Your guide to Cervical cancer

ZURICH

Cervical cancer

The cervix is the narrow part of the uterus (womb) which joins to the vagina. It's sometimes referred to as the neck of the womb. It's part of the female reproductive system and has two parts, the endocervix (inside, tube-like structure) and the ectocervix (the outer surface facing the vagina).

Cervical cancer begins when cells which have become abnormal begin to grow in an uncontrolled way and form a tumour. It can begin in different areas of the cervix and in different types of cells, but most cervical cancers begin in the area where the cells of the endocervix and the cells of the ectocervix meet, called the transformation zone.

- **Squamous cell cervical cancer** – this is the most common type of cervical cancer, accounting for 80-90% of diagnoses. It begins in the skin-like cells of the outer surface of the ectocervix.
- **Adenocarcinoma of the cervix** – this type of cervical cancer has become more common in recent years and now accounts for 10-20% of diagnoses. It begins in the secretory, glandular cells of the endocervix which produce mucus.
- **Adenosquamous carcinoma** – a rarer type of cervical cancer accounting for between 3 and 10% of diagnoses. This type of cancer has both squamous and glandular cell involvement.
- **Small cell cancer** – this is very rarely diagnosed in the cervix. Less than 5% of cervical cancers diagnosed are small cell. Usually fast growing, these cancers are treated differently than other cervical cancers.

In the UK, around 3,300 women are diagnosed with cervical cancer each year. This equates to approximately nine cases per day.*

It is the 14th most common cancer in females in the UK.

More information about small cell cancer of the cervix

More information about the types and grades of cervical cancer

*Sources
www.cancerresearchuk.org/about-cancer/cervical-cancer/about

Risk factors

Anyone with a cervix can develop cervical cancer including women, trans men and non-binary people assigned female at birth. People who have had a total hysterectomy cannot develop cervical cancer, as the cervix is removed during the operation along with the uterus.

Certain things, some of which can be changed and others which cannot, can increase the risk of developing cervical cancer. Having one or more of these risk factors does not guarantee a diagnosis of cervical cancer and some people who are diagnosed do not have any of the known risk factors.

- **Age** – cervical cancer is most diagnosed in people aged 30 to 34 but can occur at any age. It's very rare in women under the age of 25.
- **Human Papilloma Virus (HPV)** – nearly all cases of the main types of cervical cancer are caused by HPV infection. HPV is very common and almost everyone will come into contact with it during their lifetime but for most it will cause no problems and require no treatment as it will resolve naturally. Many people will not realise they have got it. It is passed on through skin-to-skin contact, usually of the genital regions, or sharing sex toys. Full intercourse is not necessary to transmit HPV. Using condoms can reduce the risk of HPV infection but not completely prevent it. There are many different types of HPV and around 14 are considered high risk for cervical cancer. Two types of HPV (HPV 16 and HPV 18) are responsible for around 70% of all cervical cancer cases.
- **Conditions which weaken the immune system** – for example HIV or AIDS.
- **Other sexually transmitted infections** – the risk of developing cervical cancer is thought to be higher for women who have both HPV and chlamydia.
- **Smoking** – the risk of cervical cancer increases with the number of cigarettes smoked per day.
- **Oral contraception** – taking the contraceptive pill for more than five years increases the risk of cervical cancer. This increase begins to fall back towards normal as soon as the pill is stopped and after ten years the risk is the same as for someone who has never taken the pill. Taking the pill also slightly increases the risk of breast cancer but, importantly, it can help to reduce the risk of uterine (womb) and ovarian cancers.
- **Family history** – the risk of squamous cell cervical carcinoma is increased if your mother, sister or daughter has had cervical cancer. The reason for this is not clear but may be genes or other shared factors including HPV infection.

Click here to find out more about risk factors

Symptoms

Cervical cancer is often found during screening and treated before it starts to produce any symptoms, but it is important to be aware of the symptoms which can occur:

- heavier than usual periods
- bleeding from the vagina between periods
- bleeding from the vagina after sex
- bleeding from the vagina in post-menopausal women (when periods have stopped)
- smelly discharge from the vagina
- urine infections which don't clear up or keep coming back
- lower abdominal or back pain

If you develop any of these symptoms, it's important to see your GP as soon as possible, rather than waiting for your next cervical screening invitation. These symptoms may not be caused by cervical cancer, but they could indicate another condition that requires treatment.

Cervical cancer screening

This test, which used to be called a smear test, checks for the presence of high-risk HPV infection and, if found, the health of a sample of cervical cells. The aim is to detect any changes in cells early and treat them to stop them developing into cervical cancer.

Cervical screening is offered to all women aged between 25 and 64 in the UK. Women aged 64 with recent high-risk HPV or abnormal cervical cells will continue to be invited for screening until these are no longer detected.

How frequently women are invited for screening depends on which UK nation they live in:

England, Scotland and Wales
Every five years between the ages of 25 and 64.

Northern Ireland
Every three years between the ages of 25 and 49 and every five years after that until aged 64.

Click here to find out more about cervical screening

Trans men who are registered as male with their GP, and non-binary people assigned female at birth may not be automatically invited. It's important that anyone with a cervix checks with their GP about accessing cervical screening. Trans men who have had a total hysterectomy do not need cervical screening as the cervix has been removed.

Cervical screening is estimated to save thousands of lives each year, so it's vital that everyone with a cervix takes up the offer when invited.

Helpful tips about cervical screening for transgender, non-binary and intersex communities can be found here

More information about cervical screening and how it's done can be found here

Diagnosis and investigations

If a cervical screen comes back as positive for HPV, it will be checked for abnormal cervical cells. If none are found, the person will be invited for a repeat cervical screen in one year rather than the usual three or five years.

If both HPV and abnormal cells are found, they will be referred for further investigation through a colposcopy.

Anyone who visits their GP with symptoms that could indicate cervical cancer may also be referred for a colposcopy, regardless of their screening history.

Colposcopy

A special microscope is used to view the cervix. The colposcope remains outside the body while a speculum is used to gently open the vagina. Special stains or dyes may be used to make the cells easier to see.

If areas of concern are noted during the colposcopy, the doctor or specialist nurse may carry out one of the following:

Large loop excision of the transformation zone (LLETZ)

Sometimes called a loop electrosurgical excision procedure (LEEP) – a loop shaped tool is passed into the vagina which has been opened with a speculum and an electric current is passed through the loop to heat it up and burn away the areas of concern. The cervix will have been numbed with a local anaesthetic before the procedure begins, so it should not be painful.

Needle excision of the transformation zone (NETZ)

This is a similar procedure to the LLETZ, but the tool used is a thin wire instead of a loop.

Cone biopsy

A small sample of cells in the shape of a cone is taken from any areas of concern to be checked for cancer. This is usually done under a general anaesthetic, so you will be asleep throughout.

LLETZ, NETZ and cone biopsy - used to remove abnormal cells found during colposcopy or to take samples to diagnose cervical cancer.

Scans - including MRI, PET-CT, or PET-MRI, are often used to build detailed 3D images of the body. These scans may involve mildly radioactive drugs that are drawn to cancer cells, helping to highlight areas of concern and assess the size and spread of cancer.

Pelvic examination under general anaesthetic - this procedure allows a doctor to examine the cervix, vagina, uterus (womb), bladder, rectum and sometimes bowel for any signs of abnormal cells and take samples if needed. It's performed under general anaesthetic, so you will be asleep throughout.

More information about diagnosing cervical cancer can be found here

Treatment

Removing abnormal cells found during cervical screening or colposcopy can often stop cervical cancer from developing. If these cells aren't treated in time, they may turn into cancer.

Treatment depends on the size and location of the cancer, and whether it has spread. They may be used alone, or in combination to maximise their effect. Some treatments aim to cure the cancer, while others help control symptoms and slow its growth.

Surgery

This is often the primary treatment for cervical cancer when it's detected early. Depending on the extent of the disease, the procedure may involve removing:

- Part of the cervix, if the cancer is very small.
- The cervix and upper part of the vagina.
- The cervix, upper vagina, and womb (hysterectomy), which may also include removal of the ovaries and fallopian tubes.
- More extensive surgery, involving the cervix, womb, ovaries, fallopian tubes, and possibly parts of the bladder, bowel, vagina, or rectum. This is typically reserved for cases where the cancer has returned and no other treatment options are viable.

In some cases, lymph nodes may also be removed during surgery if there's concern that the cancer has spread to them.

Chemotherapy

Drugs that are toxic to cells are used to kill the cancer.

Radiotherapy

Targeted radiation is used to kill the cancer. This may be in the form of external beam radiotherapy or internal radiotherapy (brachytherapy) delivered via a probe inserted into the vagina.

Targeted therapy

These drugs target specific features on cancer cells to identify them and disrupt their growth and survival. Targeted therapy is used to shrink cervical cancer that has spread or returned after treatment, or to prevent it from growing further. It will not cure the cancer.

Click here to find out more about treatments for cervical cancer

Living with or after cervical cancer

Fertility

If cervical cancer is found early, some types of surgery may be able to leave the uterus in place, which means you could still become pregnant in the future. Procedures like cone biopsy or LLETZ carry a small risk of complications in future pregnancies, such as premature birth or low birth weight.

Radical trachelectomy (removal of most of the cervix and part of the upper vagina) can also affect pregnancy, increasing the risk of miscarriage or early delivery. However, people have had successful pregnancies after this procedure. If you've had a trachelectomy, you'll need to give birth by caesarean section because the cervix is stitched closed during surgery.

Radiotherapy for cervical cancer affects the uterus which means you won't be able to carry a pregnancy afterwards. Some chemotherapy drugs can affect the ovaries and lead to early menopause. If you're hoping to have children in the future, it may be possible to freeze eggs or ovarian tissue before treatment begins. This could allow for fertility treatment or surrogacy later on.

It's really important to talk to your doctor about your hopes for having children before starting any treatment. They can help you understand your options and make a plan that's right for you.

Read more about fertility and treatment for cervical cancer

Menopause

Some treatments for cervical cancer can lead to menopause. If your ovaries are removed during surgery, menopause will start straight away and be permanent. Chemotherapy can also affect how your ovaries work, which might cause symptoms of menopause. This may be temporary or permanent. Radiotherapy can also damage the ovaries, inducing temporary or permanent menopause, usually beginning around three months after treatment.

When menopause is caused by cancer treatment, it often happens more quickly than natural menopause. This means your periods may stop sooner, and symptoms like hot flushes or vaginal dryness can appear more suddenly.

There's plenty of support available to help you manage these changes. Your healthcare team can offer advice and may be able to connect you with local services or support groups that understand what you're going through.

Read more about menopause and cervical cancer

Bowel and bladder problems

Radiotherapy to the pelvic region, including both internal (brachytherapy) and external beam, can cause problems with the bladder and bowel. For most people, these are the most distressing side effects. Advice, equipment and medications can help reduce the impact of bladder and bowel problems on daily life, so it's important to speak to your clinical team if you are experiencing any issues.

Read more about bladder and bowel problems

Fatigue

Feeling extremely tired - even after resting or sleeping - is very common during and after cancer treatment for many people. It's important to listen to your body and rest when you need to. At the same time, gentle activity like short walks or light stretching can actually help reduce fatigue over time. Finding the right balance between rest and movement is key.

Read more about fatigue

Sex and relationships

Being diagnosed with cervical cancer - and going through treatment - can affect your relationships and sex life, both physically and emotionally. If you're worried about changes to your sex life or relationships, it's important to talk to someone. Your clinical team can offer advice, help you manage any physical symptoms, and guide you to further support if needed.

Read more about sex life and cervical cancer

Lymphoedema

Lymphoedema is swelling caused by a build-up of fluid when the lymphatic system is damaged. This can happen after surgery or radiotherapy, especially if lymph nodes are removed or treated. Exercise can help lower the risk, and your care team can offer advice before treatment starts.

If lymphoedema becomes severe, it may affect movement and make daily tasks harder. Specialist services can help manage severe lymphoedema, including massage and compression garments to manage symptoms.

Read more about lymphoedema after cancer treatment

Work and finances

Most people will need to take some time off work during cancer treatment either to recover from procedures or manage side effects. While it's not a requirement to tell employers about a cancer diagnosis it can often help them to offer appropriate support both during time off and on return to work.

Macmillan offer advice for employees and employers about working with cancer:

How to discuss your cancer diagnosis with your employer | Macmillan Cancer Support

Macmillan at Work | Macmillan Cancer Support

Apart from needing to take time off work, cancer can have a financial impact in other ways, for example, costs of travelling to appointments, needing a warmer house during treatment etc. Some people on low incomes may be eligible for benefits payments or help with health costs. Hospital cancer units often have access to benefits advisors who can help or may be able to signpost to other organisations such as Maggie's Centres or Citizen's Advice.

It may be possible to claim a one-off, small grant from some charities either for a particular expenditure or for general help. Macmillan have information about grants and loans, including their own Macmillan grants, on their website Grants and loans for people with cancer.

People who have been diagnosed with cancer are entitled to free NHS prescriptions. GPs or hospitals can provide the forms required to apply for a prescription cost exemption certificate and once an application has been made, pharmacists can supply forms to reclaim costs incurred for prescriptions issued while waiting for the certificate.

More information can be found here at Help with NHS prescription costs

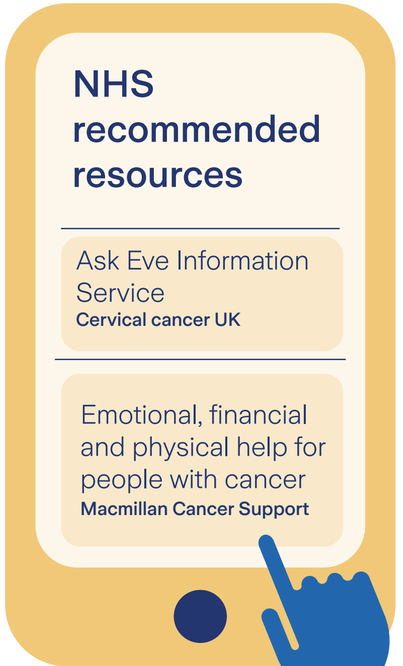
Emotional support

A cancer diagnosis can turn the world upside down whether it's you or someone close to you who has received it. Many people hear the word cancer, then don't take in anything else that's said during the appointment.

At first, the appointments for tests, scans, consultant discussions and treatment coming one after the other can feel like being carried along by a current with no time to think about or process what is happening.

Lots of resources are often provided in a very short space of time to signpost people to organisations that can help or trusted sources of information, but it can be overwhelming and easy to forget what has and has not been said or provided.

Many employers have employee assistance programmes (EAPs) such as the one provided by Zurich, which can offer counselling and advice. Some people find speaking to someone who has been through a similar experience to them helpful, while others prefer to speak to a healthcare professional. There is support out there in many different forms, but it's important to use reliable organisations.



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Registered in England and Wales under company number 02456671.
Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

NPL850094001 (11/25)