



# What to Know About Cervical Cancer

Written for and by Young People Living with and Affected by HIV  
The Committee of African Youth Advisors

## An overview of cervical cancer

- Cancer is the abnormal, uncontrolled growth of cells; when this happens in the cervix, this is cervical cancer
- The cervix is located in the lowest part of the uterus in females
- One thing that can cause cervical cancer is a virus called the human papillomavirus (HPV)
  - There are over 200 kinds of viruses related to HPV, but only 14 types are considered high risk for causing cervical cancer
  - Most HPV infections will not lead to getting cancer, but an HPV infection is a sign of an additional risk, so it is important to screen for HPV regularly
  - The HPV strains that cause cervical cancer can be spread through sexual contact, including vaginal, oral and anal sex
- Although only females are affected by cervical cancer, males can also carry, transmit, and be affected and infected by HPV and do develop cancer caused by it
- HPV can cause other health-related conditions like warts on your genitals and other cancers including throat, anal, and penile
- There may be no symptoms in the early stages of someone having cervical cancer. However, as it progresses, a woman can experience unusual vaginal discharge, vaginal bleeding between periods, pain or bleeding after sex, and bleeding after menopause
- Women who are 30 and older are more likely to develop cervical cancer
- It is easiest to detect and treat pre-cancerous cells in the cervix before the abnormal cells progress to causing cancer, which may spread and be more complicated to treat. Therefore, early screening is very important beginning from age 25
- A vaccine also exists that can prevent infection with HPV, and therefore it is important to get vaccinated before starting to have sex

**Although cervical cancer is one of the most common cancers affecting women in sub-Saharan Africa, it can be prevented through early screening and vaccination and, when detected early at the pre-cancer stage, successfully treated.**

## How are cervical cancer and HIV connected?

Women living with HIV are at a 5 times increased risk of getting infected with HPV, which can lead to pre-cancerous lesions (cell growths) that grow. If left untreated, uncontrolled cell growth can turn into cancer. Being infected with HPV can also increase the risk of being infected with HIV for both men and women. Women living with HIV are more likely to get cervical cancer at a younger age, often around the age of 35 years and beyond, especially if not on antiretroviral therapy (ART). If a woman living with HIV develops cervical cancer, symptoms could progress and worsen more rapidly. **Because of the risks associated between HIV and HPV it is important for young people both young men and young women to understand steps to prevention HPV infection (vaccines!) and ways to catch it early (screening!).**



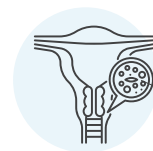
**Normal Cervix (front view)**

Healthy cervix (viewed from below)



**Early-Stage Cervical Cancer**

Cancer tissue



**Stage II Cervical Cancer**

Cancer tissue and bleeding



Sexual and reproductive health nurse, Mpolokeng Maetsela, prepares for cervical cancer screening at the Butha Buthe Hospital in Lesotho. Photo by Makopano Letsatsi / EGPAF 2022

## Clarifying common misconceptions on cervical cancer among young people

Misinformation about cervical cancer is sometimes shared, so we want to make sure to clarify those and shed light on the truth.

Misconception	Clarification
Cervical cancer is not preventable.	Cervical cancer is preventable, especially with vaccines and screenings available. Also, practicing safe sex through using condoms can help prevent it.
A positive or abnormal pap smear result leads to death.	Getting these results allows women to receive proper treatment and increases the chances of making a full recovery.
Treatment for cervical cancer will prevent women from having children.	Early-stage cancers or early detected cancers can be treated with approaches that preserve the ability of women to have children. Receiving treatment that includes surgery or radiation will affect a woman's ability to have children.
Women who feel healthy should not be screened for cervical cancer.	Every woman should be screened because symptoms of cervical pre-cancer or cancer are not always easy to detect. The earlier the cancer is caught—preferably during the pre-cancer stage—the easier it is to eliminate it and prevent it from spreading to other areas of the body.
Cervical cancer is caused by sex.	Cervical cancer is caused by HPV, which is a virus that can be transmitted through sex.
There is no privacy during a cervical cancer screening.	The screening is private as it only involves the woman and healthcare professional. Self-collection of Pap tests exists in some places, which can be done in a location chosen by the woman.
Cervical cancer screenings are painful.	Screenings are relatively simple, quick, and not painful. It may be a little uncomfortable but should not be painful.
Treatment for cervical cancer affects a woman's daily life.	Early treatment of pre-cancer will not significantly impact a woman's daily life. Treatment for advanced cancer that includes surgeries, radiation, or chemotherapy will be disruptive to daily life.
Young men and men are not affected by HPV.	Boys and men can get infected with HPV. Although males do not get cervical cancer, HPV infection can cause penile, anal or head and neck cancers. The HPV vaccine is a safe and effective way for boys and young men to protect themselves from HPV.

## What can young people and young women do to prevent HPV infection and, if infected, detect cervical cancer early, in the pre-cancerous stage?

Preventing cervical cancer is possible in a few ways.

**Primary prevention** refers to approaches that prevent the onset of an injury or disease. One example for HPV and cervical cancer is getting vaccinated with an available HPV vaccine. There are multiple types of HPV vaccines available, which can be administered to girls and boys before they become sexually active. Other vaccines are available to men and women up to the age of 45; however, the vaccine is most effective if given prior to infection with HPV. Another primary prevention method includes using condoms. People can also reduce their risk of infection by avoiding multiple sexual partners and not smoking. **For young people and young women, getting an HPV vaccine is an effective way to prevent cervical cancer. HPV vaccines are available at health facilities and clinics. If you are interested—the best thing to do is talk to a health provider.**

### Vaccines available for HPV prevention\*

Name of vaccine	Info on the vaccine	Who is eligible	Number of injections
<b>Cervarix</b>	protects against HPV 16, 18 types	Girls and boys ages 9–14 years	Two injections (5–13 months apart)
<b>Cervarix</b>	protects against HPV 16, 18 types	Girls and boys ages ≥ 15 years	Three injections (at 0–2.5 months and 5–12 months)
<b>Gardasil</b>	protects against HPV types 6, 11, 16, and 18	Girls and boys ages 9–13 years	Two injections (6 months apart)
<b>Gardasil</b>	protects against HPV types 6, 11, 16, and 18	Girls and boys ages ≥ 14 years	Three injections (at 0, 1–2, and 4–6 months)

*\*Availability and accessibility will differ by country. If you have a question, please reach out to your health provider. The vaccines listed are those provided by GAVI*

**Secondary prevention** refers to identifying infections in early forms. This primarily consists of screening, which can be done in various ways. These include pap smears, visual inspections using acetic acid and/or iodine, and HPV testing.

It is recommended that women living with HIV should start getting screened for cervical pre-cancer and cancer at age 25 with an HPV DNA test, followed by regular screenings every 3–5 years if they have a negative result. Women without HIV should be screened starting at age 30, followed by regular screenings every 5–10 years. Note that guidelines may vary by country. If HPV DNA testing is not available, and VIA or cytology testing (e.g., Pap smear) is used as the screening test, then it is recommended that all women follow a regular screening interval of every three years. The HPV test is very sensitive, which is why the screening frequency can be less. **Even if you have been vaccinated against HPV, it is important to still get screened.** Screening is available at health facilities and done by a health provider.

Screening is relatively simple and consists of a rapid procedure that should not cause any pain. Screening allows for the early identification of pre-cancerous lesions (a collection of abnormal cells that could become cancerous over time) to treat and remove them before they become cancerous.

Screening and test outcomes will differ by test. The following table outlines the different possible outcomes and the recommended next steps.

Screening or test outcome	What this result means	Next step
<b>Negative result</b>	No HPV, lesion, or any evidence of cancer was found	Repeat screening in 3–5 years if living with HIV or 5–10 years if not. Repeat screening sooner if any symptoms arise
<b>Suspected result</b>	A mass or another sign of invasive cancer was found, but is not conclusively identified as cancer	A follow-up appointment should be scheduled for further evaluation, which could include a biopsy to determine the diagnosis and what treatment options are most suitable
<b>Positive result</b>	HPV or a precancerous cervical lesion was found	A referral for treatment will be made (sometimes treatment for pre-cancerous lesions is available on-site). Post-treatment follow-up for pre-cancer will also be scheduled one year following treatment

## How is cervical cancer treated?

First and foremost, yes there are treatments available for cervical pre-cancer and cancer. However, it is much easier to treat pre-cancer. Availability of treatment may not be accessible in some places, although there are efforts to increase access. This is also a reason why prioritizing screening and early diagnosis are so important. Cervical pre-cancerous lesions can be treated via one of three ways: thermocoagulation, cryotherapy (although this is being phased out as thermocoagulation becomes more feasible), and, for larger lesions, loop electrosurgical excision procedure (LEEP) or other surgical procedures. Thermocoagulation involves warming up and destroying abnormal cervical tissue. Cryotherapy involves freezing and destroying abnormal cervical tissue. LEEP involves using a thin electric wire loop to remove any abnormal tissue in the cervix.

## What can people living with HIV do to reduce risks of cervical cancer?

1. Get vaccinated against HPV before starting to have sex
2. Take your antiretrovirals (ARVs) consistently as prescribed. Reaching viral load suppression can reduce the risk of AIDS-defining cancers, which are cancers that people living with HIV who have progressed to AIDS are more likely to develop
3. Get screened regularly as outlined by the guidance above to increase chances of early detection and begin treatment before symptoms progress
  - a. Women with HIV should have cervical cancer screenings every two years to check for cervical cancer
4. Stop smoking and limit the use of tobacco. Smoking causes the majority of lung cancers and can increase the risk for other cancers—including cervical cancer—as well as head and neck cancer

## Spreading Awareness

Advocating for and spreading awareness about cervical cancer is critical. Raising awareness on what young people can do to prevent HPV infection and detect cervical pre-cancer and cancer early can have significant impacts on their health and quality of life. Advocacy is critical to ensure increased access to quality cervical cancer services and ensure innovations are accessible and affordable.

With this in mind, communities and individuals can support the following:

- ✓ Sensitization on the importance of testing through campaigns and peer-to-peer education
- ✓ Conduct activities for women, young girls, community health workers to build understanding and demand creation for seeking prevention services
  - This [policy brief](#) provides additional recommendations on improving the use of HPV DNA testing as a standard of practice in screening women for cervical cancer
- ✓ Increase awareness among leaders, government representatives, and the community to mobilize political support at local and national levels to respond to stigma and discrimination
- ✓ Support initiatives focused on increasing funding (both domestic and international) on cervical cancer programming
- ✓ Work with government representatives (like the Ministry of Health) and parliamentarians to ensure support of national funding for testing and treatment