Dear Alice,

I am not having much success finding info about cervical cancer online; can you advise?

Answer

Dear Reader,

With information abounding on the web, it may seem difficult to decipher what is wrong from what is right. Fortunately, Go Ask Alice! can do the work for you!

The lower part of a woman's uterus connects to the vaginal canal at the cervix, which is the location where cervical cancer occurs. The Human papillomavirus (HPV) types 16 and 18 cause approximately 70 percent of cases of cervical cancer. If a woman contracts HPV, her immune system usually inhibits the virus from harming the cervical cells over time. However, in some instances, HPV can cause the cervical cells to become abnormal and turn cancerous. Risk factors that may increase one's likelihood of contracting HPV and developing cervical cancer include having many sexual partners, early initiation of sexual activity, contraction of sexually transmitted infections (such as chlamydia, gonorrhea, or HIV/AIDS) having a weak immune system, and cigarette smoking.

If detected early, cervical cancer is one of the most successfully treatable cancers. Screening is highly recommended to prevent the development of cervical cancer and to initiate treatment if the disease is caught at an early stage. The Pap test (also known as the Pap smear) and the HPV (human papilloma virus) test are two types of cervical cancer screenings. Both tests are available through a health care provider. The American Cancer Society (ACS) recommends the following guidelines for early detection:

- **Women under 30**: All women should begin cervical cancer screening at age 21. Women between the ages of 21 and 29 should have a Pap test every 3 years.
- **Women ages 30 to 65**: Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. This should continue until age 65. Another reasonable option for women 30 to 65 is to get tested every 3 years with just the Pap test.
- **Women over 65** years of age who have had regular screening in the previous 10 years should stop cervical cancer screening, as long as they haven't had any serious precancers (like CIN2 or CIN3) found in the last 20 years. Women with a history of CIN2 or CIN3 should continue to have testing for at least 20 years after the abnormality was
Women of any age should NOT be screened every year by any screening method. Women who are at high risk for cervical cancer may need to be screened more often. They should follow the recommendations of their health care providers. Women with abnormal test results: Although annual (every year) screening should not be done, women who have abnormal screening results may need to have a follow-up Pap test done in 6 months or a year. Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening, unless the hysterectomy was done as a treatment for cervical pre-cancer (or cancer). Women who have had a hysterectomy without removal of the cervix (called a supra-cervical hysterectomy) should continue cervical cancer screening according to the guidelines above.

The HPV vaccine is available for women (and men too!) between the ages of 9 and 26 years old. This series of shots allows women to protect themselves against multiple strains of HPV that are highly associated with cervical cancer. However, it is important to remember that women who have had the HPV vaccine should still follow the ACS screening guidelines above. For more information about vaccinations, you can check out the related Q&As. For more information, you can check out the American Cancer Society’s page on cervical cancer. The ACS also has an extensive list of links to other reliable information sources.

Thanks,

Alice!

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