



This document tells you how to screen for cervical cancer according to age and level of risk.

- Each year, nearly 3,000 new cases of cervical cancer are detected and 1,100 women die from it.
- Precancerous lesions that develop before cervical cancer are much more common. They are identified in over 30,000 women each year.

HOWEVER, CERVICAL CANCER IS PREVENTABLE:

- **Through vaccination** of girls aged 11 to 14 years
- **AND screening tests** performed at recommended intervals.

Best practices



Use a condom with a new partner



Move: practice a physical activity



A follow-up consultation gynecological every year

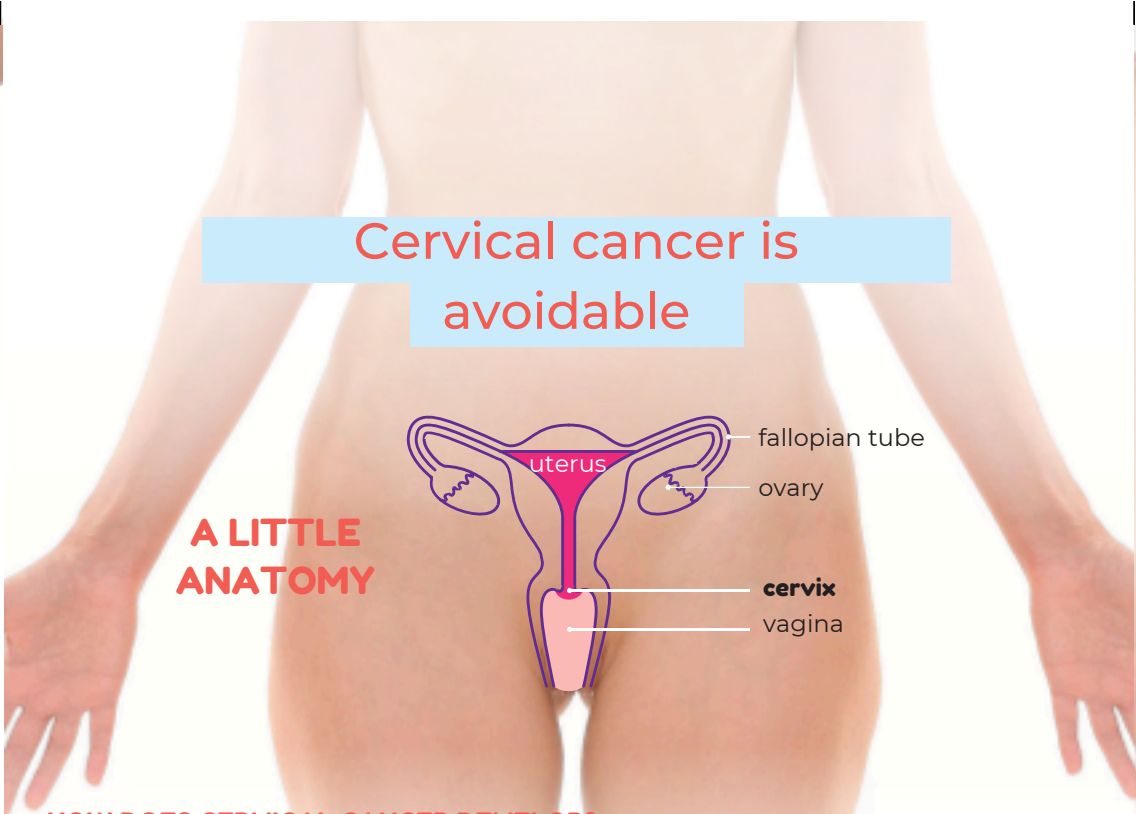


Increase consumption fruits and vegetables



Do not smoke and avoid alcohol

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HOW DOES CERVICAL CANCER DEVELOP?

During their lifetime, the vast majority of men and women become infected with the Human Papilloma Virus (HPV). In 9 out of 10 cases, the infection clears up spontaneously.

When the infection persists for several years with oncogenic HPV*, it leads to the formation of lesions:

- Low-grade lesions often regress spontaneously without treatment.
- High-grade lesions can progress to cancer and require treatment.

Cervical cancer is rare and typically occurs after the age of 40.

However, it can develop within 5 to 10 years in women with a weakened immune system, such as those suffering from untreated HIV infection.

Regular screening should be carried out from ages 25 to 65, according to recommendations.

THANKS TO SCREENING, PRECANCEROUS LESIONS CAN BE TREATED BEFORE THEY TURN INTO CANCER



Cancer prevention of the cervix

VACCINATION* PROTECTS FROM APPROXIMATELY 90% OF HPV CAUSES OF CERVICAL CANCER:

- offered to all young girls and boys aged 11 to 14, in two doses spaced 6 months apart
- possibility of catch-up from 15 to 19 years old with three doses.

The nonavalent* vaccine protects against infection with 9 types of HPV:

- ✓ Oncogenic 7HPV responsible for 90% of cervical and other cancers that affect men and women (penis, anus, base of the tongue, tonsils, larynx, vulva, vagina);
- ✓ 2HPV responsible for genital lesions (genital warts called condyloma).

* Nonavalent vaccine (Gardasil 9®)

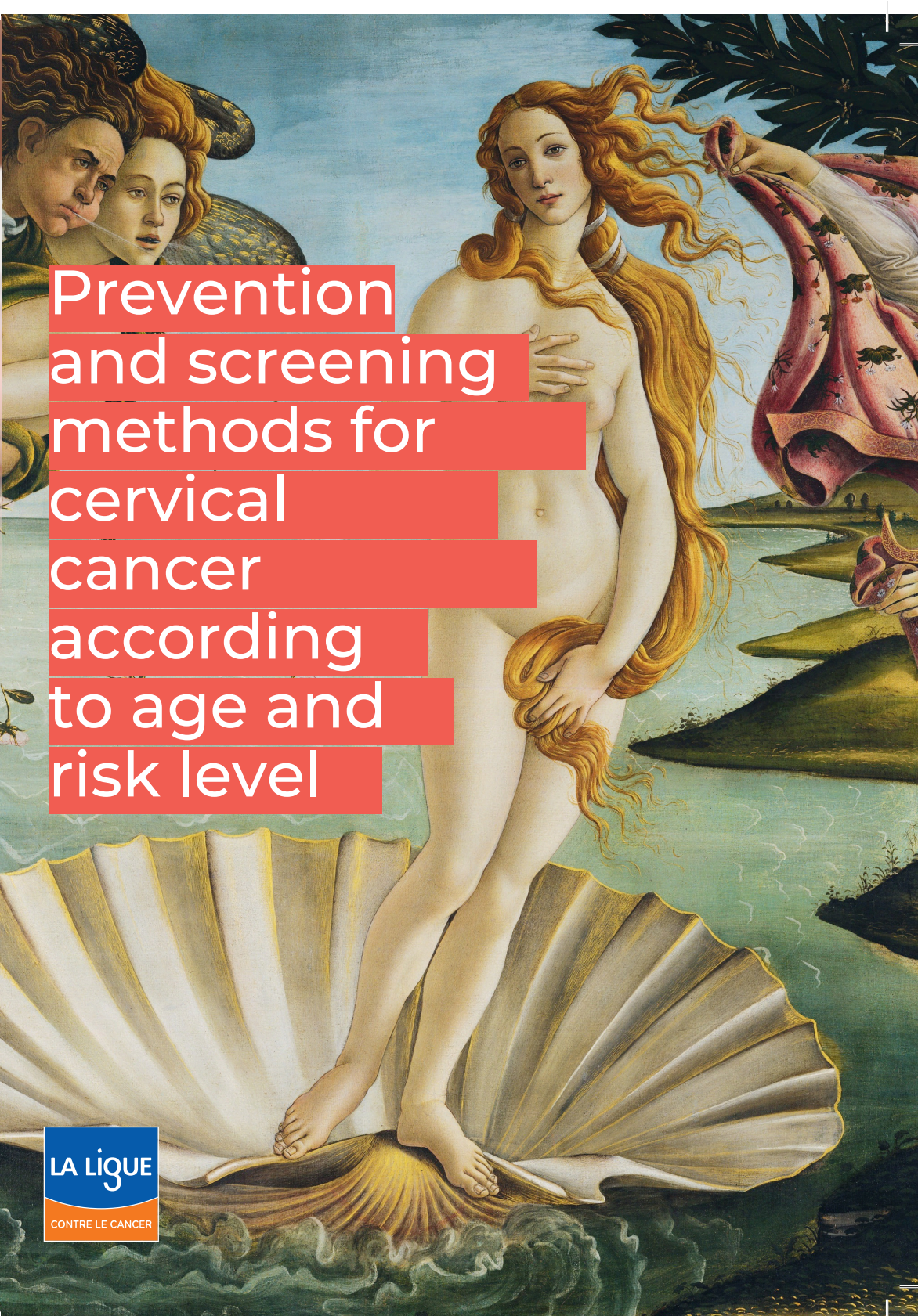
VACCINATION AND SCREENING: THE BEST COMBINATION TO PREVENT CERVICAL CANCER.

The use of condoms is also recommended because it reduces:

- Transmission of HPV infections
- Transmission of other sexually transmitted infections



+ Since 2020, an organized screening program for cervical cancer has been implemented in France. Please inquire about the management procedures from the Regional Coordination Center for Cancer Screening in your region.



Prevention and screening methods for cervical cancer according to age and risk level



The entire La Ligue all over France



FREE CALL FROM A LANDLINE OR MOBILE

Psychological support

- Assistance with insurability Legal assistance
service advice, forums, information
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Risk factors for developing cervical cancer

THE PAPILLOMAVIRUS (HPV)

- A -Cervical cancer is caused by infection with a virus called papillomavirus. human” (HPV).
- Very common, this virus is most often transmitted during sexual intercourse, with or without penetration (skin-to-skin contact). Using a condom does not provide complete protection.
 - HPV is also responsible for cancers of the vulva, vagina, anus, and the oral and pharyngeal sphere.

B - The infection most often disappears without creating cervical lesions.

C - **If oncogenic***HPV infection persists, so-called precancerous lesions can grow. They often regress, but can progress to cancer.

D -Cancer most often occurs after the age of 40 and affects nearly 3,000 women every year in France.

- Precancerous lesions are much more common than cancers; they are identified in more than 30,000 women each year.

*Oncogenic viruses are viruses that can make the cells they infect cancerous.

HIGH RISK LEVEL cancer in women

- having or having had multiple partners; • who smoke; • not vaccinated; • not having had regular screenings for Cervical cancer ;
- having an untreated precancerous lesion in charge
- without supervision after conization; • having had a history of cancer of the vulva, vagina or anus.

VERY HIGH RISK LEVEL of cancer in women with a personal history

- immunosuppression: - women infected with HIV; - having immunosuppressive treatment.

I have no risk factors. Should I undergo cervical cancer screening?

FROM 25 TO 65 YEARS OLD, even if vaccinated, screening is recommended under the following guidelines:

FROM 25 TO 30 Screening by Pap smear (cytological examination) is recommended 3 years after 2 samples taken 1 year apart with normal results.

FROM 30 TO 65 Screening with an HPV test is recommended every 5 years.

BEFORE 25

Cervical cancer screening is not recommended, even in the following situations:

- Multiple sexual partners;
- Sexually transmitted infection;
- Use of oral contraception.

AFTER 65 **Cervical cancer screening is not recommended** for women who have had regular screenings every 3 years with no abnormal Pap smears, or a negative HPV test every 5 years.

However, the decision to continue systematic screening should be assessed on a case-by-case basis with your general practitioner, gynecologist, or midwife.

If you experience bleeding after menopause, consult your general practitioner or gynecologist promptly.

+ If you have a high or very high risk of developing cervical cancer, your doctor and/or gynecologist will propose a follow-up tailored to your situation.

What is the screening test?

Cervical cancer screening is carried by taking cells from the cervix to look for abnormal cells infected by HPV (cytological examination - also called smear) and/or detect the presence of the virus (HPV test). It is done in a gynecological position and is not painful.

The cytological examination makes it possible to identify any pre-existing lesions as early as possible.

cancers in the cervix, to monitor or treat them and thus, to prevent the onset of cancer.

The HPV test looks for the presence of viruses, the persistence of which is the risk factor development of precancerous and cancerous lesions in the cervix.

WHERE TO GET SCREENED?

You can make an appointment with:

- Your general practitioner
- Your gynecologist
- A midwife
- A laboratory if you have a prescription
- A hospital, health center, maternal and child protection center (PMI), or family planning clinic (without upfront costs).

WHEN TO GET SCREENED?

- Outside of your menstrual period
- Avoid sexual intercourse 24 to 48 hours before
- Avoid vaginal treatments (such as suppositories)
- Even if you are pregnant

SCREENING TEST CONDITIONS

- **Between the ages of 25 and 30**, the first two smears (cytological examinations) are done one year apart, even if you have been vaccinated against the papillomavirus.
- **If the result of the two screenings negative**, do a screening 3 years later
- **Between the ages of 25 and 30** HPV testing is recommended every 5 years.

• Nowadays, screening is part of a national organized program

• If you have received an invitation letter, the screening test is fully covered at 100% with no upfront costs.

• Consultation and sample collection are reimbursed according to the usual conditions by health insurance.

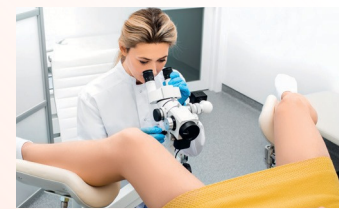
The screening result



In any case you and your attending physician will receive a report informing you of the results

• **If the test is negative :**
> You will need to repeat the screening test within the recommended time frame.

• **If the screening test is positive:**
> You will need to repeat the screening test within the recommended time frame. additional information necessary to clarify the diagnosis and determine the treatment. Most often, after the age of 30, this will involve doing a colposcopy*.



* Colposcopy is an examination that allows you to visualize and look for lesions on the cervix and vagina. It uses a colposcope, a magnifying optical device, associated with a light source, allowing you to clearly see the cervix.

