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Cervical Cancer: An Update on the Facts

by Dr. Howard Saul

*"I thought that cervical cancer was something out of the past.
Why are we seeing so many cases of precancer and cancer of the cervix today?"*

Many women ask these and other questions about cervical cancer each day. In this article, I will answer some of the most common questions and concerns women have about this all too common cancer.

How common is cervical cancer?

It is estimated that 12,000 women will get invasive cervical cancer and 4,210 women will have died of this disease in 2010. Many more women will be diagnosed with Cervical Intraepithelial Neoplasia (Precancer/CIN) each year.

What are the causes and risk factors for cervical cancer?

We are constantly learning more about the causes of cervical cancer and we have a lot more to learn. It is currently believed that Human Papilloma Virus (HPV) is the major cause of cervical cancer. Most importantly, it is believed that HPV by itself is not enough to cause cervical cancer. There needs to be co-factors before cancer can occur. The most important co-factor that we have learned about is cigarette smoking. Cigarette smoking, either actively or passively can weaken the immune system of the cervix. This can, in ways currently not understood, lead to Precancer, and possibly cancer of the cervix. The message is clear; women should not smoke and should insist on working in a smoke free environment.

How common is HPV and how does one acquire it?

Human Papilloma virus is a very common virus. There are currently over 100 known subtypes of this virus. Most subtypes are not involved in cervical cancer. Most women who have this virus have no signs or symptoms of the virus. It sometimes may be diagnosed by Pap smears or by colposcopy (looking at the cervix under magnification). The virus may be transmitted through sexual contact. Most women who have this virus will never have a problem as a result of carrying it. Currently there is no cure for the virus.

How can I prevent myself from contracting HPV?

Recently the FDA approved a new vaccine to aid in the prevention of HPV. The vaccine is called Gardasil. This vaccine helps to prevent pre-cancer and cancer of the cervix, vagina and vulva. It also helps to prevent genital warts. The vaccine is now currently available and is indicated for women between 9 and 26 years of age.

If I have HPV will this vaccine help me?

This vaccine protects against four types of HPV infection. Even if you are infected with HPV this vaccine can still protect you against the other strains of the virus.

I am interested in learning more about this vaccine. What do I do?

We invite you to call our office, 856-673-0015. Our friendly staff will be to assist you in arranging a consultation, second opinions and evaluations. Our friendly staff will be able to assist you.

I have pre-cancer of the cervix. Will I eventually get invasive cervical cancer?

Most cases of pre-cancer (CIN) do not progress into invasive cancer. Pre-cancer of the cervix is a very common condition. Usually it takes many years before untreated pre-cancer progresses to cancer. This gives us time to screen for it by taking a Pap smear. Most often, local treatment can be done to the cervix on an outpatient basis with little discomfort. Most women can have children after being treated for pre-cancer of the cervix and most women do not require a hysterectomy for this condition.

With the introduction of the Pap smears, why are there still cases of cervical cancer?

The most common reason is that women are not going to their doctor for their yearly Pap smears. All women should have a baseline gynecologic exam which should include a Pap smear at the time of sexual activity or by age 18. It is recommended that all sexually active women have yearly Pap smears. It is a common misconception that women who have gone through menopause or have had a hysterectomy do not need regular Pap smears. Regular routine yearly Pap smears should be continued in most women throughout their lifetimes.

If I should get invasive cervical cancer will I die of my disease?

Most women with early invasive cervical cancer will be cured of their disease by either radical hysterectomy or radiation therapy. Most women with advanced cervical cancer will be treated by radiation therapy. Recent new studies have shown that the addition of chemotherapy to radiation can improve a woman's chance of being cured of this disease. It is important to discuss your fears and concerns with your doctor.

How is a radical hysterectomy different from a common, standard hysterectomy?

In a radical hysterectomy, more tissue around the cervix is excised to ensure that all the cancer has been removed. In addition, lymph node dissection is done to look for spread. The hysterectomy usually takes about four hours to perform and the recovery timeframe is about six weeks. Most women return to complete normal function and health after radical hysterectomy.

I heard that radiation therapy causes much damage.

Not true! Like chemotherapy, there are many misconceptions about radiation therapy. Modern radiation therapy is very safe and effective for treating cervical cancer. Most women go through treatment with little in the way of side effects. In fact, most of the side effects are easily treated during therapy and go away after the completion of therapy. Many women continue to work during their treatment course.

I've heard a lot about Robotic Surgery. Am I a candidate for Robotic Surgery?

Many gynecologic cancers can be treated with da Vinci Robotic Surgery. Ask your doctor if Robotic Surgery makes sense for you.

How can I participate in a clinical trial in cervix cancer?

There are many open clinical trials in ovarian cancer. We at the Center for Cancer are actively involved in national cooperative research groups, such as the Gynecologic Oncology Group (GOG) as well as many industry trials. You may be eligible for participation in some of the latest trials. We would be glad to discuss research treatment options with you.

Do I have to go to a big medical center in Philadelphia to get the best treatment for cervical cancer?

No. Here in South Jersey patients can receive the exact same "state of the art treatment" for cervical cancer as in the major cancer centers without leaving the safety and security of their hometown. This approach makes cancer treatment easier for the patient and her family. The latest research studies are also available and can be done locally as well.

What is a gynecologic oncologist and how can one help me?

A Gynecologic Oncologist is a physician who has taken special fellowship training in the treatment of female pelvic cancers. They are trained in all surgical as well as medical aspects involved in the treatment of the patient with gynecologic cancer and pre-cancerous conditions. The input of a gynecologic oncologist can be a very important addition to your medical team. They are also available for advice and second opinions.

Are there any dumb questions that I shouldn't ask my doctor?

No. The only dumb questions are those that you do not ask. It is easy to forget an important question while you are in the doctor's office, so I encourage patients and family to try to write down questions ahead of time and ask them as they pop in to your mind. Don't ever be afraid to ask.

About Dr. Saul

Dr. Howard Saul is a board certified gynecologic oncologist. He lives in Cherry Hill with his wife Gail. He has 2 children, Michael and Lauren, a son-in-law, Yisroel, and two grandsons, Shneur Zalman and Dov Ber. He has been treating women with gynecologic cancer in South Jersey for over 20 years. His philosophy of practice is to deliver the latest in cancer care to the women of South Jersey. He is on the staff of many area hospitals. He has been involved in many pioneering cancer treatment studies, and is an active invited speaker at many medical meetings and cancer support groups. Most

importantly, he believes in giving knowledge, hope, support, compassion and a friendly smile to the many women and their families facing cancer.

Questions? Dr. Saul welcomes your questions on any area of gynecologic oncology. Email him at: HMSAUL@centerforcancer.com.