

# Factsheet: Cervical Cancer

**What is cervical cancer?** Cervical cancer forms in tissues of the cervix (the organ connecting the uterus and vagina). The majority of cervical cancer is slow-growing, which usually takes between 10 to 15 years for most abnormal cells to change into cervical cancer. It may or may not have symptoms but can be prevented through regular screening (a procedure in which cells are brushed from the cervix and looked at under a microscope).

Cervical cancer is not thought to be hereditary [i](#) [ii](#)

## Symptoms of cervical cancer

Whilst there are no symptoms with abnormal cells (Cervical Intraepithelial Neoplasia (CIN) or dysplasia or dyskaryosis) there are some symptoms associated with cervical cancer. These include;

- Abnormal bleeding: after or during sexual intercourse, or between periods
- Post menopausal bleeding, if you are not on HRT or have stopped it for six weeks
- Unusual and/or unpleasant vaginal discharge
- Discomfort or pain during sex
- Lower back pain.

## What causes cervical cancer?

99.7% of cervical cancers are caused by persistent human papillomavirus (HPV) infection which causes changes to the cervical cells. HPV is an extremely common virus; around four out of five people will contract the virus. Anyone who is sexually active can be infected with HPV at some time and the body's immune system will usually clear it up. Generally, most people don't even know they have contracted the virus at all.

The majority of women who have the virus do not develop cervical cancer. Information from the NHS National

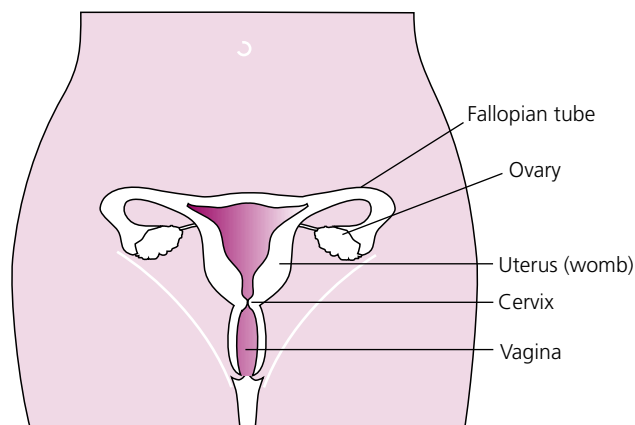


Figure 1. Diagram of the female reproductive system

*Image courtesy of the Department of Health*

Screening Programmes 2010-11 showed that 7-9% of women will have abnormal cells of which only a small percentage will go on to have cancer.

The most effective method of preventing cervical cancer is through regular cervical screening which allows detection of any early changes of the cervix and for younger women the HPV vaccination can help prevent 75% of cervical cancers [iii](#). HPV can affect anyone, which is why it is so important to attend regular cervical screening.

Cervical cancer is not caused by promiscuity or infidelity, however, the more sexual partners you have and the younger you are when you have your first sexual encounter, the more likely you are to come into contact with the more dangerous strains of HPV. Whilst these factors are considered to increase your risk of developing cervical cancer, many women who have only had one sexual partner in their lifetime develop HPV and may go on to develop abnormal cell changes/CIN or cervical cancer.

Similarly, as with most cancers, smoking can also pose an increased risk. Smoking stops your body's immune system from working properly, leaving you more likely to get infections and therefore can cause abnormalities in the cells of the cervix <sup>iv</sup>.

Other risk factors involved with cervical cancer:

- Weakened immune system
- Having children at a very young age
- Giving birth to many children
- If your mother was given DES (infertility drug) when pregnant with you
- Long term use of the contraceptive pill (more than 10 years) can slightly increase the risk of developing cervical cancer but the benefits of the pill outweigh the risks for most women <sup>iv</sup>

## Types of cervical cancer

There are two main types of cervical cancer:

- **squamous cell** - diagnosed in approximately 80% of all cervical cancers. Squamous cell cancers are composed of the flat cells that cover the surface of the cervix.
- **adenocarcinoma** - diagnosed in approximately 20% of cervical cancers. The cancer develops from the mucous producing glandular cells which line the cervical canal. This type of cancer can be more difficult to detect with cervical screening tests because it develops within the cervical canal and screening often only samples the surface of the cervix.

Adenosquamous cancers are tumours that contain both squamous and glandular cancer cells. Other rare types of cervical cancer can include clear cell, small cell undifferentiated, lymphomas and sarcomas.

## Treatment for cervical cancer

The type of treatment for cervical cancer varies according to the type of cervical cancer, the extent the cancer has progressed and if the cancer cells have spread to other parts of the body.

In most hospitals a team of specialists will work together to decide which treatment is best when a woman is diagnosed with cervical cancer. This multidisciplinary team (MDT) will include:

- a surgeon who specialises in gynaecological cancers
- a clinical oncologist (chemotherapy and radiotherapy specialist)
- a nurse specialist.

The team may include a number of other healthcare professionals such as:

- dietician
- physiotherapist
- psychologist or counsellor.

Typical treatment for cervical cancer includes surgery, chemotherapy or radiotherapy.

## Facts about cervical cancer in the UK

- There are nearly 3,000 new cases of cervical cancer in the UK each year and approximately 1,000 deaths.
- 6% of cervical cancer deaths occur in women aged under 35.
- Cervical cancer is the second most frequent cancer amongst young women (aged 15 - 44) in the UK and Europe.
- Cervical cancer is largely preventable through cervical screening and HPV vaccination.

## References

- i. Walboomers JMM et al., 1999. Human papillomavirus is a necessary cause of invasive cancer worldwide. *Journal of Pathology*, 189 (1), 12–19.
- ii. Bosch FX et al. 2002., The causal relation between human papillomavirus and cervical cancer. *Journal of Clinical Pathology* 55, 244-265.
- iii. Sasieni PD et al., 1996. Estimating the efficacy of screening by auditing smear histories of women with and without cervical cancer. The National Co-ordinating Network for Cervical Screening Working Group. *British Journal of Cancer* 73 (8), 1001-5.
- iv. Adapted from Cancer Research website:  
<http://cancerhelp.cancerresearchuk.org/type/cervical-cancer/about/cervical-cancer-risks-and-causes>. Accessed 30.03.2012.

Version 2.0

Date last updated: March 2012  
Date due for review: March 2014