

Cervical Cancer

Cervical Adenocarcinoma

Definitions

Adenocarcinoma: A malignant tumor that arises from glands (tubular structures).

Cervix: The part of the uterus that connects the body of the uterus (where the fetus grows) to the vagina (birth canal).

Ectocervix: The part of the cervix that is on the outer portion of the uterus, nearest the vagina.

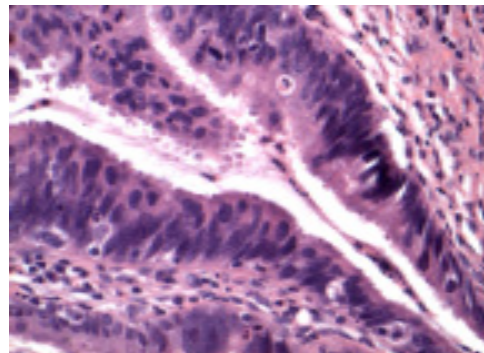
Endocervix: The part of the cervix that is inside the uterus, nearest the body of the uterus.

Malignant: Cancerous; capable of invading surrounding tissue and/or spreading to other parts of the body (metastasizing).

Pathologist: A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

What is cervical adenocarcinoma?

Adenocarcinoma is the second most common sub-type of cervical cancer, making up about 15 to 20 percent of all cervical cancers. Cervical adenocarcinoma arises within glands located in the endocervix. The most common subtype of cervical cancer, called squamous cell carcinoma, arises from the surface lining of the ectocervix, usually at the area where the ectocervix connects to the endocervix. If not successfully treated at an early stage, cervical cancer is capable of invading through the wall of the uterus into adjacent areas and sometimes can spread through the bloodstream or the lymphatic system to parts of the body away from the uterus.



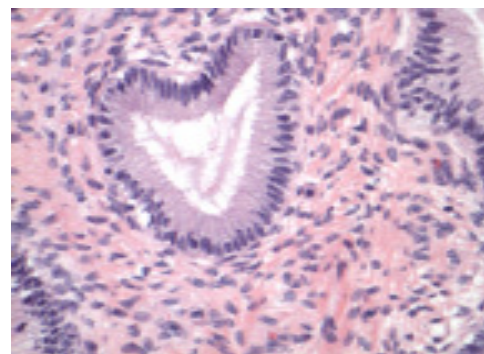
Malignant endocervical cells.

Who is most likely to have cervical adenocarcinoma?

Most women diagnosed with cervical adenocarcinoma are in midlife and about 20 percent are over age 65. The cause of cervical adenocarcinoma is not completely known but most are thought to be caused by human papillomavirus, which is a common sexually transmitted viral disease. However, only a very small percentage of women having the infection will ever develop cancer.

What characterizes cervical adenocarcinoma?

Most patients with cervical adenocarcinoma present with symptoms such as abnormal vaginal bleeding or discharge, or with pelvic pain. However, some patients do not have any symptoms but are diagnosed with cervical adenocarcinoma after an abnormal finding on a Pap test. Most cervical adenocarcinomas are characterized by an abnormal mass or growth on the cervix that can be seen during a **colposcopy procedure** (close examination of the cervix with a magnifying instrument). Some cervical adenocarcinomas may not be seen during a colposcopy because they are smaller or occur higher in the endocervical canal where they are out of sight of the colposcopic examination; these may be detected when a pathologist performs a microscopic examination of cells or tissue removed in a Pap test or biopsy by the primary care physician.



Normal endocervical cells.

How does a pathologist diagnose cervical adenocarcinoma?

In some cases, a pathologist will examine a Pap test specimen to make a diagnosis. The Pap test is done by scraping or brushing the surface lining of the cervix to obtain cells for microscopic examination. If a pathologist finds cells that are indicative of or are suspicious for cervical adenocarcinoma, then a biopsy or excision is usually performed to confirm the diagnosis and to determine how far the cancer has spread. Although the Pap test has been very successful at decreasing the number of patients with squamous cell carcinoma of the cervix, it has not yet been proven to reduce the number of patients with cervical adenocarcinoma. In part, this is because cervical adenocarcinomas may not be sampled when obtaining the Pap test specimen since the tumor may occur higher in the uterus than do squamous cell carcinomas or because adenocarcinoma can be present beneath the surface lining of the cervix, both of which can inhibit the collection of abnormal cells from the cancer. *(continued on next page)*

What kinds of questions should I ask my doctors?

Ask any question you want. There are no questions you should be reluctant to ask. Here are a few to consider:

- Please describe the type of cancer I have and what treatment options are available.
- What is the stage of my cancer?
- What are the chances for full remission?
- What treatment options do you recommend? Why do you believe these are the best treatments?
- What are the pros and cons of these treatment options?
- What are the side effects?
- Should I receive a second opinion?
- Is your medical team experienced in treating the type of cancer I have?
- Can you provide me with information about the physicians and others on the medical team?

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If a patient has an abnormal Pap test or has other symptoms, the primary care doctor will perform a colposcopy to remove a tissue sample. During the colposcopy, the primary care doctor will either remove a small piece of tissue called a cervical or endocervical biopsy, or a larger excision of cervical tissue called a cervical conization; sometimes a **hysterectomy** (complete removal of the uterus and cervix) is necessary. The tissue obtained by the primary care doctor is sent to a pathologist for closer examination. The pathologist, who is skilled at recognizing the microscopic features of malignant tumors, can diagnose cervical adenocarcinoma after examining the tissue with a microscope.

What else does the pathologist look for?

The pathologist examines surgical specimens with a microscope to determine if a malignant tumor is present or if there are any pre-malignant changes that place a patient at increased risk for development of cancer. If a malignant tumor is present, then the pathologist will also determine the type of tumor, the size of the tumor, and whether the tumor has been completely removed. In addition, the pathologist will determine how deeply the tumor invades the wall of the uterus and whether the tumor has spread outside the uterus. If lymph nodes are removed, the pathologist will examine them with a microscope to determine if the tumor has spread into the lymph nodes. Lymph nodes surrounding the uterus are often the first place that cervical cancer spreads.

How do doctors determine what surgery or treatment will be necessary?

After reviewing the test results and determining the stage of the cancer (how far the cancer has spread), the pathologist consults with your primary care physician or specialist. Together, using their combined experience and knowledge, they determine treatment options most appropriate for your condition. It's important to learn as much as you can about your treatment options and make the decision that's right for you.

What kinds of treatments are available for cervical adenocarcinoma?

Cervical adenocarcinoma can be treated with **surgery, radiation therapy, and chemotherapy**, or a combination of these methods. In addition, patients may have treatment to control pain or ease emotional or practical problems.

Surgery may be used to treat the primary tumor in the cervix and areas close to it. Such procedures include **conization, cryosurgery, laser surgery, or LEEP (loop electrosurgical excision procedure)**. In some cases, a hysterectomy may be required to remove the uterus, cervix, and part of the vagina. During a hysterectomy, a surgeon may remove both the fallopian tubes and ovaries with a procedure called **salpingo-oophorectomy**. The surgeon also may remove the lymph nodes near the tumor to have the pathologist examine them for cancer.

Radiation therapy—pinpointed high-energy beams—can be used to shrink tumors or destroy cancer cells remaining after surgery. Radiation therapy can be used alone or with surgery or chemotherapy. Two types of radiation therapy can be used—external radiation, during which radiation comes from a large machine, or internal radiation, during which radiation is received through thin tubes (also called implants) inserted into the cervix.

Chemotherapy may also be recommended. This treatment delivers drugs throughout the body, can slow the cancer's progression, and may reduce pain.

Clinical trials of new treatments for cervical adenocarcinoma may be found at www.cancer.gov/clinicaltrials. These treatments are highly experimental in nature but may be a potential option for advanced cancers. Some trials may involve biologic therapy, which uses the natural defenses of the immune system to fight cancer.

For more information, go to www.cancer.gov (National Cancer Institute) or www.cancer.org (American Cancer Society). Type the keywords **cervical cancer** or **cervical adenocarcinoma** into the search box.