



Canadian
Cancer
Society

Cervical Cancer

Understanding your diagnosis



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Cervical Cancer

Understanding your diagnosis

When you first hear that you have cancer, you may feel alone and afraid. You may be overwhelmed by the large amount of information you have to take in and the decisions you need to make.

“ *All I could hear was ‘cancer.’ I heard my doctor say something like, ‘We’re going to start your treatment as soon as possible.’ I didn’t hear one word after that.* ”

The information in this brochure can help you and your family take the first steps in learning about cervical cancer. A better understanding may give you a feeling of control and help you work with your healthcare team to choose the best care for you.

For more information

You can find more in-depth information about cervical cancer on cancer.ca. Or call us at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and services near you.

Check out our video series on common cancer topics. These short, simple videos cover subjects like *What is cancer?* and *Coping when you’re first diagnosed*.

Find the series at cancer.ca/cancerbasics.

What is cancer?

Cancer is a disease that starts in our cells. Our bodies are made up of trillions of cells grouped together to form tissues and organs such as muscles and bones, the lungs and the liver. Genes inside each cell order it to grow, work, reproduce and die. Normally, our cells obey these orders and we remain healthy.

But sometimes the cells grow and divide out of control. After a while, a group of abnormal cells forms a lump (called a tumour).

Tumours can be either non-cancerous (benign) or cancerous (malignant). Non-cancerous tumours stay in one place in the body and are not usually life-threatening. Cancerous tumours can grow into nearby tissues and spread to other parts of the body. It's important to find and treat cancerous tumours as early as possible. In most cases, finding cancer early increases the chances of successful treatment.

When cancer spreads to other parts of the body, it is called metastasis. Often, the first sign that a tumour has spread (metastasized) is swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

Cancers are named after the part of the body where they start. For example, cancer that starts in the cervix but spreads to the lungs is called cervical cancer with lung metastases.

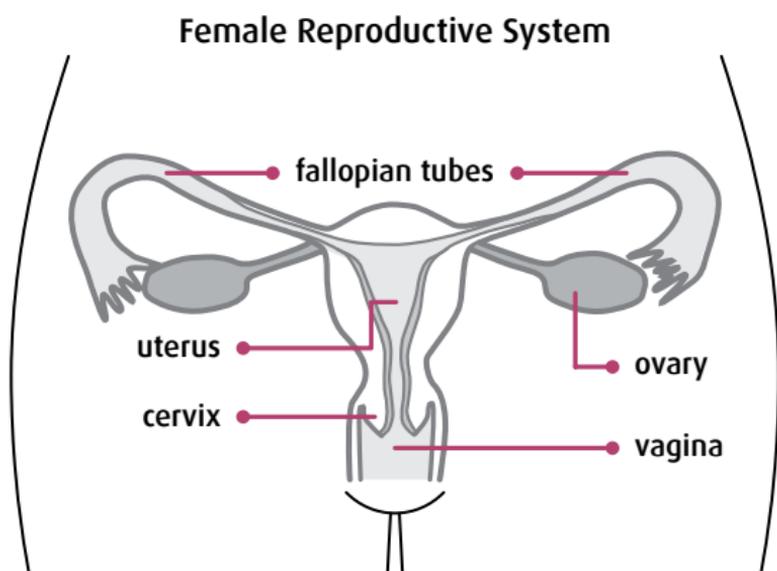
What is cervical cancer?

Cervical cancer starts in the cells of the cervix. The cervix is part of a woman's reproductive system. It is the narrow lower part of the uterus (womb). It is the passageway that connects the uterus to the vagina.

The most common types of cervical cancer are squamous cell carcinoma and adenocarcinoma. These types usually develop from precancerous conditions of the cervix.

Precancerous conditions of the cervix are changes to cervical cells that make them abnormal. These changes are not cancer, but they may become cervical cancer if they aren't treated. Most women with precancerous changes of the cervix are successfully treated and don't develop cancer.

Precancerous conditions of the cervix are quite common. The abnormal changes are often called squamous intraepithelial lesion (SIL). Some doctors may also use the term cervical intraepithelial neoplasia (CIN) or cervical dysplasia to describe the changes.



Diagnosing cervical cancer

Diagnosing cervical cancer usually begins when a Pap test finds that there may be a problem with the cervix. This test can find abnormal changes in cervical cells early, before cancer develops. It is a quick test that is usually done in your doctor's office. The doctor gently inserts a speculum (a plastic or metal tool) into your vagina, then uses a small stick or brush to pick up a sample of cells from the cervix. The cells are smeared on a glass slide or put in a special liquid and sent to a lab to be looked at under a microscope.

Your doctor usually does a Pap test every 1 to 3 years, depending on the screening guidelines for your province or territory and your health history. If you have symptoms of cervical cancer and haven't had a recent Pap test, your doctor may do one during a physical exam.

Symptoms: The most common signs and symptoms of cervical cancer include:

- pale, watery, pink, brown or bloody discharge from the vagina between periods
- unusually long or heavy periods
- bleeding after sex
- bleeding or bloody discharge from the vagina after menopause
- bleeding after a pelvic exam or vaginal douching
- pain during sex
- increased amount of discharge from the vagina
- foul-smelling discharge from the vagina

The process of diagnosing cancer may seem long and frustrating. But other health problems can cause some of the same symptoms. The doctor has to make sure there are no other possible reasons for a health problem.

To find out for sure, your doctor will do one or more of the following tests. These tests can also be used to help plan treatment.

Colposcopy: A colposcopy uses a magnifying tool with a light on the end (called a colposcope) to examine the vulva, vagina and cervix. You may have a local anesthetic (freezing) to numb the cervix. A colposcopy may be done if a Pap test shows that there may be a precancerous condition of the cervix or cervical cancer. A colposcopy may also be done if you have symptoms of cervical cancer.

Biopsy: A biopsy is usually needed to make a definite diagnosis of cancer. Cells are taken from the cervix and checked under a microscope. If the cells are cancerous, they are studied to see how fast they are growing.

There are different ways to do a biopsy.

A colposcopic biopsy is done during a colposcopy. It uses forceps to remove small amounts of tissue from abnormal areas in the cervix. You may have a local anesthetic to numb the cervix.

Endocervical curettage is also done during a colposcopy. It uses a narrow tool shaped like a spoon (called a curette) to gently scrape cells and tissue from the part of the cervix near the uterus.

A cone biopsy removes a cone-shaped piece of tissue from the cervix. This tissue may be removed using a thin wire loop heated by an electrical current (loop electrosurgical excision procedure, or LEEP), a surgical scalpel (cold-knife excision) or a laser light (laser excision). A cone biopsy may be done during a colposcopy or separately in an operating room. Depending on how the cone biopsy is done, you will have a local anesthetic or a general anesthetic (you will be unconscious). A cone biopsy can also be used as a treatment for precancerous conditions of the cervix and early stages of cervical cancer.

Other types of biopsies may be done to check if cervical cancer has spread to other parts of the body.

Blood tests: Blood is taken to see if the different types of blood cells are normal in number and how they look. Blood tests can check for anemia from long-term bleeding. They also show how well your organs are working and if the cancer has spread.

Imaging tests: The healthcare team uses x-rays, CT scans, MRIs or PET scans to look at your tissues and organs in more detail. They can see the size of the tumour and if it has spread. These tests are usually painless, and you don't need an anesthetic.

Further testing: Your doctor may order other tests to diagnose the cancer, see if it has spread or help plan your treatment.

Will I be OK?

Most people with cancer want to know what to expect. Can they be cured?

A prognosis is your doctor's best estimate of how cancer will affect you and how it will respond to treatment. It looks at many factors including:

- the type of cancer and how the cells look and act compared to normal cells
- the size of the tumour and whether the cancer has spread
- your age and overall health

Even with all this information, it can still be very hard for your doctor to say exactly what will happen. Each person's situation is different.

Your doctor is the only person who can give a prognosis. Ask your doctor about the factors that affect your prognosis and what they mean for you.

Staging and grading

Once a diagnosis of cancer has been made, the cancer is given a stage and grade. This information helps you and your healthcare team choose the best treatment for you.

Staging is a way to describe or classify the cancer. Staging of cervical cancer describes the size of the tumour and if it has grown into any tissues around the cervix. Staging also describes whether cancer cells are found in any lymph nodes and if the cancer has spread to other parts of the body.

Usually each stage is given a number from 1 to 4. Generally, the higher the number, the more the cancer has spread.

A **grade** is given based on how the cancer cells look and act compared with normal cells. To find out the grade of a tumour, a biopsy sample is looked at under a microscope.

Usually, cervical cancer tumours are given a grade from 1 to 3. The lower the number, the lower the grade.

Low grade means that the cancer cells look and act much like normal cells. They tend to be slow growing and are less likely to spread.

High grade means that the cancer cells look and act less normal, or more abnormal. They tend to grow more quickly and are more likely to spread.

Treatments for cervical cancer

In most cases, cervical cancer can be treated successfully when caught early.

Your healthcare team considers your general health and the type, stage and grade of the cancer to recommend the best treatments for you. You'll work together with your healthcare team to make the final treatment choices. Talk to them if you have questions or concerns.

Talk to your doctor about fertility options before starting treatment

Some treatments can affect your ability to have children. Your treatment choice may depend on whether you want to become pregnant. Talk to your doctor about your options before you start treatment.

For cervical cancer, you might receive one or more of the following treatments.

Surgery: A decision to have surgery depends on the size of the tumour and where it is. During the operation, all of the tumour and some healthy tissue around the tumour are removed. Surgery is done under a general anesthetic. You may stay in the hospital for several days or longer after the surgery.

For the earliest stages of cervical cancer, a cone biopsy may be the only treatment you need.

But sometimes the entire cervix is removed. A radical trachelectomy removes the cervix, upper part of the vagina, some of the tissues

near the cervix and the lymph nodes in the pelvis. This may be an option for women with early stage cervical cancer who want to become pregnant after treatment.

In other situations, it may be necessary to remove the entire uterus along with the cervix. This surgery is called a hysterectomy. Some tissues and organs around the cervix and lymph nodes in the pelvis may also be removed during a hysterectomy.

After surgery, you may have some pain or cramping, bleeding, discharge from the vagina, bladder problems or constipation. These side effects are usually temporary and can be controlled.

Radiation therapy: In external beam radiation therapy, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages cells that are in the path of the beam – both cancer cells and normal cells. In brachytherapy, or internal radiation therapy, radioactive material is placed directly into or near the tumour.

Radiation therapy may be used to treat any stage of cervical cancer. Women usually receive a combination of both external beam radiation therapy and brachytherapy.

The side effects of radiation therapy depend on what part of the body receives the radiation. You may feel more tired than usual. You may have nausea, an upset stomach, diarrhea or bladder problems or notice changes to the skin (it may be red or dry) where the treatment was given.

Chemotherapy: Chemotherapy uses drugs to treat cancer. Chemotherapy drugs may be injected with a needle into a vein or given as pills. The drugs damage cancer cells, but they also damage some healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment, like nausea, vomiting, loss of appetite, sore mouth, diarrhea, fatigue, hair loss or an increased risk of infection.

Chemotherapy may be given alone for some stages of cervical cancer. It is sometimes given during the same time as radiation therapy to help the radiation work better.

Targeted therapy: Targeted therapy uses drugs to target specific molecules (such as proteins) on the surface of cancer cells. These molecules help send signals that tell cells to grow or divide. By targeting these molecules, the drugs stop the growth and spread of cancer cells while limiting harm to normal cells. Targeted therapy may be used for cervical cancer that has come back after treatment or spread to other parts of the body. It is often given with chemotherapy.

Because targeted therapy doesn't usually damage healthy cells, it tends to cause fewer and less severe side effects than other treatments. Flu-like symptoms and fatigue are common symptoms of many targeted therapy drugs.

For more information on treatment, you may want to read our booklets *Chemotherapy and Other Drug Therapies* (including targeted therapy) and *Radiation Therapy*.

Clinical trials: Clinical trials test new ways to treat cancer, such as new drugs, types of treatments or combinations of treatments. They provide information about the safety and effectiveness of new approaches to see if they should become widely available. Ask your doctor if any clinical trials are available as a treatment option for you.

Our brochure *Clinical Trials* has more information, including how to find a clinical trial.

Complementary therapies: Complementary therapies – for example, massage therapy or acupuncture – are used *together with* conventional cancer treatments, often to help ease tension, stress and other side effects of treatment. They don't treat the cancer itself. More research is needed to understand if these therapies are effective and how they work.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might affect other treatments or test results.

Unlike complementary therapies, alternative therapies are used *instead of* conventional treatments. Alternative therapies haven't been tested enough for safety or effectiveness. Using only alternative treatments for cancer may have serious health effects. Talk to your healthcare team before you try an alternative therapy.

Side effects of treatments

Some cancer treatments cause side effects, such as fatigue, hair loss or nausea. Because treatments affect everyone differently, it's hard to predict which side effects - if any - you may have.

Side effects can often be well managed and even prevented. If you're worried about side effects, tell your healthcare team about your concerns and ask questions. They can tell you which side effects you should report as soon as you can and which ones can wait until your next visit.

If you notice any side effects or symptoms that you didn't expect, talk to a member of your healthcare team as soon as possible. They'll help you get the care and information you need.

Living with cancer

Many sources of help are available for people with cancer and their caregivers.

Our booklet *Coping When You Have Cancer* has more detailed information and resources.

Your healthcare team: If you need practical help or emotional support, members of your healthcare team may be able to suggest services in your community or refer you to cancer centre staff or mental health professionals.

Family and friends: People closest to you can be very supportive. Accept offers of help. When someone says, “Let me know how I can help,” tell them what they can do. Maybe they can run errands, cook a meal or drive you to your doctor’s office.

People who’ve had similar experiences: Talking with and learning from others who’ve had similar experiences can be helpful. Consider visiting a support group or talking with a cancer survivor in person, over the telephone or online. Try more than one option to see which one works best for you.

Yourself: Coping well with cancer doesn’t mean that you have to be happy or cheerful all the time. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically. Take some time to find ways to cope. You may also want to talk to a counsellor for more help.

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the shared perspective of someone who's been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with someone online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups, get support and help others at the same time. You'll find caring, supportive people there.

After treatment

Follow-up care helps you and your healthcare team follow your progress and your recovery from treatment. At first, you might meet with one of the specialists from your healthcare team. Later on, it may be your family doctor.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first year after treatment and less often after that. You should tell your doctor as soon as you can about new symptoms or symptoms that don't go away. Don't wait for your next scheduled visit.

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you're worried about your treatment ending, talk to your healthcare team. They can help you through this transition period.

Eating well and being physically active: Along with follow-up visits, eating well and being active are important parts of your recovery. They can help you regain and build strength, stay at a healthy body weight, deal with side effects, improve your quality of life, and lower your risk of developing a second cancer or other health problems.

Your doctor and other members of your healthcare team can recommend how to keep a healthy diet and stay physically active.

Self-esteem, body image and sexuality: It's natural to worry about the effects of cervical cancer and its treatment on your self-esteem, body image and sexuality. You may have body changes, such as scars, skin problems, hair loss and vaginal dryness or narrowing. You may be worried about how your body looks and feels after treatment, about having sex or that you may be rejected. It may help to talk about these feelings with someone you trust. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of cervical cancer treatment.

What causes cervical cancer?

Almost all cases of cervical cancer are caused, at least in part, by an HPV (human papillomavirus) infection. More than 20 types of HPV can cause cancer. These infections are transmitted through sexual intercourse, genital skin-to-skin contact and oral sex. But having an HPV infection doesn't mean that you will develop cervical cancer. Most HPV infections go away on their own. Only a small percentage of HPV infections will turn into cancer.

Factors that may increase the risk of an HPV infection becoming cervical cancer include:

- smoking
- giving birth many times
- having a weakened immune system
- having taken DES (diethylstilbestrol) during pregnancy or being the daughter of a woman who took DES
- taking birth control pills for a long time

Canadian Cancer Society

We're here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

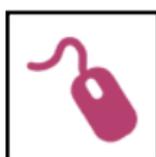
Call our toll-free number 1 888 939-3333.



Ask a trained cancer information specialist your questions about cancer. Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others. Visit CancerConnection.ca.



Browse Canada's most trusted online source of information on all types of cancer. Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.



What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer and our services or to make a donation.



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TTY 1 866 786-3934

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