
Cervical cancer

Summary

- The Cervical Screening Test (replaces the Pap test) is a quick and simple test that checks for changes to the cells of the cervix that may lead to cervical cancer.
 - Abnormal cell changes in the cervix may not necessarily lead to cancer.
 - Treatment for cervical cancer includes surgery, radiotherapy, chemotherapy or a combination of these treatments.
 - The National Cervical Screening Program recommends that all women aged between 25 and 74 who have ever been sexually active should have a Cervical Screening Test every five years, even if they've had the HPV vaccine.
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The cervix (neck of the womb) is part of the female reproductive system. Cancer of the cervix (cervical cancer) is diagnosed in about 180 Victorian women each year. These cases are almost always linked to infection with the **human papillomavirus** (HPV).

Cervical cells pass through a series of changes (dysplasia) before they become cancerous and **Cervical Screening Tests** are able to detect most of these changes.

In Australia, regular Cervical Screening Tests (replaces Pap smears) prevent about 1,200 women each year from being diagnosed with cervical cancer. Most women who develop cervical cancer have either never had a Cervical Screening Test (or Pap smear) or did not have them regularly in the 10 years before diagnosis.

Even if you feel perfectly healthy, if you are a woman aged between 25 and 74 years, you should have a Cervical Screening Test regularly every five years to check for changes in cervical cells. The Cervical Screening Test is expected to protect up to 30 per cent more people from cervical cancer than the Pap test.

Function of the cervix

The cervix lies at the base of the uterus (womb) and opens into the vagina. Some of the functions of the cervix include:

- producing lubrication for the vagina
- producing mucous to help the movement of sperm
- holding the baby in the uterus during pregnancy.

Symptoms of cervical cancer

Most cervical cell changes have no symptoms. The only way to know if there are abnormal cells in the cervix is to have a Cervical Screening Test. Sometimes abnormal bleeding, discharge or pain may be a sign of cervical cancer. If you have these symptoms, see your doctor as soon as possible.

Types of cervical cancer

There are two main types of cervical cancer:

- **squamous cell cancer** - this is the most common type of cervical cancer. It starts in the cells that cover the outer surface of the cervix at the top of the vagina. The Cervical Screening Test can usually detect early cell changes that could lead to squamous cell cancer.
- **adenocarcinoma** - this type of cervical cancer is less common. It starts in the glandular cells, which are found in the cervical canal. The Cervical Screening Test cannot easily detect early changes that lead to this cancer, although sometimes these changes are picked up.

Risk factors for cervical cancer

Cervical cancer almost always develops from cell changes caused by the human papillomavirus (HPV), which is spread through genital skin-to-skin contact during sexual activity.

Other factors that can increase the risk of cervical cancer in women with HPV are smoking and low immunity (which can occur because of HIV infection or chemotherapy treatment). Daughters of women who took the anti-miscarriage drug diethylstilboestrol (DES) also seem to be at greater risk of cervical cancer. Women in this risk group should be seen annually in special gynaecology clinics.

Cervical cancer and HPV

Although HPV is common, most women with HPV will not develop cervical cancer. In most cases, HPV clears naturally from the body within one to two years, and doesn't require treatment.

Sometimes, the virus persists in the cervical cells and causes cell damage. If these changes are left undetected and untreated, the risk of developing cervical cancer increases. The newly introduced Cervical Screening Test detects HPV and is expected to protect up to 30 per cent more people from cervical cancer.

Cervical cancer and the Cervical Screening Test

The Cervical Screening Test is a quick and simple test that checks for changes in the cervical cells that may lead to cervical cancer. Most abnormal cell changes are not cancerous, but indicate common infections or conditions, which usually clear up naturally.

Usually, cervical cancer grows slowly, but sometimes it can develop and spread quickly. Cervical cancer is one of the cancers that can occur in young women.

Diagnosis of cervical cancer

Various tests are used to detect cervical cancer including:

- colposcopy - examines the vagina and cervix with a magnifying instrument to check for abnormalities
- biopsy - a small tissue sample is taken from the cervix during a colposcopy
- cone biopsy - a larger tissue sample is removed from the cervix under anaesthetic.

Treatment for cervical cancer

Some of the treatments for cervical cancer include:

- cone biopsy - if detected early, some cervical cancers can be removed during a biopsy
- hysterectomy - the removal of the uterus
- radiotherapy - the use of x-rays to destroy the cancer cells
- chemotherapy - the use of anti-cancer drugs that stop cancer cells from multiplying.

When a cure for cervical cancer isn't possible

If cervical cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms. This is called palliative treatment.

HPV vaccine

There are two HPV vaccine brands available in Australia to help prevent cervical cancer: Cervarix® and Gardasil®9. Both vaccines work by preventing infection with two types of HPV, types 16 and 18. These two types have been shown to cause 70 per cent of cervical cancers.

Gardasil®9 also protects against HPV types 6 and 11, which cause almost all genital warts, and types 31, 33, 45, 52 and 58, which prevent an additional 15 per cent of all cervical cancers. The Gardasil®9 vaccine (which provides protection against nine types of HPV) replaced the Gardasil® vaccine (which protected against types 6, 11, 16 and 18) from 2018.

In 2013 the free National HPV adolescent vaccination program was extended to include boys, to help provide some protection from HPV-related cancers that affect men, such as penile and anal cancers.

Immunisation with Gardasil®9 vaccine involves a course of two injections a minimum of six- months apart for

children under 15 years of age, or three injections over a six month period for people from 15 years of age.

Immunocompromised individuals require three doses of the HPV vaccine to attain adequate protection regardless of their age. The doses should be given with a minimum interval of two months between doses one and two and a minimum of four months between doses two and three.

In Victoria, the HPV vaccine is available free of charge under the National Immunisation Program for all adolescents in year seven of secondary school (aged 12–13 years). The two-dose course of the vaccine is given at school, or can also be given by a local doctor or at a council immunisation session.

The vaccine provides best protection if it is completed before a person becomes sexually active.

The benefit of the vaccine may be reduced for older men and women who have already had sex. Talk to your doctor about whether or not the vaccine may be beneficial for you and whether you are age eligible for the free vaccine or require a prescription.

The National Cervical Screening Program recommends that all women aged between 25 and 70 years who have ever been sexually active should have a Cervical Screening Test every five years, even if they've had the HPV vaccine.

Where to get help

- Your GP
- Gynaecologist
- Local community health centre or women's health nurse
- **Family Planning Victoria** Tel. **(03) 9257 0100** or **1800 013 952**
- **National Cervical Screening Program** Tel. **13 15 56**
- **Cancer Council Victoria, Information and Support Service** Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

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