

Cervical Cancer: Prevention & Early Detection **ACTION Project:**



Access to Cancer Training, Information,
Outreach, and Navigation



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Welcome

- Thank you for letting us speak with you today!
- Cancer affects the whole world. It is important that you know what you can do to prevent/reduce your risk and the risk of your loved ones.
- Today we are speaking about cervical cancer.
- This Project is funded by the Cancer Prevention Research Institute of Texas (**project number PP160048**) and is managed by the Center for Community Health Development, School of Public Health at Texas A&M, National Community Health Worker Training Center at Texas A&M. The name of the project is: *“ACTION: Access to Training, Information, Outreach and Navigation.”*
- ACTION’ s purpose is to engage Community Health Workers (CHWs) and partner organizations to deliver more effective cancer education on prevention, detection, treatment and survivorship.



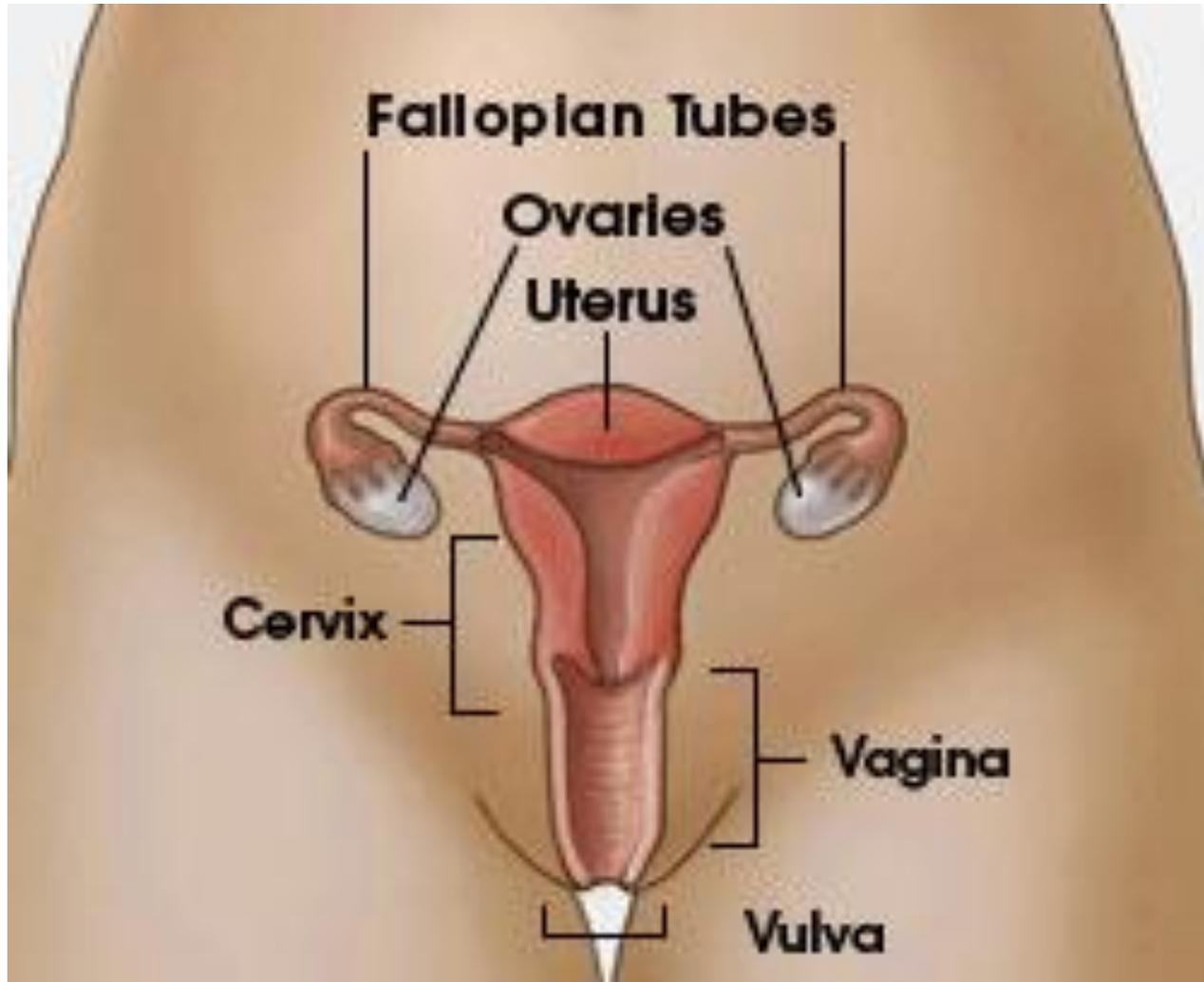
Welcome

- **ACTION Project: Access to Cancer Training, Information, Outreach and Navigation**

Introduction to the Topic: The Female Anatomy

- If abnormal cells on the surface of the cervix spread deeper into the cervix, or other tissues or organs, the disease is then called cervical cancer, or invasive cervical cancer.

Female Anatomy

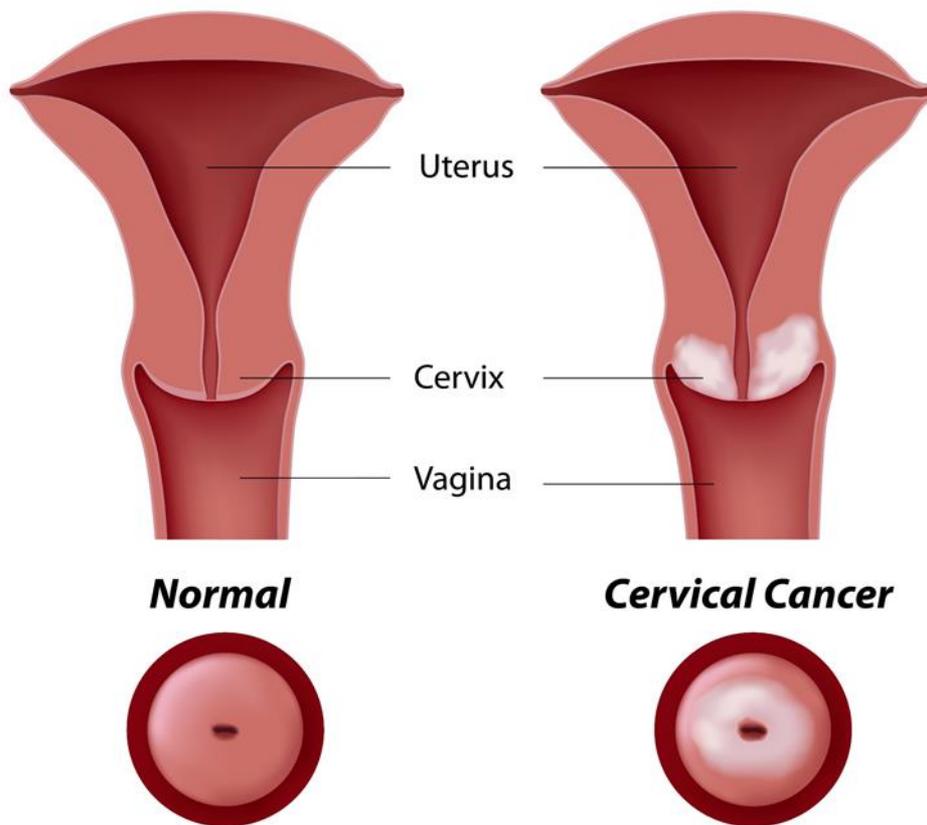


What is Cervical Cancer?

- Cancer is a group of diseases that cause cells to reproduce in an abnormal or disorganized manner
- Cancer occurs when cells of one or more body parts die abnormally
- Cervical cancer is a malignant tumor that originates in cells of the cervix. A malignant tumor is a group of cancer cells that could grow into (invade) the surrounding tissues or spread (metastasize) to distant areas of the body.
- Most cervical cancers are squamous cell carcinomas (80-90%) and adenocarcinomas (10-20%).
- Begin in the cells of the cervix, when they begin to grow out of control and invade other tissues.
- There are different stages—0 to 4. The higher stages, have lower rates of survivorship.



What is Cervical Cancer?



Who is at risk for cervical cancer?

- Each year more than 12,000 new patients develop cervical cancer.
- >4,000 women die (each year) in the United States.
- Worldwide, >500,000 new cases are diagnosed each year.
- In the world a woman dies of cervical cancer every 2 minutes.
- Most cases of cervical cancer are diagnosed in women younger than 50 years.



Who is at risk?



Cancer Survivorship

- As of January 1, 2014, approximately 14.5 million Americans were living with a history of cancer.
- About 69% of adults diagnosed with cancer are expected to live at least five years after the cancer is discovered.
- Only 5% of cancer survivors- 1 in 20 people- are younger than 40 years.



Cancer Survivorship



Cervical Cancer in Hispanics

- Hispanic women are almost twice as likely to have cervical cancer, and 1.5 times more likely to die from cervical cancer as compared to non-Hispanic White women
- In the United States, Hispanic women are most likely to get cervical cancer (American Cancer Society).
- Hispanic women are less likely to get regular Pap tests
- Lower acculturated Hispanic/Latino women are less likely to ever have received a Pap smear screening

Cervical Cancer in Hispanics



Who is at risk?

HIGHER RISK

1. **HPV:** (Human Papiloma Virus) the main risk factor
2. **Smoking** – Women who smoke are about twice as likely as non-smokers to get cervical cancer
3. **Immunosuppression** – Human immunodeficiency virus (HIV), damages the body's immune system and increases the risk for HPV infections. Women with AIDS are at an increased risk for cervical cancer.
4. **Chlamydia** – Studies have shown a higher risk of cervical cancer in women who have previously had the STD.
5. **Oral Contraceptives**–Evidence shows that taking oral contraceptives for a long time increases the risk
6. **Poor Diet:** Overweight women are more likely to develop adenocarcinoma of the cervix.
7. **Lack of physical activity:** May also lead to overweight
8. **Poverty:** Women of low income who do not have access to health services
9. **Three or more pregnancies.** Women who have had 3 or more full term pregnancies have an increased risk.
10. Women who were **younger than 17 years** when they had their first full term pregnancy
11. **Family History.** If your mother or sister had cervical cancer, your risk is 2-3 X more of getting it.

LOWER RISK

1. **Intrauterine Device:** A lower risk of cervical cancer and / or endometrial cancer in women using intrauterine devices



Who is at risk?



HPV (human papilloma virus)

- A large group of viruses; About 40 types can infect the genital areas; Some have a high risk of Cervical cancer
- Genital HPV infections usually go away by themselves.
- If one becomes chronic, can cause changes in cervical cells and lead to cancer.
- > 90% of cervical cancers are caused by HPV infection
- Mexican Americans were more associated with a higher prevalence of HPV

Women and men can get HPV

- It is transmitted through any type of sexual contact and some people may not know they are infected. Women and men can transmit it to their partners unknowingly, because often there are no signs or symptoms

How to reduce the risk of getting HPV?

- The practice of abstinence and avoiding any type of genital contact
- Maintaining a monogamous relationship, but you could get HPV if your partner is infected.
- The use of condoms, but condoms do not provide 100% protection
- HPV vaccine (Cervarix and Gardasil) - a series of 3 vaccines that protect against certain types of HPV, which will not treat an infection that is already there. Vaccines are usually covered by most health insurance plans or government programs for vaccination in children younger than 18 years. Talk to your healthcare provider for more information

HPV (human papiloma virus)



What are the signs and symptoms of Cervical Cancer?

- Women with early cervical cancers and pre-cancers usually have no symptoms; symptoms usually do not start until cancer becomes invasive and grows into nearby tissue.
- Abnormal vaginal bleeding – bleeding after sex, bleeding after menopause, bleeding and spotting between periods, and having periods that are longer or heavier than usual.
- An unusual discharge from the vagina – may contain some blood and may occur between your periods or after menopause.
- Pain during intercourse
- Pelvic pain
- Increased frequency of urination
- Blood in the urine
- Low back pain
- These symptoms can also be caused by other conditions but if caused by cancer, ignoring them may allow the cancer to progress and lower the chance for effective treatment.

What are the signs and symptoms of Cervical Cancer?



What Can I Do?

- **American Cancer Society Recommendations:**
 - All women should begin testing for cervical cancer at age 21.
 - Women 21 to 29 should have a Pap test every 3 years.
 - After 30 years of age, the preferred form for testing is taking the Pap test in combination with an HPV test every 5 years.
- **Preventative Measures:**
 - Avoid exposure to HPV - no sexual risk behavior
 - » Monogamous relationships
 - » Condom Use
 - » Abstinence
 - Vaccination against HPV
 - No smoking
 - Healthy Diet
 - Increased physical activity
 - Do not wait for symptoms, get regular Pap tests (HPV) and pelvic exams

What Can I Do?

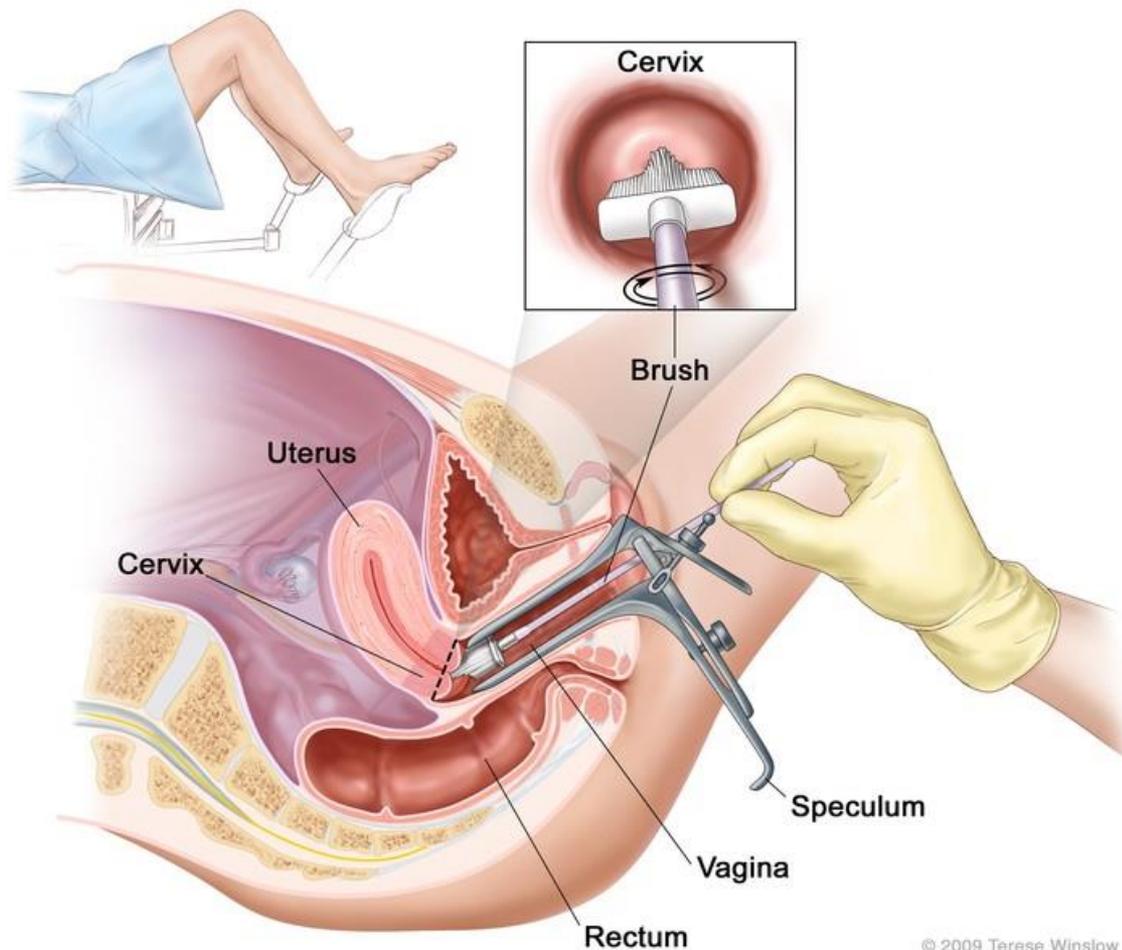


What are the methods to detect cervical cancer?

- 1. HPV Test and the Pap Smear** - are similar tests done on a sample of cells from the patient's cervix. The doctor may test for HPV at the same time as a Pap test.
- 2. Tests for women with symptoms or abnormal Pap test.**
 - Colposcopy - Allows the physician to view the surface of the cervix closely and clearly. It is painless, has no side effects, and can be done safely, even if you are pregnant.
 - Cervical Biopsy. If an abnormal area is seen in the cervix, a biopsy is performed. A small piece of tissue from the abnormal area is removed and sent to be examined. It is the only way to know with certainty whether an abnormal area is a pre-cancer, cancer of the truth, or none. It can cause discomfort, cramping or pain.
- 3. Tests for women with cervical cancer - If a biopsy indicates that cancer is present, the doctor may order a test to see how far the cancer has spread.**
 - Cystoscopy-Allows the doctor to check your bladder and urethra to see if the cancer is growing in these areas. Anesthesia is used.
 - Proctoscopy- Consists of a visual inspection of the rectum through a lighted tube to check if the cancer has spread into the rectum.
 - Pelvic examination under anesthesia - to check if the cancer has spread beyond the cervix.
 - Studies using Image - MRI, CT scan - to show whether the cancer has spread beyond the cervix.



What are the methods to detect cervical cancer?



© 2009 Terese Winslow
U.S. Govt. has certain rights

Cervical Cancer Myths

Myth: Cervical cancer cannot be prevented.

Fact: Cervical cancer can be prevented. A Pap test checks for changes in the cells of your cervix. If any cell changes are found, they should be followed-up closely and, if needed, they can be treated so the cancer does not develop. To reduce your risk of cervical cancer you should:

- have Pap tests regularly
- talk to your healthcare provider about the HPV vaccine (you still need to get Pap tests even if you do get the vaccine)
- limit the number of sexual partners you have
- use condoms
- practice abstinence or start sexual activity later in life
- not smoke and limit second-hand smoke exposure

Myth: I am too young to need a Pap test.

Fact: Many cases of cervical cancer occur in older women, but younger women can still get cervical cancer. You should have Pap tests regularly starting at age 21, or 3 years after becoming sexually active which ever comes first, and every 3 years until the age of 29.

Myth: I am too old to need a Pap test.

Fact: Pap tests should be a regular part of your health routine until you are at least age 70. The risk of cervical cancer does not decrease with age, even if you have the same sexual partner or are no longer sexually active. Continued regular screening is very important. If you have a hysterectomy, talk to your healthcare provider about whether Pap tests are still needed.



Myths and Facts



Common Errors

Cervical Cancer Myths

Myth: There is no history of cervical cancer in my family so I do not need to worry about it.

Fact: The risk of cervical cancer is still present even if no one in your family has had it. Cervical cancer is caused by certain types of human papillomavirus (HPV) that are spread by intimate sexual contact. If you have ever been sexually active, you should have regular Pap tests.

Myth: I have no symptoms so I do not need to worry about getting a Pap test.

Fact: Most people infected with HPV never have symptoms. Ninety percent of HPV infections in women clear up on their own in less than 2 years. In rare cases, the HPV infection does not go away and causes cell changes that can lead to cervical cancer after many years if left untreated. Pap tests check for cervical cell changes caused by HPV. These changes can be followed-up closely and treated to prevent cervical cancer. If you do have symptoms (bleeding between periods or after sexual intercourse) between Pap tests, see your healthcare provider.

Myth: Women who have the HPV vaccine do not need to get a Pap test.

Fact: The HPV vaccine does not protect against all the types of HPV that cause cervical cancer. Women still need Pap tests regularly even if they have been vaccinated against HPV.



Myths and Facts



Cervical Cancer Myths

Myth: Condoms protect against HPV.

Fact: Although condoms work well to prevent other sexually transmitted infections (STI), they offer less protection against HPV. HPV can be found on skin not covered by condoms.

Myth: If I have an abnormal Pap test, it means I have cervical cancer.

Fact: An abnormal Pap test does not mean you have cancer. An abnormal Pap test means the cells taken from your cervix look different from normal cells when seen under a microscope. These cell changes can develop into cervical cancer over many years if left untreated. All women with an abnormal result should be followed-up closely.

Myth: The Pap test tells you if you have HPV or other sexually transmitted infections.

Fact: The Pap test only detects cell changes in the cervix. It does not tell you if you have an STI, including HPV. There are separate tests to check for other STI (i.e. Chlamydia or Gonorrhea). The Pap test sample **may** be used to test for high risk HPV. When a woman 30 years or older is found to have borderline cell changes on her Pap test, the sample may be tested for high risk HPV. This test helps decide whether the woman should go for more specialized tests. HPV testing is not recommended for women younger than 30. This is because HPV is very common in women younger than 30 and will usually clear on its own. Pap tests are still the best way to find abnormal cell changes. Talk to your healthcare provider if you would like more information about HPV testing.



Myths and Facts



Cervical Cancer Myths

Myth: If I have HPV, my current partner must have given it to me.

Fact: Genital HPV is spread easily by intimate skin-to-skin contact in the genital area. This includes touching, oral sex, or intercourse with a partner of either sex. HPV is very common. It can go undetected for many years. For most people, it is difficult to know when they were infected or who infected them.

Myth: If I have HPV, I will get cervical cancer.

Fact: Over 90% of sexually active men and 80% of sexually active women will get HPV in their lifetime. Most people infected with HPV never show any symptoms. The body's immune system usually clears the virus within 2 years. Some low risk types of HPV can cause genital warts when the virus does not clear on its own. About a dozen high risk types of HPV can cause cervical cell changes if the HPV infection does not go away. If untreated these cell changes can develop into cervical cancer over many years. Pap tests are the best way to find abnormal cell changes to prevent them from developing into cancer.



Myths and Facts



What are the barriers that limit women getting screened for cervical cancer?

- Fear of results.
- Language
- Access to medical attention (preventive exams)
- Financial (Medical expenses)
- Culture



What are the Barriers?



Review

- The importance to Hispanic women.
- Recommendations for prevention.
- Cervical Cancer can be prevented with regular exams.



Finally...



Cervical Cancer can be prevented with regular exams.

Questions

- ❑ What questions do you have?
- ❑ Now let's talk about treatment options for cervical cancer.

PURPOSE OF TRAINING:

- Residents will gain knowledge about treatment options for cervical cancer.

ACTION Project:

Access to Cancer Training, Information, Outreach, and Navigation

Cervical Cancer :

Options for Treatments



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Factors that influence the prognosis of cervical cancer and treatment options

- The age and general health.
- Whether or not the patient has some type of HPV.
- The stage of cancer.
- The type of cervical cancer.
- The size of the tumor.



What influences the prognosis of cervical cancer?



What are my options? Types of Cancer:

- They behave differently
- They grow at different rates
- Respond to different treatments.
- *People with cancer need treatment that is aimed at their particular type of cancer.*

GUIDELINES:

1

- Learn all about your cancer
- Know your options
- Understand the goals of treatment.

2

- Learn the risks and benefits of each treatment option.
- Get a second opinion
- Seek help to manage the cost of cancer treatment.

3

- See guidelines and other decision-making tools
- Talk about your decision with people you trust.
- The role of statistics



What are my options?



What are the treatment options?

- A. Surgery
- B. Radiotherapy
- C. Chemotherapy
- D. Targeted Therapy

In cancer care, different types of physicians often work together to create a treatment plan that combines different comprehensive patient treatments. This is called a multidisciplinary team.



What are the treatment options?



Surgery

For early stages : Surgery

Factors that influence the prognosis:

- The primary tumor size
- Depth of stromal invasion
- How far it has spread

Recommendations for Patients After Hysterectomy:

- Consult if presence of fever, pain and foul odor
- Follow medical advice to reduce pain
- Sexual relations are restarted after about 6 weeks
- If the ovaries are removed will require hormonal therapy
- Some women may experience emotional disturbances after surgery
- Request support from your health care team, family and friends

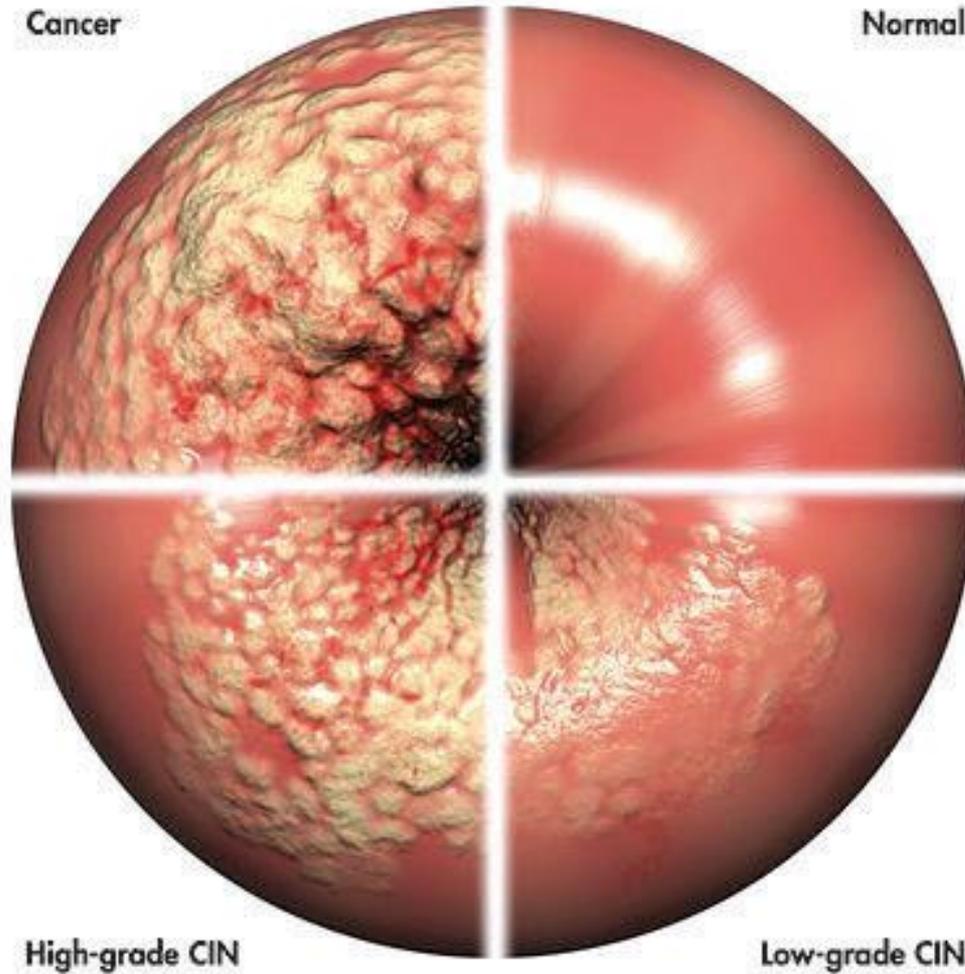
Possible Surgery Side Effects:

- Infertility
- Surgery Complications
- It is normal to have watery or bloody secretions.
- It is rare but hemorrhage may occur

Recommendations for Patients After Surgery Treatment:

- Do not put anything in your vagina
- Abstaining from sex for 6 weeks
- Attending medical checks
- No heavy lifting until the doctor says you can
- Do not use douches

Surgery



Radiotherapy

Can be Administered in 2 Forms:

1. External Radiation:

- Radiation is emitted from a machine outside the body.
- Specialized equipment to direct the beam to the tumor and areas of the body where the disease is found.

2. Internal Radiation (Brachytherapy):

- Encapsulated radioactive materials placed (seeds) inside or near the tumor.
- Intense dose of Radiation near the tumor.

Possible side effects of radiotherapy include: weakness of the pelvic bones by radiation (osteoporosis), fatigue, stomach ache, diarrhea, nausea and vomiting, cell counts low blood, immunosuppression, vaginal dryness, pain during sex

Recommendations for the patient during the Radiotherapy:

- Plan time to rest
- Moderate exercise can improve fatigue, anxiety, and self esteem
- Avoid wearing tight clothing
- Plan your work; set priorities
- Let others handle responsibilities at home
- Maintain a healthy and nutritious diet
- Do not rub the treated skin; do not put tape on it
- When taking a bath be careful not to erase the ink marks necessary for the radiotherapy
- To do not place heat or cold in the treated area
- Protect the area treated from the sun
- Inform your doctor of any medication that you are taking
- Consult your doctor of any changes that you may have with sexual activity and fertility to prevent or manage these changes accordingly

<http://www.cancer.gov/publications/patient-education/radiationtherapy.pdf>

<http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/radiation/understandingradiationtherapyaguideforpatientsandfamilies/understanding-radiation-therapy-common-side-effects>

<http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/radiation/understandingradiationtherapyaguideforpatientsandfamilies/understanding-radiation-therapy-radiation-to-pelvis>

<https://www.mdanderson.org/patient-and-cancer-information/cancer-information/cancer-topics/survivorship/side-effects-of-cancer-treatment/index.html>



Radiotherapy



Chemotherapy

- Uses drugs to stop the growth of cancer cells by killing the cells or by stopping them from dividing. The form in which it is administered depends on the type and stage of cancer. Can be administered in two ways.
1. Through mouth or injected into a vein or muscle- the drugs enter the bloodstream and can reach cancer cells throughout the body
 2. Entering in cerebrospinal fluid in an organ or body cavity (such as the abdomen) –The drugs mainly affect cancer cells in those areas.

Possible side effects - depend on the type of drug, the amount ingested and the amount of time you are treated. Temporary side effects include nausea and vomiting, loss of appetite, hair loss and mouth sores. It can also damage blood cells, resulting in an increased likelihood of infection, bleeding or bruising after cuts or injuries, shortness of breath and fatigue.

Recommendations to Patients during Chemotherapy:

- Get enough rest.
- If you have been lying a long time, first sit for a minute before standing.
- Maintain a balanced and nutritious diet.
- Moderate exercise, main goal is to stay as active as possible.
- Usually the drugs used for treatment of cervical cancer do not cause hair loss.
- Use a soft brush for cleaning teeth and use alcohol free mouthwash.
- Drink water several times a day or suck on ice chips.
- Avoid bumps, cuts.
- Do not use dental floss or tight clothing.
- Wash your hands frequently and stay away from sick people.
- Tell your doctor about any medicines you are taking.



Chemotherapy

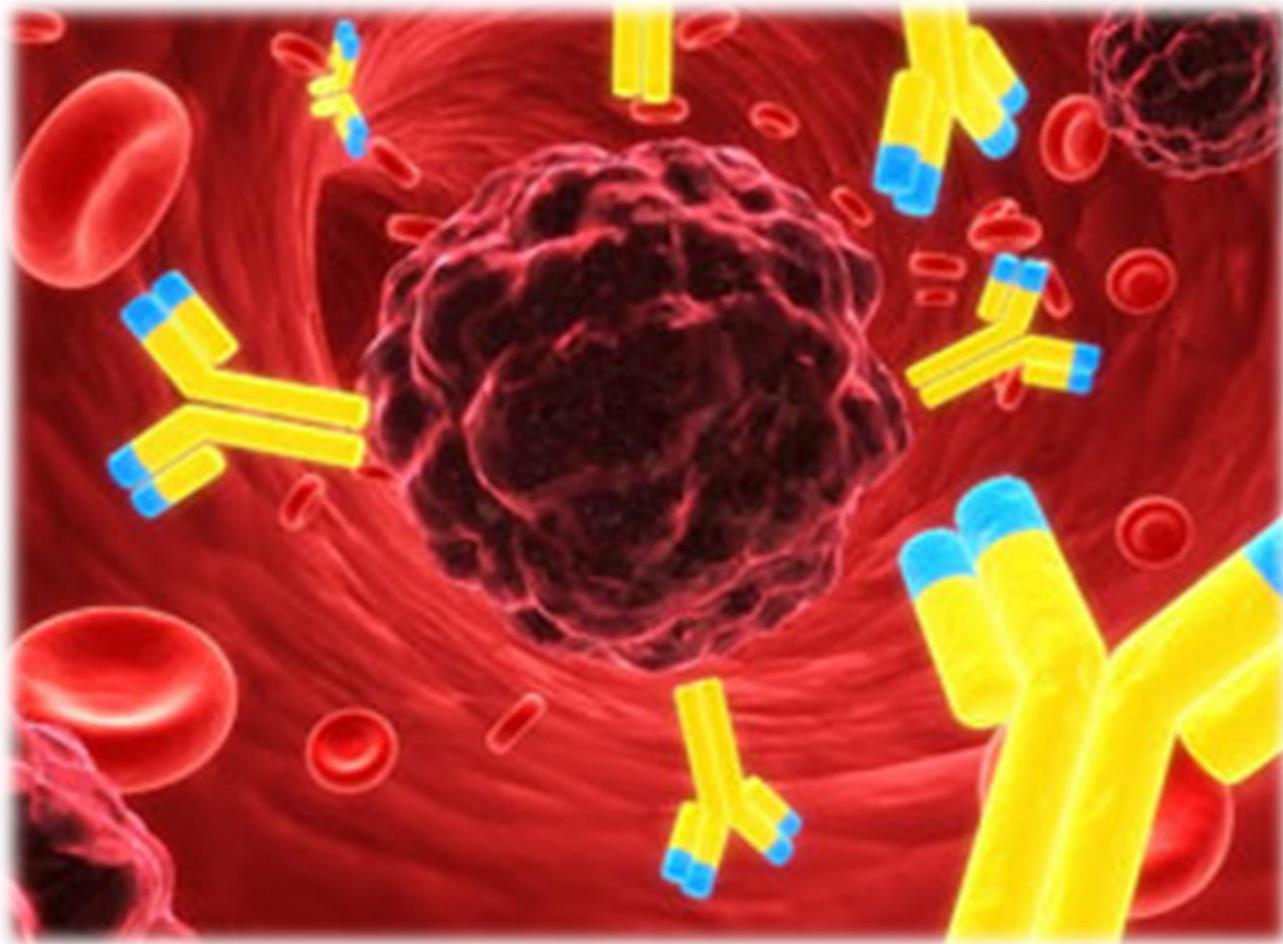


Targeted Therapy

- These targeted drugs work differently from chemotherapy drugs.
 - Target certain parts of the cancer cells involved in the growth, progression, and spread of cancer while leaving most healthy cells alone
- Some targeted cancer therapies have been approved by the Food and Drug Administration (FDA) and others are still being studied/tested.



Targeted Therapy



Cervical Cancer During Pregnancy

- Treatment recommendations:
 - Stage of the pregnancy
 - The type, location, size, and stage of the cancer
 - The woman's and her family's wishes
- Treatment must be carefully planned to ensure the woman and unborn baby are safe.
- Some cancer treatments are more likely to harm the fetus during the first three months of pregnancy. The doctor may delay treatment until the second or third trimesters. When cancer is diagnosed later in pregnancy, doctors may wait to start treatment until after the baby is born.
- In some cases, such as early-stage (stage 0 or IA) cervical cancer, doctors may wait to treat the cancer until after delivery.



Cervical Cancer During Pregnancy



Is there other treatments for cervical cancer?

Alternative Therapies may include:

- Vitamins
- Herbs
- Special Diets
- Acupuncture
- Massage

Some Complementary and Alternative Medicine (CAM) approaches have been found to be safe and effective **WITH** physician knowledge and consent.

These forms of alternative therapies may or may not reduce the pain and discomfort caused by the cancer.



Is there other treatments for cervical cancer?



Questions?

- What questions do you have?
- Now let's talk about the survival of cervical cancer.



Cervical Cancer Survivorship

ACTION Project:

Access to Cancer Training, Information, Outreach,
and Navigation



Cancer Screening, Training, Education & Prevention



CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS



Cancer changes your life...

- The diagnosis of cancer changes your life
- But the change depends on the person acceptance of the disease by the patient and self-esteem and monitoring treatment

Definition of a Cancer Survivor:

- An individual from the moment he/she was diagnosed with cancer and the changes he/she made to get a better balance in their life.
- Also considered as survivors are family, friends, and caregivers who have been affected by their diagnosis.



Cancer changes your life...



Prognosis

Stage: 5 Year

Survival:

0	93%
I	80-93%
II	58-63%
III	32-35%
IV	15-16%

Depends on:

- The type and location of cancer
- The level or stage of cancer
- How quickly the cancer may grow and spread
- The age and general health of the patient
- How the patient responds to treatment
- The likelihood of cancer returning.? If the cancer has just been diagnosed or has returned.

The survival rate of 5 years refers to the percentage of patients who live at least 5 years after being diagnosed with cancer. *(Many of these patients live much longer than 5 years after diagnosis.)*

- The percentages of women alive after 5 years diagnosed come from the National Cancer Data Base
- They rely on people who were diagnosed with cervical cancer between 2000 and 2002
- Cervical cancer can recur at any time
- Most recurrences occur within the first 2 years after initial treatment.



Prognosis



Survival Rates

Side Effects of Cervical Cancer Survivors

1. Short term

- Low blood count
- Cramps
- Tired / less energy
- Weakness
- Diarrhea
- Pain
- Sickness
- Loss of appetite
- Loss of hair
- Red and dry skin
- Painful intercourse
- Bleeding
- Watery Secretions
- Flu-like symptoms (chills, fever and muscle aches)

2. Long Term

- Scar tissue
- Hot flashes
- Neuropathy
- Permanent darkening or "bronzing" of the skin in the treated area

3. Late Effects

- Secondary tumors
- Premature aging (osteoporosis)
- Quality of life problems

• Vomiting



What are the secondary side effects of cervical cancer?



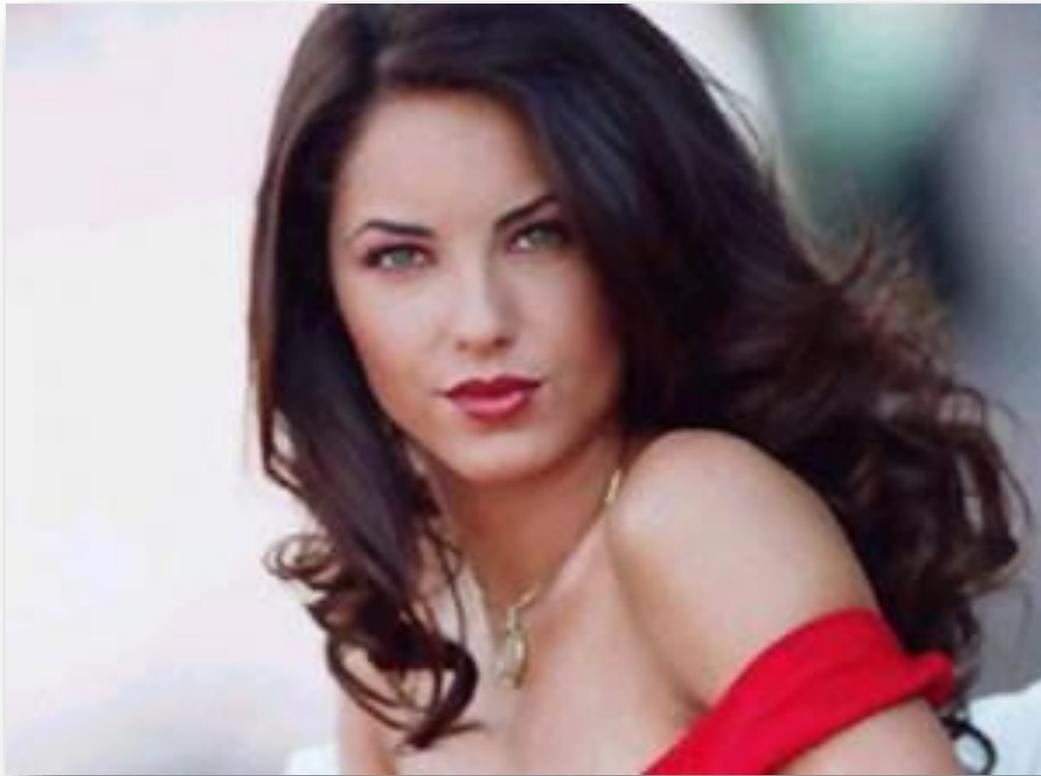
Life After Treatment

After Treatment

- The patient has to develop a follow-up care plan including:
 1. Regular physical examinations
 2. Pap Smears
 3. To monitor your recovery for the coming months and years



Life After Treatment



Bárbara Mori is a famous woman who suffered from cervical cancer; she surpassed this disease with success.

Recurrence

- It's hard not to stop worrying about the cancer coming back. This can be stressful and emotional.
- **Stressful?** Of not knowing where to turn for medical help and the feeling of worry and stress is a constant
- **Emotional?** Make drastic changes in your life and face the challenge of knowing
- **Cancer recurrence** is defined as the return of cancer after treatment. Sometimes this occurs because the initial treatment did not fully remove or destroy all of the cancerous cells, therefore, these cancerous cells start multiplying again. The same type of cancer may come back where it first started or in another part of the body. Cancer is not predictable.

The chances of recurrence of cervical cancer is reduced if detected early with a Pap test or visual detection.

Recurrence



Survivorship Tips:

Lifestyle Changes

- Eat better / healthier
- exercise
- rest
- no smoking
- Avoid excess alcohol

Take care of yourself in terms of eating well

- You need the right amount of calories to maintain a good weight
- Protein is essential to maintain strength.
- Eating well can help you feel better and have more energy.
- Eating a diet low in fat and high in fiber.
- Your doctor, a registered dietitian or other health care provider can suggest ways to deal with side effects.

Physical activity / stay more active

- People with cancer feel better when active.
- For exercise or physical activity you should be sure to talk with your doctor before you start.
- Activities like walking, yoga, swimming, and others can keep you strong and increase your energy.
- Exercise may reduce nausea and pain and make treatment easier to handle.
- Exercise can also help relieve stress. Whatever physical activity you choose, be sure to talk with your doctor before you start.



Survivorship Tips



Services for Cervical Cancer Survivors

- Couples Therapy
- Faith or spiritual counseling
- Program to support family
- Genetic counseling
- Home care service
- Individual counseling
- Long-term monitoring by specialized clinics
- Nutritionists and dietitians
- Occupational Therapists
- Oncology social workers
- Ostomy Information and Support
- Pain Clinic
- Physiotherapists
- Quitting smoking
- Speech Therapy
- Stress management program.
- Support group for survivors
- Wellness Program for Survivors
- Vocational rehabilitation specialists



Services for Cervical Cancer Survivors



References

- <http://www.cancer.org/cancer/cancerbasics/what-is-cancer>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-staged>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-key-statistics>
- <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>
- <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-042801.pdf>
- <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>
- <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-046405.pdf>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-risk-factors>
- <http://www.cancer.org/cancer/cervicalcancer/moreinformation/cervicalcancerpreventionandearlydetection/cervical-cancer-prevention-and-early-detection-cervical-cancer-signs-and-symptoms>
- <http://www.cancer.org/cancer/cervicalcancer/moreinformation/cervicalcancerpreventionandearlydetection/cervical-cancer-prevention-and-early-detection-can-cervical-cancer-be-prevented>
- <http://www.cancer.org/cancer/cervicalcancer/moreinformation/cervicalcancerpreventionandearlydetection/cervical-cancer-prevention-and-early-detection-abn-pap-work-up>
- <http://www.cancer.org/acs/groups/cid/documents/webcontent/003124-pdf.pdf>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-treating-general-information>
- <http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/radiation/understandingradiationtherapyauguideforpatientsandfamilies/understanding-radiation-therapy-common-side-effects>
- <http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/radiation/understandingradiationtherapyauguideforpatientsandfamilies/understanding-radiation-therapy-radiation-to-pelvis>
- <http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-treating-chemotherapy>
- <http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/complementaryandalternativemethodsandcancer/complementary-and-alternative-methods-and-cancer-what-are-cam>
- <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-survival>
- <http://www.cancer.org/cancer/oralcavityandoropharyngealcancer/detailedguide/oral-cavity-and-oropharyngeal-cancer-after-follow-up>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-after-follow-up>
- <http://www.cancer.org/acs/groups/cid/documents/webcontent/002947-pdf.pdf>
- <http://www.cancer.org/treatment/treatmentsandsideeffects/treatmenttypes/targetedtherapy/targeted-therapy-what-is>
- <http://www.cancer.org/cancer/cervicalcancer/detailedguide/cervical-cancer-treating-surgery>



Behind every
successful woman
... is herself!

Thank You!





Behind every
successful woman
... is herself!

Thank You!

