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Cervical Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of cervical cancer. Find out how cervical cancer is tested for, diagnosed, and staged.

Finding Cervical Cancer Early

Catching cancer early often allows for more treatment options. Some early cancers may

Can Cervical Cancer Be Found Early?

The best way to find cervical cancer early is to have regular screening tests. The tests for cervical cancer screening are the HPV test and the Pap test. These tests can be done alone or at the same time (called a co-test). Regular screening has been shown to prevent cervical cancers and save lives. ***The most important thing to remember is to get screened regularly, no matter which test you get.***

Early detection greatly improves the chances of successful treatment of pre-cancers and cancer. Being aware of any [signs and symptoms](#) of cervical cancer can also help avoid delays in diagnosis.

For more information about using the HPV test and the Pap test to find cervical cancer early, see [The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer](#).

References

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Fontham, ETH, Wolf, AMD, Church, TR, et al. Cervical Cancer Screening for Individuals



screening as recommended by their health care team.

- Cervical cancer testing (screening) should begin at age 25.
- Those aged 25 to 65 should have a primary HPV test* every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test alone every 3 years. (*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.) ***The most important thing to remember is to get screened regularly, no matter which test you get.***
- Those over age 65 who have had regular screening in the past 10 years with normal results and no history of CIN2 or more serious diagnosis within the past 25 years should stop cervical cancer screening. Once stopped, it should not be started again.
- People who have had a total hysterectomy (removal of the uterus and cervix) should stop screening (such as Pap tests and HPV tests), unless the hysterectomy was done as a treatment for cervical cancer or serious pre-cancer. People who have had a hysterectomy without removal of the cervix (called a **supra-cervical hysterectomy**) should continue cervical cancer screening according to the guidelines above.
- People who have been vaccinated against HPV should still follow these guidelines for their age groups.

Some people believe that they can stop cervical cancer screening once they have stopped having children. This is not true. They should continue to follow American Cancer Society guidelines.

Considerations for Other Patient Populations

If you have a history of a serious pre-cancer, you should continue to have testing for at least 25 years after that condition was found, even if the testing goes past age 65.

Those who are at high risk of cervical cancer because of a suppressed immune system (for example from HIV infection, organ transplant, or long-term steroid use) or because they were exposed to DES in utero may need to be screened more often. They should

follow the recommendations of their health care team.

Importance of being screened for cervical cancer

Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate dropped significantly with the increased use of the Pap test for screening. But the death rate has not changed much over the last 10 years.

In recent years, the HPV test has been approved as another screening test for cervical cancer. The HPV test looks for infection by high-risk types of HPV that are more likely to cause pre-cancers and cancers of the cervix. The HPV test can be used alone (primary HPV test) or at the same time as the Pap test (called a co-test).

Screening tests offer the best chance to have cervical cancer found early when treatment can be most successful. Screening can also actually prevent most cervical cancers by finding abnormal cervical cell changes (pre-cancers) so that they can be treated before they have a chance to turn into a cervical cancer.

Despite the benefits of cervical cancer screening, not all American women get screened. Most cervical cancers are found in women who have never had a Pap test or who have not had one recently. Women without health insurance and women who have recently immigrated are less likely to have cervical cancer screening.

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Cervical Cancer Prevention and Screening: Financial Issues

- [Federal law](#)
- [Self-insured plans](#)
- [Medicaid](#)
- [Medicare](#)
- [National Breast and Cervical Cancer Early Detection Program](#)
- [HPV vaccine costs](#)

Financial issues can play an important role in whether or not women are screened for cervical cancer. Women with lower incomes and those without health insurance are less likely to be screened.

Many states ensure that private insurance companies, Medicaid, and public employee health plans pay for regular screening tests.

Other programs are also available to help provide financial assistance for women with lower incomes and those without insurance.

It's important to know that insurance coverage may or may not conform to American Cancer Society cancer screening guidelines.

Federal law

Coverage of cervical cancer screening tests is mandated by the [Affordable Care Act \(ACA\)](#)¹, but that doesn't apply to health plans that were in place before it was passed. You can find out the date your insurance plan started by contacting your health insurance plan administrator. If your plan started on or after September 23, 2010, it's required to cover the recommended cervical cancer screening tests. If your plan started before September 23, 2010, it may still have coverage requirements mandated by your state, but each state is different.

Self-insured plans

Though the program is administered within each state, the Centers for Disease Control and Prevention (CDC) provides support to each state program.

Each state's Department of Health will have information on how to contact the nearest program participant. For more information on this program, you can also contact the CDC at 1-800-CDC-INFO (1-800-232-4636) or on the web at www.cdc.gov/cancer/nbccedp².

If cervical cancer is detected during screening in this program, most states can now extend Medicaid benefits to these women to cover the costs of treatment.

To learn more about this program, see [National Breast and Cervical Cancer Early Detection Program](#)³.

HPV vaccine costs

Insurance plans cover the cost of the HPV vaccine in accordance with the federal Advisory Committee on Immunization Practices (ACIP) recommendations. The HPV vaccine is also included in the federal Vaccine for Children (VFC) entitlement program, which covers vaccine costs for children and teens who don't have insurance or who are underinsured.

Hyperlinks

1. www.cancer.org/cancer/financial-insurance-matters/health-insurance-laws/the-health-care-law.html
2. www.cdc.gov/cancer/nbccedp/
3. www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance/government-funded-programs/nbccedp.html

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Screening Tests for Cervical Cancer

The best way to find cervical cancer early is to have regular screening tests. Regular screening has been shown to prevent cervical cancers and save lives. Early detection greatly improves the chances of successful treatment and can prevent any early cervical cell changes from becoming cancer. Being alert to any signs and symptoms of cervical cancer can also help avoid unnecessary delays in diagnosis.

The tests for cervical cancer screening are the **HPV test** and the **Pap test**. These tests can be done alone or at the same time (called a **co-test**) and are done during a pelvic exam.

The most important thing to remember is to get screened regularly, no matter which test you get.

The HPV Test

Doctors can now test for the HPV (high-risk or carcinogenic types) that are most likely to cause cervical cancer by looking for pieces of their DNA in cervical cells. The test can be done by itself or at the same time as the Pap test, with the same swab or a second swab.

The Pap (Papanicolaou) Test

The Pap test is a procedure used to collect cells from the cervix so that they can be looked at in the lab to find cancer and pre-cancer.

When Cervical Screening Test Results are Abnormal

The first step in finding cervical cancer is often an abnormal HPV or Pap test result. This will lead to further tests, which can diagnose cervical cancer.

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The HPV Test

The most important risk factor for developing cervical cancer is infection with human papillomavirus (HPV). Doctors can test for the high-risk HPV types that are most likely to cause cervical cancer by looking for pieces of their DNA in cervical cells. The test can be done by itself (primary HPV test) or at the same time as a [Pap test](#) (called a co-test). You won't notice a difference in your exam if you have both tests done.

The HPV test is most often used in 2 situations:

- The ACS recommends the *primary HPV test** as the preferred test for cervical cancer screening for people 25-65 years of age. (*A primary HPV test is an HPV test that is done by itself for screening. The US Food and Drug Administration has approved certain tests to be primary HPV tests.)
- Some HPV tests are approved only as part of a *co-test*, when the HPV test and the Pap test are done at the same time to screen for cervical cancer. Because a primary HPV test may not be an option everywhere, a co-test every 5 years or a Pap test every 3 years are still good options.

about your screening results in more detail, to fully understand your risk of cervical cancer and what follow-up plan is best for you.

For more information, see the American Cancer Society document [HPV and HPV Testing¹](#).

Hyperlinks

1. www.cancer.org/cancer/risk-prevention/hpv/hpv-and-hpv-testing.html

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Eifel P, Klopp AH, Berek JS, and Konstantinopoulos A. Chapter 74: Cancer of the Cervix, Vagina, and Vulva. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

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The Pap (Papanicolaou) Test

- [What does a Pap smear test for?](#)
- [How is a Pap test done?](#)
- [How Pap test results are reported](#)

A Pap test is sometimes called a Pap smear. It can be done along with a [HPV test](#) during a pelvic exam as part of [cervical cancer screening](#) for people with no symptoms. Or, it can be done as a follow-up test for an abnormal (positive) HPV test or if someone has symptoms that are suspicious for cervical cancer.

What does a Pap smear test for?

You can do several things to make your Pap test as accurate as possible. It's important to ask your doctor or nurse how you need to prepare for the Pap test, including:

- Trying not to schedule an appointment for a time during your menstrual period. The best time is at least 5 days after your period stops.
- Not using tampons, birth-control foams or jellies, other vaginal creams, moisturizers, or lubricants, or vaginal medicines for up to 7 days before the Pap test.
- Not using a douche for 2 to 3 days before the Pap test.
- Not having vaginal sex for 2 days before the Pap test.

Pelvic exam vs. a Pap test

Many people confuse pelvic exams with Pap tests. The pelvic exam is part of a woman's routine health care. During a pelvic exam, the doctor looks at and feels the reproductive organs, including the uterus and the ovaries and may do tests for sexually transmitted disease. Pelvic exams may help find other types of cancers and reproductive problems. A Pap test can be done during a pelvic exam, but sometimes a pelvic exam is done without a Pap test. A Pap test is needed to find early cervical cancer or pre-cancers so ask your doctor if you had a Pap test with your pelvic exam.

How Pap test results are reported

The most widely used system for describing Pap test results is the Bethesda System (TBS). There are 3 main categories, some of which have sub-categories:

- Negative for intraepithelial lesion or malignancy
- Epithelial cell abnormalities
- Other malignant neoplasms.

You may need further testing if your Pap test showed any of the abnormalities below. See [Work-up of Abnormal Pap Test Results](#).

Negative for intraepithelial lesion or malignancy

This category means that no signs of cancer, pre-cancer, or other significant abnormalities were found. There may be findings that are unrelated to cervical cancer, such as signs of infection with yeast, herpes, or *Trichomonas vaginalis* (a type of

sexually transmitted disease), for example. Specimens from some women may also show “reactive cellular changes”, which is the way cervical cells appear when infection or other inflammation is around.

Epithelial cell abnormalities

This means that the cells lining the cervix or vagina show changes that might be cancer or a pre-cancer. This category is divided into several groups for squamous cells and glandular cells.

Squamous cell abnormalities

Atypical squamous cells (ASCs) This category includes two types of abnormalities:

- Atypical squamous cells of uncertain significance (ASC-US) is used to describe when there are cells that look abnormal, but it is not possible to tell if this is caused by infection, irritation, or a pre-cancer. Most of the time, cells labeled ASC-US are not pre-cancer, but more testing, like an HPV test, is needed to be sure.
- Atypical squamous cells where high-grade squamous intraepithelial lesion (HSIL) can't be excluded (ASC-H) is used to describe when the cells look abnormal but are more concerning for a possible pre-cancer that needs more testing and may need treatment.

Squamous intraepithelial lesions (SILs) These abnormalities are divided into two categories:

- In low-grade SIL (LSIL) the cells look mildly abnormal. This might also be called mild dysplasia or cervical intraepithelial neoplasia grade 1 (CIN1).
- In high-grade SIL (HSIL) the cells look severely abnormal and are less likely than the cells in LSIL to go away without treatment. They are also more likely to eventually develop into cancer if they are not treated. This might also be called moderate to severe dysplasia or cervical intraepithelial neoplasia grade 2 or 3 (CIN2 and/or CIN3).

invasive cancer. Further testing will be done to be sure of the diagnosis before treatment can be planned.

Glandular cell abnormalities

Atypical glandular cells: When the glandular cells do not look normal, but they have concerning features that could be cancerous, the term used is atypical glandular cells (AGC). In this case, the patient should have more testing done.

Adenocarcinoma: Cancers of the glandular cells are called adenocarcinomas. In some cases, the doctor examining the cells can tell whether the adenocarcinoma started in the endocervix, in the uterus (endometrium), or elsewhere in the body.

Other malignant neoplasms

This category is for other types of cancer that hardly ever affect the cervix, such as malignant melanoma, sarcomas, and lymphoma.

Hyperlinks

1. www.cancer.org/cancer/types/cervical-cancer/about/what-is-cervical-cancer.html

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When Cervical Screening Test Results are Abnormal

- [What other tests will I need?](#)
- [Tests for people with symptoms of cervical cancer or abnormal screening test results](#)

Finding cervical cancer often starts with an abnormal HPV (human papillomavirus) or Pap test result. This will lead to further tests, which can diagnose cervical cancer or pre-cancer.

Cervical cancer may also be suspected if you have [symptoms](#) like abnormal vaginal bleeding or pain during sex. Your primary doctor or gynecologist often can do the tests needed to diagnose pre-cancers and cancers and may also be able to treat a pre-cancer.

If there is a diagnosis of invasive cancer, your doctor should refer you to a gynecologic oncologist, a doctor who specializes in cancers of women's reproductive systems.

What other tests will I need?

Your current screening test results along with your past test results, determine your risk of developing cervical cancer. Your doctor will use them to figure out your next test or treatment. It could be a follow-up screening test in a year, a colposcopy, or one of the other procedures discussed below to treat any pre-cancers that might be found.

Because there are many different follow-up or treatment options depending on your specific risk of developing cervical cancer, it is best to talk to your healthcare provider about your screening results in more detail, to fully understand your risk of cervical

some light bleeding.

Colposcopic biopsy

For this type of biopsy, the cervix is examined with a colposcope. Using biopsy forceps, a small section of the abnormal area is removed.

Endocervical curettage (endocervical scraping)

If colposcopy does not show any abnormal areas or if the transformation zone (the area at risk for HPV infection and pre-cancer) cannot be seen with the colposcope, another method must be used to check that area for cancer.

A narrow instrument (either a *curette* or *brush*) is inserted into the endocervical canal (the part of the cervix closest to the uterus). The curette or brush is used to scrape the inside of the canal to remove some of the tissue, which is then sent to the lab to be checked.

Cone biopsy

In this procedure, also known as **conization**, the doctor removes a cone-shaped piece of tissue from the cervix. The tissue removed in the cone includes the transformation zone where cervical pre-cancers and cancers are most likely to start. A cone biopsy is not only used to diagnose pre-cancers and cancers. It can also be used as a treatment

Having any type of cone biopsy will not prevent most women from getting pregnant, but if a large amount of tissue has been removed, women may have a higher risk of giving birth prematurely.

References

Eifel P, Klopp AH, Berek JS, and Konstantinopoulos A. Chapter 74: Cancer of the Cervix, Vagina, and Vulva. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

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Signs and Symptoms of Cervical Cancer

Women with early cervical cancers and pre-cancers usually have no symptoms. Symptoms often do not begin until the cancer becomes larger and grows into nearby tissue. When this happens, the most common cervical cancer symptoms are:

- Abnormal vaginal bleeding, such as bleeding after vaginal sex, bleeding after menopause, bleeding and spotting between periods, or having (menstrual) periods that are longer or heavier than usual. Bleeding after douching may also occur.

Oncology: Cervical Cancer. Version 4.2019. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf on October 28, 2019.

Tests for Cervical Cancer

cause mild cramping, brief pain, and some slight bleeding afterward.

Endocervical curettage (endocervical scraping)

If colposcopy does not show any abnormal areas or if the transformation zone (the area at risk for HPV infection and pre-cancer) cannot be seen with the colposcope, another method must be used to check that area for cancer.

A narrow instrument (either a **curette** or **brush**) is inserted into the endocervical canal (the part of the cervix closest to the uterus). The curette or brush is used to scrape the

Having had any type of cone biopsy will not prevent most women from getting pregnant, but if a large amount of tissue has been removed, women may have a higher risk of giving birth prematurely.

Other tests when cervical cancer is diagnosed

If a biopsy shows that cancer cells are present, your doctor may order certain tests to see if and how far the cancer has spread. Many of the tests described below are not necessary for every patient. Decisions about using these tests are based on the results of the physical exam and biopsy.

Cystoscopy, proctoscopy, and examination under anesthesia

These are most often done when the tumors are large. They are not necessary if the cancer is caught early.

In a cystoscopy, a slender tube with a lens and a light is placed into the bladder through the urethra. This lets the doctor check your bladder and urethra to see if cancer is growing into these areas. Biopsy samples can be removed during cystoscopy for testing in the lab. Cystoscopy can be done under a local anesthetic, but some patients may need general anesthesia. Your doctor will let you know what to expect before and after the procedure.

Proctoscopy is a visual inspection of the rectum through a lighted tube to look for spread of cervical cancer into your rectum.

Your doctor may also do a pelvic exam while you are under anesthesia to find out if the cancer has spread beyond the cervix.

Imaging studies

If your doctor finds that you have cervical cancer, certain [imaging studies](#)¹ may be done. These tests can show if and where the cancer has spread, which will help you and your doctor decide on a treatment plan.

- **Chest x-ray:** Your chest may be x-rayed to see if cancer has spread to your lungs.
- **Computed tomography (CT):** CT scans are usually done if the tumor is larger or if there is concern about cancer spread. For more information, see [CT Scan for Cancer](#)².
- **Magnetic resonance imaging (MRI):** MRI scans look at the soft tissue parts of the

body sometimes better than other imaging tests, like a CT scan. Your doctor will decide which imaging test is best to use in your situation. For more information, see [MRI for Cancer](#)³.

- **Positron emission tomography/ computed tomography (PET/CT) scan:** For a PET scan, a slightly radioactive form of sugar (known as **FDG**) is injected into the blood and collects mainly in cancer cells. Often a PET scan is combined with a CT scan using a special machine that can do both at the same time. This lets the doctor compare areas of higher radioactivity on the PET scan with a more detailed picture on the CT scan. This is the type of PET scan most often used in patients with cervical cancer. This test can help see if the cancer has spread to lymph nodes. PET scans can also be useful if your doctor thinks the cancer has spread but doesn't know where.

Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

Fontham, ETH, Wolf, AMD, Church, TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. *CA Cancer J Clin.* 2020. <https://doi.org/10.3322/caac.21628>.

Jhungron A, Russell AH, Seiden MV, Duska LR, Goodman A, Lee S, et al. Chapter 84:

Cervical Cancer Stages

places (metastasis). For more information see [Cancer Staging²](#).

The **FIGO (International Federation of Gynecology and Obstetrics) staging system** is used most often for cancers of the female reproductive organs, including cervical cancer. For cervical cancer, the **clinical stage** is used and is based on the results of the doctor's physical exam, biopsies, imaging tests, and a few other tests that are done in some cases, such as cystoscopy and proctoscopy. It is not based on what is found during surgery. If surgery is done, a **pathologic stage** can be determined from the findings at surgery, but it does not change your clinical stage. Your treatment plan is based on the clinical stage.

Cervical cancer stage ranges from stages I (1) through IV (4).

As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means a more advanced cancer. And within a stage, an earlier letter means a lower stage. Cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

Cervical cancer staging can be complex. If you have any questions about your stage, please ask your doctor to explain it to you in a way you understand. (An explanation of the FIGO system is in the stage table below.)

FIGO Stage		Stage description
I		<p>The cancer cells have grown from the surface of the cervix into deeper tissues of the cervix.</p> <p>Cancer has not spread to nearby lymph nodes.</p> <p>Cancer has not spread to distant sites.</p>
	IA	<p>There is a very small amount of cancer, and it can be seen only under a microscope.</p> <p>It has not spread to nearby lymph nodes.</p> <p>It has not spread to distant sites.</p>
	IA1	<p>The area of cancer can only be seen with a microscope and is less than 3 mm (about 1/8-inch) deep.</p> <p>It has not spread to nearby lymph nodes.</p>

		It has not spread to distant sites.
IV		The cancer has grown into the bladder or rectum or to far away organs like the lungs or bones.
	IVA	The cancer has spread to the bladder or rectum or it is growing out of the pelvis.
	IVB	The cancer has spread to distant organs outside the pelvic area, such as distant lymph nodes, lungs or bones.

Hyperlinks

1. www.cancer.org/cancer/types/cervical-cancer/treating.html
2. www.cancer.org/cancer/diagnosis-staging/staging.html

References

Survival Rates for Cervical Cancer

better understanding of how likely it is that your treatment will be successful.

Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any particular person's case. These statistics can be confusing and may lead you to have more questions. Ask your doctor how these numbers might apply to you.

What is a 5-year relative survival rate?

A **relative survival rate** compares women with the same type and stage of cervical cancer to women in the overall population. For example, if the **5-year relative survival rate** for a specific stage of cervical cancer is 90%, it means that women who have that cancer are, on average, about 90% as likely as women who don't have that cancer to live for at least 5 years after being diagnosed.

Where do these numbers come from?

The American Cancer Society relies on information from the Surveillance, Epidemiology, and End Results (SEER) database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for cervical cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by **FIGO stages** (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** There is no sign that the cancer has spread outside of the cervix or uterus.
- **Regional:** The cancer has spread beyond the cervix and uterus to nearby lymph nodes.
- **Distant:** The cancer has spread to nearby organs (like the bladder or rectum) or distant parts of the body such as the lungs or bones.

5-year relative survival rates for cervical cancer

Based on women diagnosed with cervical cancer between 2013 and 2019.

SEER* Stage	5-year Relative Survival Rate
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Localized	91%
Regional	60%
Distant	19%
All SEER stages combined	67%

*SEER= Surveillance, Epidemiology, and End Results

Understanding the numbers

Questions to Ask About Cervical Cancer

- [When you're told you have cervical cancer](#)
- [When deciding on a treatment plan](#)
- [During treatment](#)
- [After treatment](#)

It is important for you to have frank, open discussions with your cancer care team. They want to answer all of your questions, to help you make informed treatment and life decisions. Here are some questions to consider.

When you're told you have cervical cancer

- What [type](#)¹ of cervical cancer do I have?
- Has my cancer spread outside the cervix?
- Can the stage of my cancer be determined and what does that mean?
- Will I need other [tests](#) before we can decide on treatment?
- Do I need to see any other doctors or health professionals?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

When deciding on a treatment plan

- What are my [treatment](#)² choices?
- What treatment do you recommend and why?
- How much experience do you have treating this type of cancer?
- Should I get a [second opinion](#)³? How do I do that? Can you recommend someone?
- What would the goal of the treatment be?
- How quickly do we need to decide on treatment?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects are there to the treatments you suggest? Are there things I can do to reduce these side effects?
- How might treatment affect my daily activities?

- Will the treatment put me into menopause early?
- Will I need hormone replacement therapy after treatment? If so, is it safe?
- What are the chances my cancer will recur (come back) with these treatment plans?
- What will we do if the treatment doesn't work or if the cancer recurs?
- Will I be able to [have children](#)⁴ after my treatment?
- What are my treatment options if I want to have children in the future?

During treatment

Once treatment begins, you'll need to know what to expect and what to look for. Not all of these questions may apply to you, but asking the ones that do may be helpful.

- How will we know if the treatment is working?
- Is there anything I can do to help [manage side effects](#)⁵?

Along with these examples, be sure to write down some of your own. For instance, you might want more information about recovery times. Or you might ask if you qualify for a clinical trial.

Keep in mind that doctors aren't the only ones who can give you information. Other health care professionals, such as nurses and social workers, can answer some of your questions. To find out more about speaking with your health care team, see [The Doctor-Patient Relationship](#)¹¹.

Hyperlinks

1. www.cancer.org/cancer/types/cervical-cancer/about/what-is-cervical-cancer.html
2. www.cancer.org/cancer/types/cervical-cancer/treating.html
3. www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html
4. www.cancer.org/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects.html
5. www.cancer.org/cancer/managing-cancer/side-effects.html
www.cancer.org/cancer/survivorship/coping/nutrition/once-treatment-stops.html

<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.

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