



Gynecologic Cancer Awareness Month Fact Sheet Types of Gynecologic Cancers

CERVICAL CANCER

Cervical cancer is a cancer that begins in the cervix, the part of the uterus or womb that opens to the vagina. Cervical cancer is caused by abnormal cellular changes in the cervix and is the only gynecologic cancer that can be prevented by regular screening. Now, in addition to screening, women can be protected by early vaccination with a new vaccine that targets the causative agent of cervical cancer, Human Papillomavirus (HPV). Early vaccination with regular Pap tests and HPV testing when recommended by a health care provider is now the best way to prevent cervical cancer. Cervical cancer usually affects women between the ages of 30 and 55, but has been found as early as the teen years.

Symptoms: bleeding after intercourse, excessive discharge and abnormal bleeding between periods.

Risk factors: infection with persistent high-risk HPV has been shown to cause virtually all cervical cancers. However, HPV is very common and most women with HPV will never get any cervical disease. Other risk factors include smoking, HIV infection and starting to have sexual intercourse at a young age. Failure to get regular gynecologic examinations eliminates the opportunity for early diagnosis through cervical cancer screening.

Screening/prevention: over the last 50 years, routine use of the Pap test to screen for cervical cancer has reduced deaths from the disease by 74 percent. A Pap test is a standard way health care providers can check to see if there are any cervical cell changes that might cause concern. The Pap test involves looking at a sample of cells from the cervix under a microscope to see if there are any that are abnormal. It is a good test for finding not only cancer, but also finding cells that might become cancerous in the future.

Usually, health care providers perform the Pap test as part of a routine pelvic exam. It is important for women to know if a Pap test was performed because it is possible to have a pelvic exam without a Pap test. It is also important that women know and understand the meaning of their Pap test results, and follow through with any recommendations made by their health care provider.

One of the most significant advances in the fight against cervical cancer is the development of HPV vaccines. In June 2006, one of these vaccines, Gardasil®, was approved by the FDA for use in 9-26 year old women and girls. In large clinical trials, the vaccine was found to be very effective in protecting women from developing precancerous lesions of the cervix, vulva and vagina. Early vaccination with regular screening, which includes a pap test and HPV test when recommended according to standard guidelines, is now the most effective strategy to prevent cervical cancer.

Incidence: it is estimated that there will be about 11,150 new cases of invasive cervical cancer diagnosed and approximately 3,670 deaths in the United States during 2007.

OVARIAN CANCER

Ovarian cancer, the seventh most common cancer among women, usually starts on the surface of the ovary in cells that are called epithelial cells. About 85 percent to 90 percent of ovarian cancers are epithelial ovarian cancers.

Symptoms: Bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly and/or urinary symptoms (urgency or frequency).

Women with ovarian cancer report that symptoms are persistent and represent a change from normal for their bodies. The frequency and/or number of such symptoms are key factors in the diagnosis of ovarian cancer. Several studies show that even early stage ovarian cancer can produce these symptoms.

Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist. Prompt medical evaluation may lead to detection at the earliest possible stage of the disease. Early stage diagnosis is associated with an improved prognosis.

Several other symptoms have been commonly reported by women with ovarian cancer. These symptoms include fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these other symptoms are not as useful in identifying ovarian cancer because they are also found in equal frequency in women in the general population who do not have ovarian cancer.

Risk factors: The risk of epithelial ovarian cancer increases with age, especially around the time of menopause. A family history of epithelial ovarian cancer is one of the most important risk factors. Infertility and not bearing children are also risk factors for getting ovarian cancer, while pregnancy and the use of birth control pills decrease the risk.

Screening/Prevention: Currently, there is no widely accepted and effective screening test for epithelial ovarian cancer. High-risk women may be candidates for screening using

transvaginal ultrasound and CA 125 blood tests on an annual or biannual schedule, though the benefits of such screening is unproven. For most women, ultrasound and CA 125 screening is not presently advised due to problems with false positive results leading to unnecessary surgery.

Incidence: Ovarian cancer ranks fifth in cancer deaths among women and causes more deaths than any other reproductive cancer. It is estimated there will be about 22,430 new cases diagnosed and approximately 15,280 deaths from ovarian cancer in the United States during 2007.

UTERINE CANCER: ENDOMETRIAL

The endometrium is the lining layer of the uterine cavity, and most uterine cancers begin because of cancerous changes in the lining. With endometrial cancer, cells in the endometrium lining grow out of control, may invade the muscle of the uterus, and sometimes spread outside of the uterus (ovaries, lymph nodes, abdominal cavity).

Symptoms: Most cases of endometrial cancer occur in women after menopause. The most common warning sign is any bleeding after menopause. Younger women may develop endometrial cancer and may notice irregular or heavy vaginal bleeding.

Risk factors: Risk factors for endometrial cancer include obesity, hypertension, diabetes, use of estrogen without progesterone, tamoxifen use and late menopause. Women who have not been pregnant also have a slightly higher risk for endometrial cancer.

Screening/prevention: Currently, there are no screening tests for endometrial cancer that are recommended on a routine basis. The Pap test is designed to find cervical cancers and its precursors, not endometrial cancer. A woman may lower her risk for developing endometrial cancer by exercising regularly, eating a healthy diet and maintaining a healthy weight. Keeping blood sugar and blood pressure under control also helps lower the risk. Women with unexpected postmenopausal bleeding or heavy, prolonged or unexpected bleeding during the menstruating years should have an endometrial biopsy to check for endometrial cancer.

Incidence: Cancer of the endometrium is the most common reproductive cancer. It is estimated that there will be about 39,080 new cases diagnosed and approximately 7,400 deaths from endometrial cancer in the United States during 2007.

VAGINAL CANCER

Vaginal cancer originates in the vagina, usually in the squamous epithelium (lining). It is usually diagnosed in older women and radiation is the most common treatment.

Symptoms: Vaginal cancer, especially at precancerous and early stages, may not cause any symptoms. Common symptoms of more advanced stages include bleeding, pain, or problems with urination or bowel movements.

Risk Factors: Risk factors for vaginal cancer include HPV (Human Papillomavirus) infection, smoking, age (60 years and older), and prior treatment for cervical or vulvar cancer. The daughters of women who took DES (a hormone medication used many years ago to prevent miscarriage) while pregnant are at increased risk for both vaginal and cervical cancer.

Screening/Prevention: Many precancerous conditions and early vaginal cancers can be detected through routine pelvic exams and Pap tests. Because the commercially available cervical cancer vaccine offers protection against four HPV types that are also associated with many vaginal cancers, vaccination may reduce the risk of vaginal cancer

Incidence: Vaginal cancer is very rare. It is estimated that there will be about 2,140 new cases diagnosed and 790 deaths from vaginal cancer in the United States during 2007. Vaginal cancer accounts for about 3 percent of reproductive cancers.

VULVAR CANCER

Vulvar cancer is caused by the growth and spread of abnormal cells of the skin that forms the external structures of the genital tract.

Symptoms: Itching, burning, bleeding, pain, or a new lump or ulcer in the genital area are common symptoms.

Risk factors: Infection with Human Papillomavirus (HPV) is a common cause of vulvar cancer in young women. Vulvar cancer in older women is associated with chronic vulvar irritation from any source.

Screening/Prevention: Protection from infection with HPV (Human Papillomavirus), including as a result of HPV vaccination, may reduce the risk of vulvar cancer. Examination of the vulva for changes by a woman at home or by her gynecologist during her yearly pelvic exam may lead to early detection of vulvar cancer. Suspicious or unexplained changes on the vulva should be biopsied by a health care professional.

Incidence: Vulvar cancer is uncommon. It is estimated that there will be about 3,490 new cases diagnosed and approximately 880 deaths from vulvar cancer in the United States during 2007. Vulvar cancer is usually diagnosed in the early stages and is most often cured with surgical treatment.

FALLOPOIAN TUBES CANCER

Cancer rarely will develop in the fallopian tubes. Treatments and risk factors for fallopian tube cancer are similar to ovarian cancer.