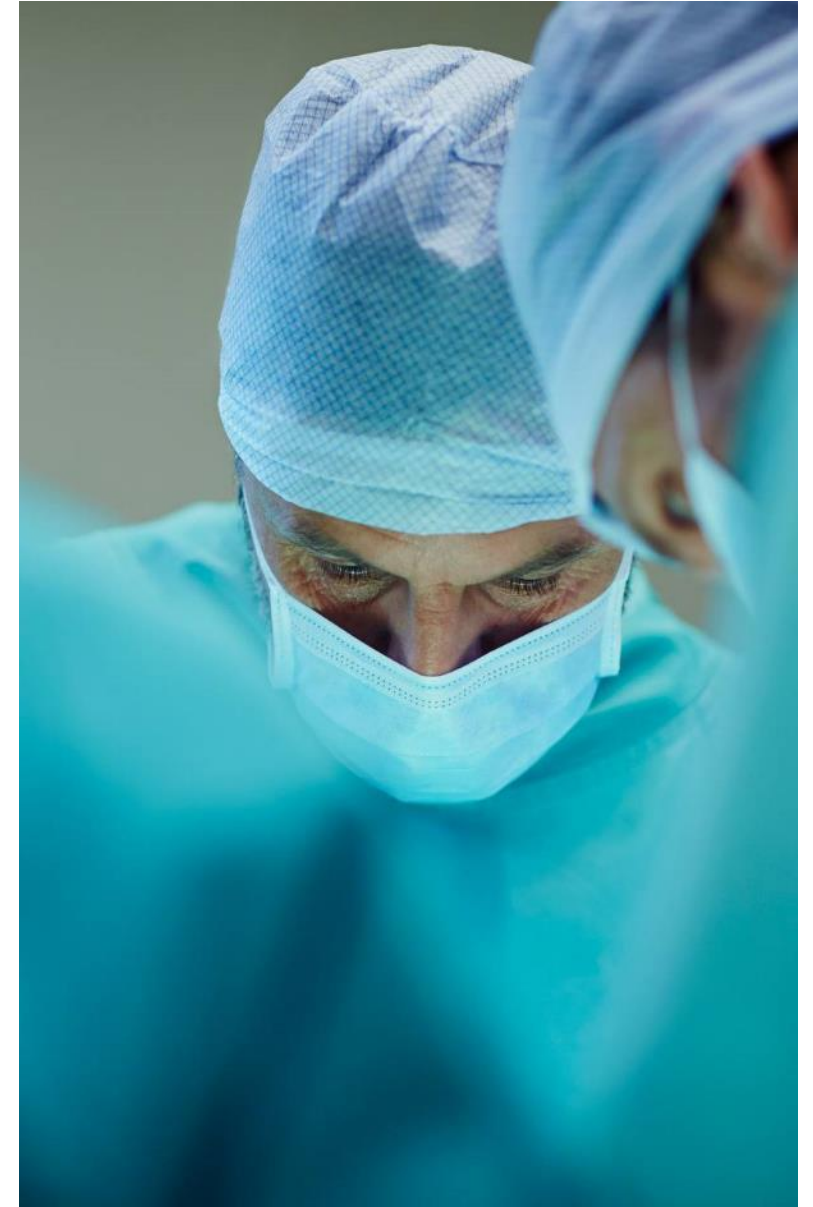
1/26/22

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# AGENDA

- Definition
- History
- Prevalence
- Symptoms
- Risks
- Screening Guidelines
- Stages
- Treatment
- Prevention
- Future
- Questions



# INTRODUCTION

Meet Sunny, our 6-year-old  
rescue/therapy dog.





## DEFINITION

It starts in the lining of the cervix.

It is when the abnormal cells grow out of control

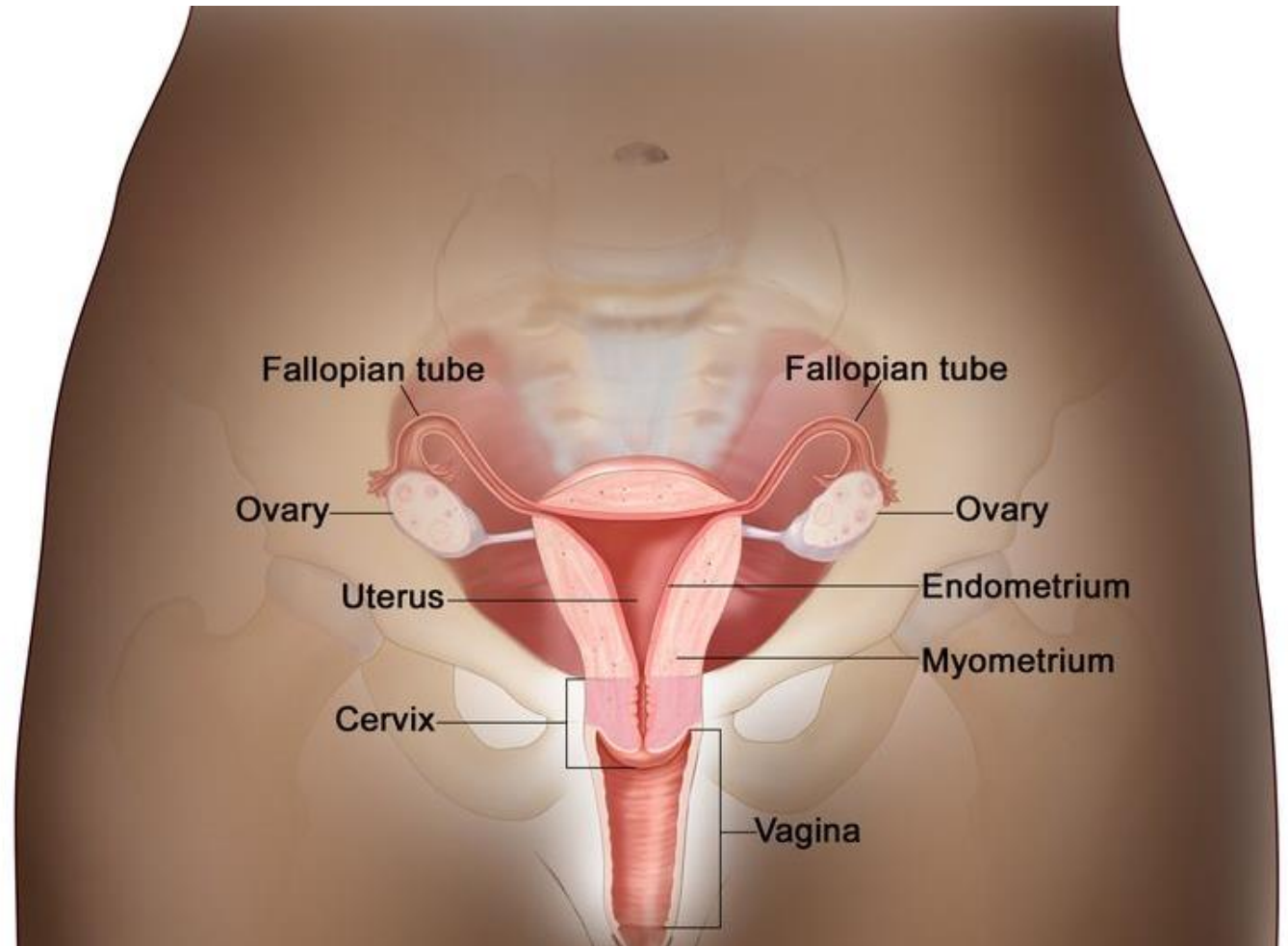
Cervix has 2 areas and 2 types of cells

Transformation zone

It is the 4<sup>th</sup> most common cancer in the world, among women.

99% of cervical cancer is caused by HPV virus

- 100+ types of HPV
- 14 of these can cause cancer



# DR. GEORGE PAPANICOLAOUS

Pronounced “Papa-nick-a-lauw”

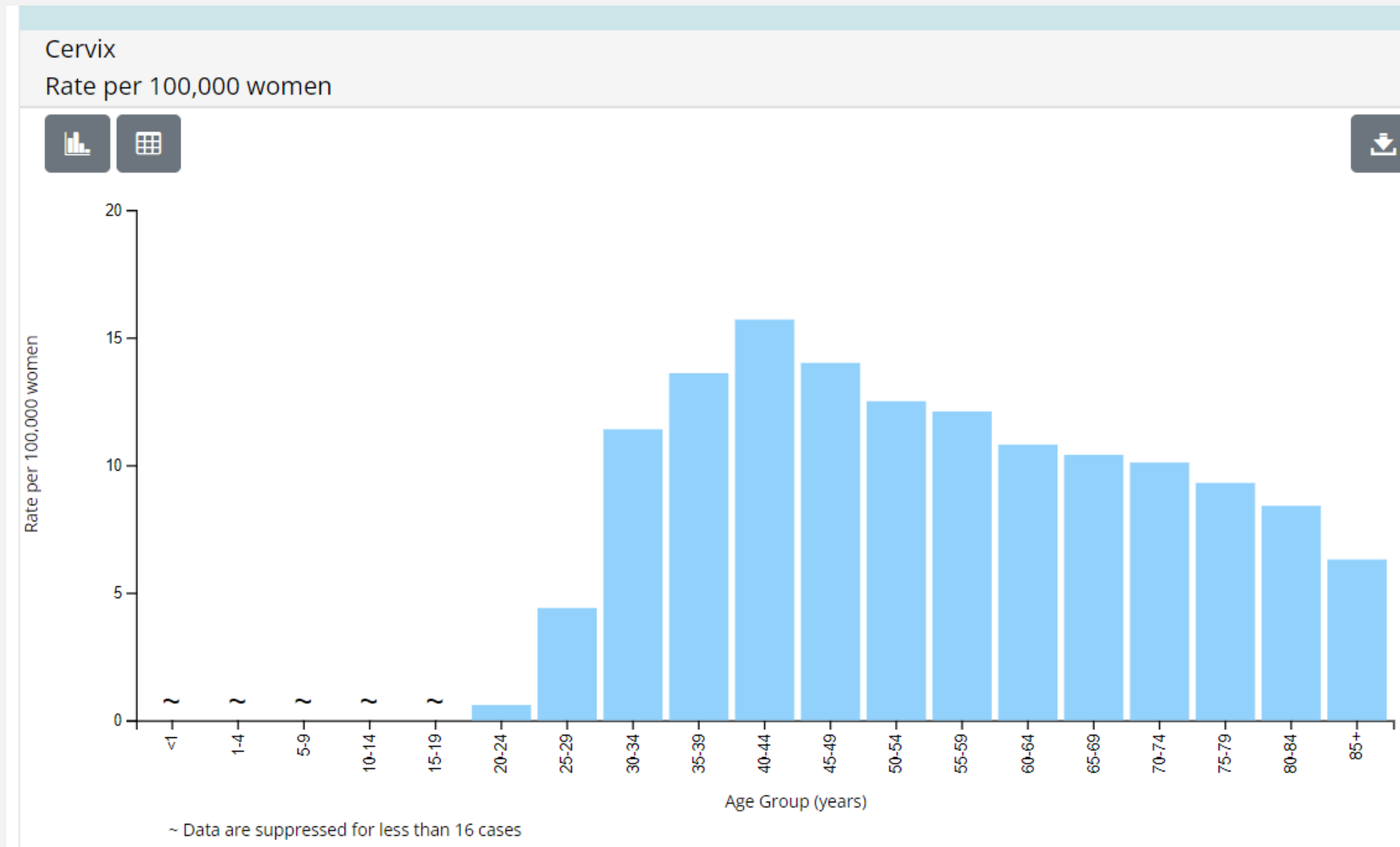
- Greek born
- Published the first guidelines for screening in 1948
- “pap smear”

First described lesion discovered in 1886

Because most early lesions are asymptomatic, the development of the pap smear greatly reduced the number of lesions progressing to cancer.



# PREVALENCE



2018 United States Statistics

# SYMPTOMS

## Early

- *None*

## Progression of disease

- *vaginal bleeding after intercourse or after menopause*
- *abnormal vaginal discharge with odor*
- *pelvic pain with intercourse*

## Advanced disease

- *leg edema*
- *blood in urine*
- *problems with bowels and bladder*

# RISKS

- HPV infection: genital, anus, mouth, throat
  - *different strains affect different parts of the body*
- High risk HPV of cervix, vulva and vagina 16/18/45
- Early sexual intercourse
- Multiple sexual partners
- Smoking
- Weakened immune system
- DES
- Family history of cervical cancer



# SCREENING/GUIDELINES

- 30 years: National Breast and Cervical Cancer Early Detection Program serves low income, uninsured and underserved women.
- ND Women's Way: 800-280-5512 , [www.health.nd.gov/womens-way](http://www.health.nd.gov/womens-way)
- MN DOH SAGE program: 888-643-2584, [www.health.state.mn.us/diseases/cancer/sage](http://www.health.state.mn.us/diseases/cancer/sage)
- Begin screening at 21 years of age
  - 21-29 | every 3 years
  - 30-65 | every 5 years if co-testing done
  - 65+ | discontinue if had 2 negative co-tests(HPV and pap) in past 10 years
- Hysterectomy
- History of moderate/severe dysplasia or cancer of cervix
- Transgender
- Pap /HPV /genotyping
- ASCCP guidelines/app,ACS,ACOG
- Colposcopy vs repap



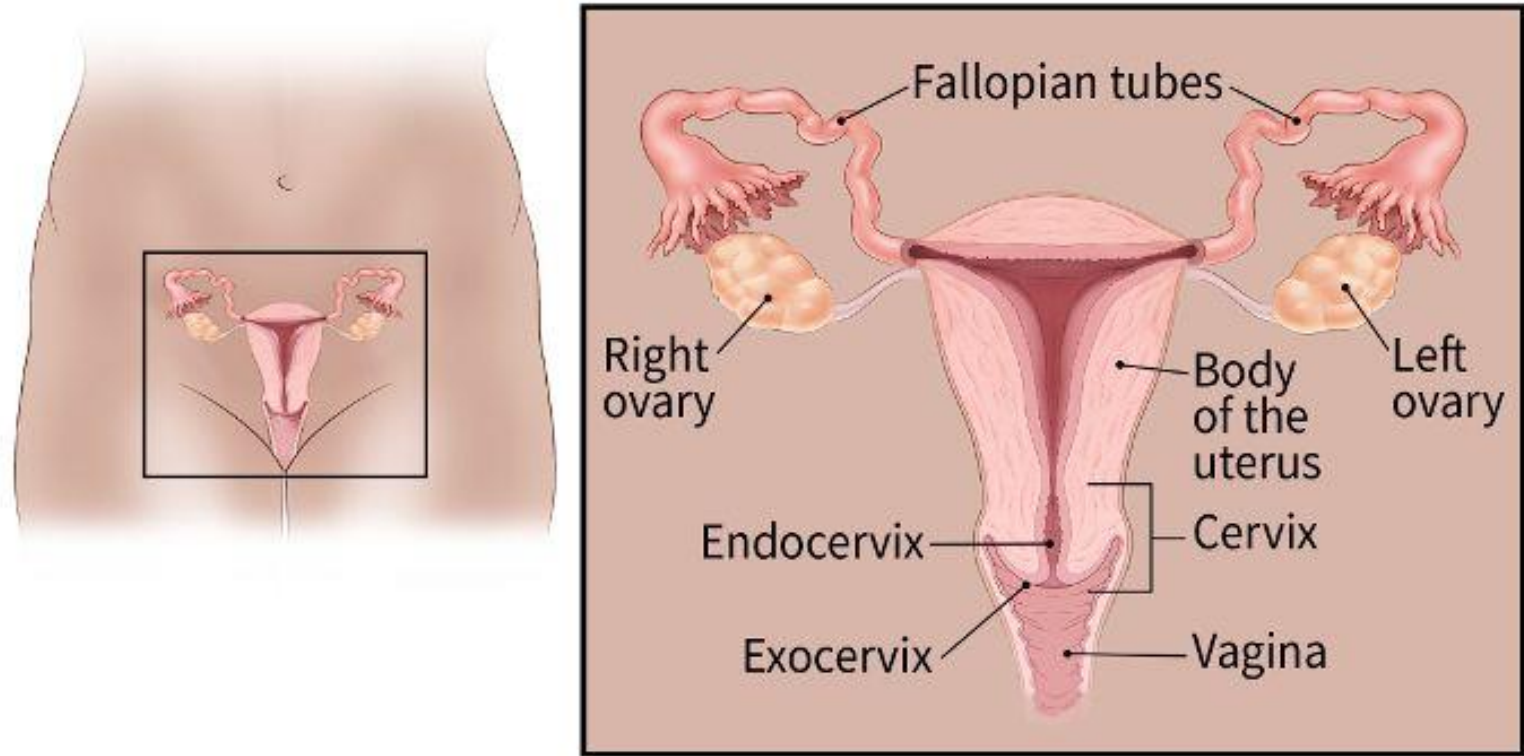
# TYPES/STAGING

## Types:

- Squamous cell - exocervix
- Adenocarcinoma- endocervix/glandular
- Mixed( both squamous and adeno)

## Staging:

- Where the cancer cells are(cervix, nodes, vagina, mets)





# TREATMENT

Factors including maintaining fertility

Cone biopsy,

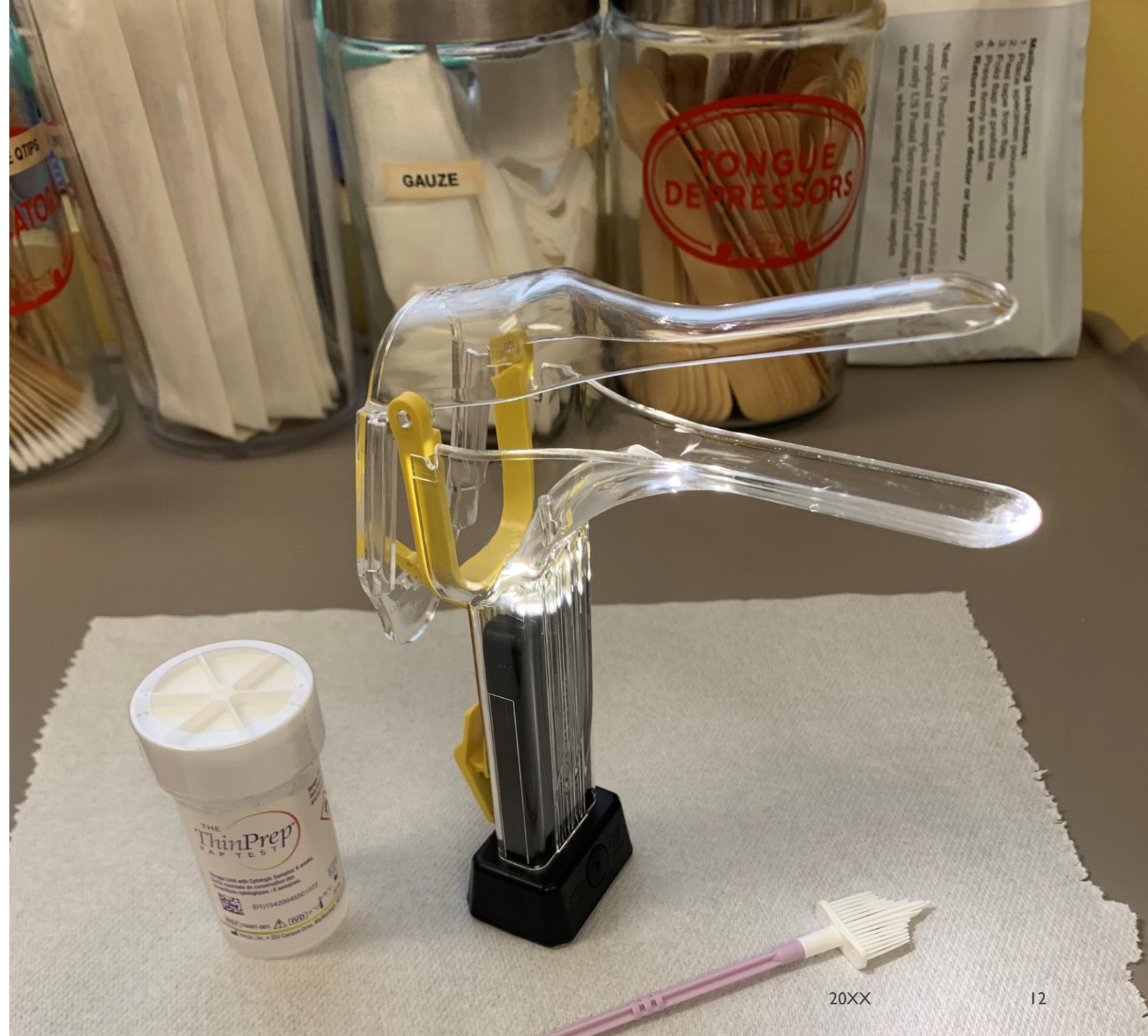
Hysterectomy, or radical

Trachelectomy

Radiation

Chemotherapy

Immunotherapy



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# PREVENTION

HPV vaccine

Regular intervals of pap/HPV screening

Limit exposure

Condoms

Don't smoke!





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## NEW THERAPIES/FUTURE

[clinicaltrials.gov](https://clinicaltrials.gov)

[nih.gov/health-information/nih-clinical-research-trials-you](https://nih.gov/health-information/nih-clinical-research-trials-you)

- Cell Transfer therapy
- Antibody tissue target

WHO Global Effort to eliminate  
cervical cancer by 2030



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# QUESTIONS



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## REFERENCES

- [www.who.int/news-room/events/detail/2020](http://www.who.int/news-room/events/detail/2020)
- [cdc.gov](http://cdc.gov)
- [medlineplus.gov](http://medlineplus.gov)
- [cancer.org](http://cancer.org)
- [acog.org/womens-health/infographics/cervical-cancer-screening](http://acog.org/womens-health/infographics/cervical-cancer-screening)