WHAT IS CERVICAL CANCER?
Cervical cancer is a disease in which normal cells on the surface of the cervix change, grow uncontrollably, and form a mass of cells called a tumor. At first, the changes in a cell are precancerous (abnormal cells). This phase of the disease is called dysplasia. If the precancerous cells change into cancer cells and spread deeper into the cervix or to other tissues and organs, the disease is called cervical cancer. The two main types of cervical cancer are squamous cell carcinoma and adenocarcinoma. Cervical cancers can often be prevented by having regular Pap tests and treating precancers early.

WHAT IS THE FUNCTION OF THE CERVIX?
The cervix is the lower, narrow part of a woman’s uterus. The uterus holds the growing fetus during pregnancy. The cervix connects the uterus to the vagina and, with the vagina, forms the birth canal.

WHAT DOES STAGE MEAN?
The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting the functions of other organs in the body. There are five stages for cervical cancer: stage 0 (zero) and stages I through IV (one through four). More information about cervical cancer can be found at www.cancer.net/cervical.

HOW IS CERVICAL CANCER TREATED?
The treatment of cervical cancer depends on the tumor, whether the cancer has spread, the woman’s overall health, and her desire to have children. Precancerous cells can be found and usually removed without harming healthy tissue. If the abnormal cells have become cancerous, the most common treatments are surgery, radiation therapy, and chemotherapy. Radiation therapy alone or surgery to remove part or all of the cervix may be used for a small tumor. A combination of chemotherapy and radiation therapy is often used for women with larger tumors. When making treatment decisions, women may also consider a clinical trial; talk with your doctor about all treatment options.

Cervical cancer treatment can affect a woman’s sexual health and fertility (ability to become pregnant). Talk with your health care team about preventing or managing these and other side effects.

HOW CAN I COPE WITH CERVICAL CANCER?
Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.
QUESTIONS TO ASK THE DOCTOR
Regular communication is important in making informed decisions about your health care. Consider asking the following questions of your doctors:

- What type of cervical cancer do I have?
- Can you explain my pathology report (laboratory test results) to me?
- What stage is the cervical cancer? What does this mean?
- Would you explain my treatment options?
- What clinical trials are open to me?
- What treatment plan do you recommend? Why?
- Who will be part of my treatment team, and what does each member do?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- How will this treatment affect my sex life?
- Could this treatment affect my ability to become pregnant?
- What long-term side effects are possible with my cancer treatment?
- If I’m worried about managing the costs related to my cancer care, who can help me with these concerns?
- Where can I find emotional support for me and my family?
- Whom do I call for questions or problems?
- Is there anything else I should be asking?

Additional questions to ask the doctor can be found at www.cancer.net/cervical.

For more information, visit ASCO’s patient website, www.cancer.net, or call 888-651-3038.

The ideas and opinions expressed here do not necessarily reflect the opinions of the American Society of Clinical Oncology (ASCO) or The Conquer Cancer Foundation. The information in this fact sheet is not intended as medical or legal advice, or as a substitute for consultation with a physician or other licensed healthcare provider. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered here. The mention of any product, service, or treatment in this fact sheet should not be construed as an ASCO endorsement. ASCO is not responsible for any injury or damage to persons or property arising out of or related to any use of ASCO’s patient education materials, or to any errors or omissions.

TERMS TO KNOW
Benign:
A tumor that is not cancerous

Biopsy:
Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Chemotherapy:
The use of drugs to destroy cancer cells

Colposcopy:
An examination of the cervix and vagina from outside the body with a magnifying instrument

Dysplasia:
An abnormal growth of cells

Gynecologic oncologist:
A doctor who specializes in treating women with cancer of the reproductive system

Human papillomavirus (HPV):
A virus spread during sexual intercourse; the most important risk factor for cervical cancer

Lymph node:
A tiny, bean-shaped organ that fights infection

Malignant:
A tumor that is cancerous

Metastasis:
The spread of cancer from where the cancer began to another part of the body

Prognosis:
Chance of recovery

Radiation therapy:
The use of high-energy x-rays to destroy cancer cells

Tumor:
An abnormal growth of body tissue