



# TIP SHEET

# Cervical Cancer

## What You Should Know

Cervical cancer cases and deaths have declined 50% over the last three decades, however the disease remains a serious health threat, especially among African American and Hispanic women.

Nearly all cervical cancers are caused by an infection with certain types of the Human Papillomavirus (HPV), which can now be largely prevented by vaccination.

## About Human Papillomavirus (HPV)

**Human Papillomaviruses** are a group of more than 150 related viruses, some of which cause warts (papillomas) or can lead to cancer. Many HPVs are spread through sexual contact, including vaginal, oral or anal sex.

**HPV infections** are very common. Most women are unaware they're infected because they don't have symptoms. In some cases, however, the HPV infection persists and chronic infection can lead to cancer of the cervix, anus, vagina, penis, oropharynx and other oral, and head and neck cancers.

The HPV vaccines are only effective when given before infection with HPV; experts advise getting the vaccines before becoming sexually active.

## The Vaccines

Two FDA-approved vaccines prevent the HPV strains most commonly associated with cancer:

- **Cervarix** – Prevents infection with HPV 16 and 18, two high-risk HPVs that cause about 70% of cervical cancers and the majority of other HPV-associated cancers. Approved for females ages 9 to 25.
- **Gardasil** – Protects against HPV 16 and 18, plus HPV 6 and 11, two strains that cause 90% of genital warts cases. Approved for people (guys, too) ages 9 to 26.

## PREVENT CERVICAL CANCER

- **Get the HPV vaccine.** Parents: talk to your children's doctor about vaccinating your daughters—and your sons.
- **Begin regular cervical cancer screening at age 21,** including:
  - **Pap test** that collects cells from the cervix to detect any cell changes (dysplasia) that could lead to cancer. If your Pap test shows no abnormalities, repeat the test every three years to age 65.
  - **HPV test** determines whether an HPV infection is present, or whether abnormal cervical cells were caused by an HPV strain that causes cancer. Women should have the HPV test every 5 years starting at age 30, or at any age when Pap test results are abnormal or unclear.

Preventing HPV infections and detecting and treating abnormal cell changes or precancerous lesions before progression to cancer is the most effective strategy to prevent cervical cancer.

## ARE YOU AT RISK FOR CERVICAL CANCER?

Other factors may act together with HPV to increase cancer risk, including:

- Skipping Pap tests
- Smoking
- Weakened immune system (from HIV or immune-suppressing drugs)
- Many sexual partners
- Long-term use (5 years or more) of birth control pills
- Giving birth to 5 or more children
- Diethylstilbestrol (DES) exposure before birth (women whose mothers were given this drug during pregnancy between 1940 and 1971 may be at increased risk for a rare form of cervical cancer)

Median Age  
at Diagnosis is

49

Most adults have  
been infected with

HPV

at some time in  
their lives.

## Why Roswell Park Cancer Institute?

**Nationally Recognized.** RPCI is a National Cancer Institute (NCI) designated Comprehensive Cancer Center, the only one in New York State outside of Manhattan.

**Caring for our community.** Through the **Witness Project of Buffalo/Niagara** and **Esperanza y Vida**, RPCI provides cancer education and outreach programs to reach women most at risk for cervical cancer in our community, including African American and Hispanic women.

**Comprehensive support services.** Include nutrition, smoking cessation, pain management, pastoral care, rehabilitation, psychosocial services, and music, art and pet therapy programs.

## Treatment the RPCI Way

We believe every patient is unique, and we approach cervical cancer treatment on an individual and personal basis, treating the whole person, not just the cancer. We offer the highest level of cancer care, including:

- **A Multidisciplinary Care Approach** by a team of gynecologic oncologists, surgical, medical and radiation oncologists plus psychologists, social workers, dietitians and other experts, who work collaboratively to provide the highest level of comprehensive and integrated care—all under *one roof*.
- **Treatment options that consider fertility** such as surgical procedures that leave the uterus.
- **Minimally invasive laparoscopic and robot-assisted surgery** to remove cervical tissue containing cancer cells, or for other gynecological procedures, including hysterectomy. Robot-assisted surgery is associated with less pain and blood loss, a shorter hospital stay and speedier recovery.

## Meet the Doctors



**Stacey Akers, MD**  
Gynecologic Oncology



**Peter Frederick, MD**  
Director, Minimally Invasive Surgery,  
Gynecologic Oncology



**Shashikant Lele, MD**  
Clinical Chief, Gynecologic Oncology



**David Mattson, Jr., MD**  
Director, GYN Radiation Program



**Adekunsi Odunsi, MD, PhD**  
Chair, Gynecologic Oncology  
Director, Center for Immunotherapy



**Robert Lohman, MD**  
Plastic & Reconstructive Surgery