

ABOUT GRACE

This leaflet is sponsored by GRACE. GRACE supports women with gynaecological cancers.

OUR MISSION IS TO:



- **Raise standards** of gynaecological cancer care and treatment for women across Surrey, West Sussex and Hampshire
- **Promote** early diagnosis through awareness and
- **Raise funds** to support research into the cause, progression and treatment of gynaecological cancers including vulval, vaginal, cervical, endometrial and ovarian.

Established in 2005, GRACE undertakes work in a desperately neglected area of cancer research. 21,000 women are diagnosed with a gynaecological cancer in the UK every year. This is 58 women a week. Women who could be your granny, mother, sister, aunt, niece, daughter or friend. 21 of these women die.

GRACE is dedicated to research that will improve the treatment, recovery, and survival rates of women diagnosed in the future. Most of the clinical and translational work that we support takes place locally through The Gynaecological Cancer Research Group at the University of Surrey and within the Department of Gynaecology at the Royal Surrey NHS Foundation Trust. The results of this work feeds into the wider UK network, helping to influence and shape the diagnosis and treatment of women, now and in the future.

WE NEED YOUR HELP TO:



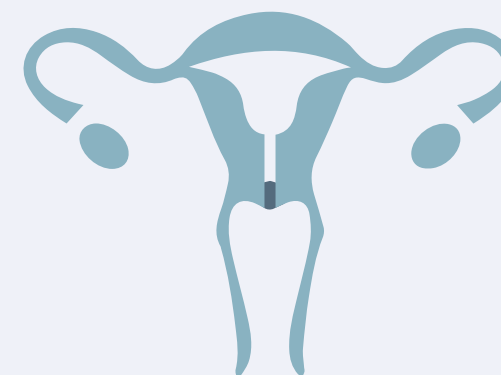
- **Raise awareness** of the symptoms of these cancers so women seek help at an early stage. Early detection of gynaecological cancers saves and lengthens lives and can spare the fertility of young women
- **Improve the clinical services** available to women by the provision of state-of-the-art theatre equipment, diagnostic tools and the development of minimally invasive and fertility-sparing treatments
- **Fund researchers** and nurse specialists who will investigate possible new treatments and enable greater understanding of these cancers.



CERVICAL CANCER



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WHAT IS CERVICAL CANCER?

Cervical cancer is cancer of the cervix (also known as the neck of the womb) which connects a woman's womb and her vagina. Cervical cancer can affect women of all ages, but is most common in those between 25 - 29 years of age. It is uncommon in women under 25 years of age. The UK cervical screening programme is estimated to save over 4,000 lives each year and invitations are sent at age 25 onwards.

HOW DOES IT DEVELOP?

The most common cause of nearly all squamous cervical cancers is the sexually transmitted infection HPV (human papillomavirus). HPV is spread via skin to skin contact during sexual contact, such as sexual intercourse or other sexual activity involving skin-to-skin contact of the genital areas.

Due to the prevalence of HPV in women, the UK government instituted a vaccine for girls at an early age, before they experience sexual activity and are potentially exposed to the HPV virus. This has now been extended to boys of school going age as well (12- 13 years). Sex is a normal, healthy part of life, but a few precautions can be taken to reduce the likelihood of either partner contracting HPV. The wearing of condoms is advised not only to help reduce the risk of acquiring HPV, but also to reduce the likelihood of unwanted pregnancies and other transmissible conditions.

HPV is the name for a group of viruses rather than one singular condition and there are more than 100 different types. Some are high risk types that are associated with cervical cancer and others are low risk types which can cause genital warts. Most women have HPV at some stage during their life. There is no treatment for the virus itself and in the majority of women it is a transient infection, which clears up on its own. However, in a small group of women the virus is not cleared. This can be for a number of reasons, for example if you smoke or have weakened immunity. It is only when certain high risk types of the HPV virus persist and cannot be cleared by the body that there is a risk of developing abnormal cells in the cervix which have the potential to become cancerous.

KEY SIGNS & SYMPTOMS

It is absolutely essential to attend all your cervical screening appointments, as the symptoms of cervical cancer aren't always obvious and may not even occur until the cancer is at an advanced stage. Attending screening means precancerous changes and early stage cancers are caught early, giving you a greater chance of being receptive to treatment.

Symptoms include:

- Irregular bleeding including bleeding at any other time than your expected monthly period, including after menopause, or after having sex. This unexpected vaginal bleeding is usually the first noticeable symptom
- Any unexplained, unpleasant, smelly, watery, or abnormal vaginal discharge
- Pain or discomfort during sex
- Unexplained, frequent urinary infections
- Unexplained pelvic/low back ache.

RISK FACTORS

As well as the contraction of HPV, there are other factors that can contribute to the chance of a woman developing cervical cancer. In fact, due to the prevalence of HPV in women and the relatively uncommon nature of cervical cancer, it is suggested that the proportion of women that are susceptible to the effects of HPV is very small.

Possible other risk factors of cervical cancer include:

- Non attendance for cervical smear - even if you feel you are low risk as this means HPV, precancerous changes on the cervix or even early stage cervical cancer will NOT be detected
- Smoking - the harmful effects of chemicals found in tobacco on the cells of the cervix may be the reason why women who smoke are twice as likely to develop cervical cancer than women who don't
- Immune system deficiency
- Herpes - women who have genital herpes are at a higher risk
- Taking the oral contraceptive pill for more than five years - the risk of developing cervical cancer is doubled for women who take the pill for more than five years, although reasons for this are unclear.

HOW IS IT DIAGNOSED?

If the results of your cervical screening test suggest there are any abnormalities in the cells of your cervix, if you have abnormal vaginal bleeding, or if your GP has noticed a growth inside your cervix during an examination you will be referred to a gynaecologist for further tests. However, even if you do have some abnormal cells, this doesn't necessarily mean that you have cervical cancer.

Part of these tests could include a colposcopy, which is an examination to look for abnormalities in your cervix involving a small microscope with a light at the end being inserted into the cervix. As well as this, your gynaecologist may perform a biopsy to check for precancerous or cancerous cells, which involves a small amount of cells being removed from the cervix and inspected under a microscope.

TREATMENT

The two main treatment options are surgery or a combination of chemotherapy and radiotherapy. The mode of treatment for cervical cancer depends largely on how far the cancer has spread which is called the stage of cancer. The prospect of a complete cure is good for cervical cancer if it is diagnosed at an early stage, although the chances of a complete cure decrease the further the cancer has spread. Recommendations regarding treatment is made in a multidisciplinary setting with gynaecologists, oncologists, radiologists, pathologists and CNS (Clinical Nurse Specialists or key workers) in attendance.

SURGERY

There are three main types of surgery for cervical cancer:

1. Radical trachelectomy – The cervix, surrounding tissue and the upper part of the vagina are removed, but the womb is left in place. This is only suitable if cervical cancer is diagnosed at a very early stage and there is a desire to retain the ability to conceive (or preserve fertility).

2. Hysterectomy – The cervix and womb are removed and lymph glands in the pelvic area may also be removed at the same time which is recommended for early cervical cancer. A course of radiotherapy may follow to help prevent the cancer coming back.

3. Pelvic exenteration – A major operation that is usually only recommended when cervical cancer returns after what was thought to be a previously successful course of treatment. The cervix, vagina, womb, bladder, ovaries, fallopian tubes and rectum are removed.

RADIOTHERAPY & CHEMOTHERAPY

Radiotherapy uses high energy X rays to destroy the cancer cells. Often chemotherapy is given in combination with radiotherapy for cervical cancer to boost the effect of radiation.

If you need more information, please visit
www.grace-charity.org.uk