



FACE YOUR *Health*

A learning session for women

QUICK REFERENCE GUIDE



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The Face Your Health flip chart is designed to give women basic information about HPV, cervical cancer, and female health. It covers the most common questions and knowledge gaps.

You should also be prepared to answer more detailed or advanced questions if they come up. Use this Quick Reference Guide, along with the lesson plan, as part of your training to make sure you're comfortable answering these questions. A glossary of terms is also provided.

QUESTIONS AND ANSWERS FOR MORE ADVANCED LEARNERS

Risk Factors

See Module 3 of the lesson plan for a discussion of risk factors for cervical cancer.

What is the difference between HIV and HPV?

HIV and HPV are different viruses that cause different problems.

HIV—the human immunodeficiency virus—attacks the body’s immune system. Over time, HIV makes it hard for the body to fight off infections. HIV infection can lead to AIDS. However, with early diagnosis and treatment, many people don’t develop AIDS.

HPV—the human papillomavirus—is the most common sexually transmitted infection in the United States. More than 40 HPV types can infect the genital areas of men and women. They can also infect the lining of the mouth and throat. HPV types are often called *non-oncogenic* (wart-causing) or *oncogenic* (cancer-causing), depending on whether they put a person at risk of cancer. The International Agency for Research on Cancer found that 13 HPV types can cause cervical cancer. The types of HPV that can cause genital warts are not the same as the types that can cause cancer.

Why does having HIV increase the risk of cervical cancer?

Having HIV—the virus that causes AIDS—makes it hard for the body to fight off health problems, such as viral infections that may lead to cancer. Women who are infected with HIV are three times more likely to be diagnosed with cervical cancer.

Why does smoking increase the risk of cervical cancer?

Women who smoke are more likely to develop cervical cancer than women who don’t smoke. Smoking can cause cancer and also block the body from fighting it.

Poisons in tobacco smoke damage the DNA of cells on the cervix. When DNA is damaged, a cell can begin growing out of control and develop into cancer. Smoking also makes the immune system less able to fight off HPV infections.

Why does giving birth three or more times increase the risk of cervical cancer?

A woman who has had three or more full-term pregnancies has an increased risk of developing cervical cancer. The reasons why aren’t clear. It might be because:

- ▶ Having unprotected sex means more exposure to HPV.
- ▶ Hormonal changes during pregnancy might make women more susceptible to HPV infection or cancer growth.

- ▶ Pregnant women might have weaker immune systems, which makes it harder to fight off HPV infection.

Does HPV cause other types of cancer besides cervical cancer?

HPV causes most cervical cancers. It can also cause cancers of the vagina, vulva, penis, anus, and certain head and neck cancers (specifically, the oropharynx, which includes the back of the throat, base of the tongue, and tonsils).

Cervical Cancer Screening

See Module 3 of the lesson plan for a discussion of cervical cancer screening.

Why don't doctors recommend the HPV test as a screening test for women under 30?

Doctors do not recommend getting the HPV test to women younger than 30 because HPV is very common in younger women. Most of the time, an HPV infection will go away on its own and never cause younger women health problems.

Do women who are lesbian, bisexual, or transgender need to get screened for cervical cancer?

HPV can be spread through sexual contact of any kind. All women aged 21 to 65 who have a cervix should get screened for cervical cancer every 3 or 5 years, regardless of their sexual orientation.

How can women who are sexual assault survivors prepare for a cervical cancer screening test?

Women who have been sexually assaulted may be more nervous than other women about getting a cervical cancer screening test. Here are things that can help make the test less stressful:

- ▶ Ask to have a female doctor perform the test or to have a female nurse in the room during the test.
- ▶ Before the test—either when making the appointment or in the exam room—ask the doctor if he or she is sensitive to patients who have experienced sexual trauma. Make sure you are given time to talk about your fears and anxieties about having a test.
- ▶ Talk with the doctor about “trigger words” to avoid during the test and what “safe words” can be used instead. Identify a signal you can give the doctor if you need to slow down or stop the test.
- ▶ During the test, ask the doctor to give detailed descriptions about what’s being done and why.
- ▶ Have a friend or family member in the room during the test.
- ▶ Know that you can leave if you feel uncomfortable.

Why can women wait 5 years between screenings if their HPV test result is normal?

If a woman is 30 or older and her HPV test result is normal, her chance of getting cervical cancer in the next few years is very low. Her doctor may say she can wait 5 years for the next screening.

Do women need a cervical cancer screening test if their cervix has been removed during a hysterectomy?

If a woman has had her cervix removed as part of a total hysterectomy for noncancerous conditions, like fibroids, she may not need to be screened for cervical cancer anymore. She should ask her doctor.

Abnormal Results and Treatment Options

See Module 3 of the lesson plan for a discussion of screening results.

What happens if the cervical cancer screening test results are abnormal?

If a Pap test result is abnormal or unclear, or an HPV test result is positive, women should follow up with their doctor. They may need more tests to see if they have cervical cancer. The specific tests needed depend on which tests were done and what the results were.

► If a Pap test result is unclear:

Unclear Pap test results are common. The doctor may use other words to describe this result, like equivocal, inconclusive, or ASC-US. These all mean the same thing—that the cervical cells look like they could be abnormal. It can be hard to tell if cell changes are related to HPV. They could be related to pregnancy, menopause, or an infection. An HPV test can help find out if cell changes are related to HPV.

► If a Pap test result is abnormal:

This result means that the test found cell changes on the cervix. It usually does not mean that the woman has cervical cancer. Abnormal changes on the cervix are likely caused by HPV.

Cell changes may be minor (low-grade) or serious (high-grade). Most of the time, minor changes go back to normal on their own. But more serious changes can turn into cancer if the cells are not removed. More serious changes are often called “precancers” because they can turn into cancer over time. In rare cases, an abnormal Pap test can show that the woman might have cancer, but other tests are needed to be sure.

► If an HPV test result is positive:

This result means that the test found a type of HPV that may be linked to cervical cancer. It does not mean that the woman has cervical cancer now. But it could be a warning. Follow-up for a positive HPV test depends on the Pap test result.

- ▷ If the woman hasn't had a Pap test yet: Her doctor may want her to get one.
- ▷ If the woman had a Pap test and the result is normal: Her doctor will want to screen her again in a year. Because changes to cervical cells happen slowly, some time must pass before the doctor can tell if HPV will go away or cause cell changes.
- ▷ If the woman had a Pap test and the result is unclear: It does not usually mean that the woman has cervical cancer, but she should follow up with her doctor. The doctor may repeat the Pap test in 3 months or take a closer look at her cervix with a procedure called a colposcopy to see if the cells are abnormal. The doctor may also need to remove the abnormal cells or watch them to make sure they don't get worse.
- ▷ If the woman had a Pap test and the result is abnormal: It does not usually mean that the woman has cervical cancer. But the doctor will take a closer look at her cervix to find out how serious the cell changes are. The doctor may need to remove the abnormal cells to make sure they don't get worse.

CDC has more information about different test results at www.cdc.gov/cancer/cervical/basic_info/test-results.htm.

What additional tests might be needed if the cervical cancer screening test results are abnormal?

If the results are not normal, the woman might need further tests, like:

- ▶ Colposcopy.
- ▶ Biopsy.
- ▶ Endocervical curettage.
- ▶ Conization or cone biopsy.
- ▶ Dilatation and curettage.
- ▶ HPV test.

The National Cancer Institute has more information about follow-up testing and procedures at www.cancer.gov/types/cervical/understanding-abnormal-hpv-and-pap-test-results.

What if the test results find cervical cancer or precancerous cell changes?

The earlier cervical cancer is found, the easier it is to treat. If the tests find precancerous or cancerous changes, the doctor will talk with the woman about treatment options.

The National Cancer Institute has more information about cervical cancer treatment at www.cancer.gov/types/cervical/patient/cervical-treatment-pdq.

How often do women survive cervical cancer?

A woman's doctor is in the best person to ask about cervical cancer survival. The National Cancer Institute has more information about survival rates at <https://seer.cancer.gov/statfacts/html/cervix.html>.

HPV Vaccine

See Module 5 of the lesson plan for a discussion of ways to prevent cervical cancer.

Why is the HPV vaccine recommended for children?

The HPV vaccine is most effective if a person gets it before being exposed to HPV. Because HPV is spread through sexual contact, doctors recommend giving the vaccine to preteens before they start having sex. CDC recommends two doses of the HPV vaccine for all girls and boys aged 9 to 14 years. Teens aged 15 or older need three doses of the vaccine.

Why is the HPV vaccine not recommended for people over 26?

Studies show that, for most people over 26, the HPV vaccine provides limited or no protection against HPV-related diseases such as cervical cancer. However, some adults aged 27 to 45 years who are not already vaccinated may decide to get the HPV vaccine after talking with their doctor about their risk of new HPV infections and the possible benefits of vaccination. HPV vaccination at this age provides less benefit because more people in this age group have already been exposed to HPV.

Is the HPV vaccine safe?

All HPV vaccines went through years of extensive safety testing before they were approved for use by the US Food and Drug Administration (FDA). FDA is the government agency that makes sure all vaccines and medicines are safe. CDC has more information about the safety of HPV vaccines at www.cdc.gov/hpv/parents/vaccinesafety.html.

TERMS TO KNOW

This section provides definitions of medical terms related to female health and cervical cancer that you might read or hear. Become familiar with these terms so you're prepared to talk about them and answer questions during learning sessions.

The Female Reproductive System

Use the diagram of the female reproductive system in the flip chart as a visual aid for these terms.

Cervix: The opening at the mouth of the uterus. When a woman has her period, blood flows from the uterus through the cervix and into the vagina so it can leave the body. During childbirth, the cervix expands so the baby can pass through.

Endometrium: The lining of the uterus. It grows and thickens every month. If a woman doesn't get pregnant, it comes out through the vagina as her period.

Fallopian tubes: When an ovary releases an egg, it travels through the fallopian tube to the uterus. Women have two fallopian tubes, one on each side of the uterus.

Menopause: It is the time in a woman's life when menstrual periods stop permanently. Also called the "change of life."

Ovaries: The ovaries make female hormones and produce eggs. They release an egg once a month, about 2 weeks before the period starts. Women have two ovaries, one on each side of the uterus.

Uterus: A small, pear-shaped organ in the pelvis. If an egg is fertilized and a woman gets pregnant, this is where the baby grows.

Vagina: Also called the birth canal. It goes from the uterus to the outside of the body. Blood from the period leaves the body through the vagina. Babies are delivered through the vagina.

Cancer

Use the drawing of normal and abnormal cells in the flip chart as a visual aid for these terms.

Benign: Not cancerous; will not spread to nearby tissue or other parts of the body.

Cancer: Diseases in which cells grow out of control or turn abnormal. Cancer cells can spread to nearby tissue or other parts of the body.

Carcinoma: Cancer that begins in the lining or covering of an organ.

Cells: The basic building blocks of life. Everything in the body is made up of cells. They're so small, they can only be seen with a microscope.

Dysplasia: Abnormal cells that are not cancer.

Lesion: An area of abnormal tissue change.

Malignant: Cancerous; can spread to nearby tissue or other parts of the body.

Metastasis: The spread of cancer from one part of the body to another. Cells that have metastasized are like those in the original (primary) tumor.

Neoplasia: Abnormal new growth of cells.

Precancerous: Not cancerous, but may become cancerous over time.

Risk factor: Something that increases the chance of developing a disease.

Cervical Cancer Screening

Colposcopy: A procedure that uses a lighted magnifying instrument (called a colposcope) to examine the vagina and cervix.

Douching: Using water or a medicated solution to clean the vagina and cervix. Women should not douche for 48 hours before a cervical cancer screening test.

Endocervical curettage: The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

Human papillomavirus (HPV): A group of related viruses. Some types of HPV cause wart-like growths on the genitals. Other types can cause cancer. Most cervical cancer is caused by HPV. It is spread through sexual contact.

HPV test: A test used to see if a woman has certain high-risk types of HPV on her cervix. A doctor or nurse collects some cells from the cervix using a soft brush, spatula, or other swab. The cells go to a lab for testing to see if HPV is present.

Pap test: Examination of a sample of cells collected from the cervix and the vagina to look for abnormal cells that could be a sign of cervical cancer. Also called a Pap smear.

Speculum: An instrument used to spread the vagina open so the cervix can be seen.

Viruses: Small living particles that can infect cells and change how the cells function. Infection with a virus can cause a person to develop symptoms. The disease and symptoms that are caused depend on the type of virus and the type of cells that are infected.

Cervical Cancer Diagnosis

Cervical intraepithelial neoplasia: A general term for the growth of abnormal cells on the surface of the cervix. Numbers from 1 to 3 may be used to describe how much of the cervix contains abnormal cells. Also called CIN.

Invasive cervical cancer: Cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body.

Prognosis: The likely outcome or course of a disease; the chance of recovery.

Staging: Doing exams and tests to learn the extent of the cancer, especially whether it has spread from its original site to other parts of the body.

Squamous cell carcinoma: Cancer that begins in squamous cells, which are thin, flat cells resembling fish scales. Squamous cells are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the passages of the respiratory and digestive tracts.

Squamous intraepithelial lesion: A general term for the abnormal growth of squamous cells on the surface of the cervix. Changes in the cells are described as low-grade or high-grade, depending on how much of the cervix is affected and how abnormal the cells are. Also called SIL.

Treating Abnormal Cells and Cancer

Chemotherapy: Treatment with anticancer drugs.

Conization: A procedure in which a cone-shaped piece of abnormal tissue is removed from the cervix using a scalpel, a laser knife, or a thin wire loop heated by an electric current. Conization may be used to check for cervical cancer or to treat certain cervical conditions. Types of conization are LEEP (loop electrosurgical excision procedure) and cold knife conization (cold knife cone biopsy). Also called cone biopsy.

Cryosurgery: Treatment performed with an instrument that freezes and destroys abnormal tissue.

Hysterectomy: An operation in which the uterus and cervix are removed.

LEEP: Loop electrosurgical excision procedure. A technique that uses electric current passed through a thin wire loop to remove abnormal tissue from the cervix. Also called loop excision.

Oncologist: A doctor who specializes in treating cancer. Women being treated for cervical cancer may see a gynecologic oncologist who specializes in treating cancers of the female reproductive organs.

Radiation therapy: Treatment with high-energy rays to kill cancer cells. External radiation is the use of a machine to aim high-energy rays at the cancer. Internal radiation therapy is the placement of radioactive material inside the body as close as possible to the cancer.