

Understanding Cervical Changes

A Health Guide for Women



A special message from Anje Corpus, cervical cancer survivor



Anje Corpus, American Cancer Society's 2010 Hero of Hope, Guam, is a 10-year+ cervical cancer survivor.

I wish to convey this message to all women to take special care in seeing their doctor on an annual basis, receiving all recommended screenings, and at the onset of what may seem to be any abnormal or irregular activity happening with their bodies. Early detection, of any disease, is the best cure. And for parents of girls and boys beginning at the age of 11, please speak to their pediatricians about getting them vaccinated against the

Human Papillomavirus (HPV), as this will help to greatly reduce their risks of developing life changing diseases that I wish no young person ever has to go through.

Thank you for allowing me to share my message. I hope I can be a beacon of hope to those facing their cancer journey, and more importantly, for all others to be proactive in their healthcare and not be afraid to see their doctors regularly.

- Ms. Anje Corpus, via email, June 13, 2017

Use this guide to learn more and talk with your health care provider about:

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Introduction

Each year, 26 women on Guam are found to have cervical cancer. “Other Micronesian” and Chamorro women get cervical cancer more often than most other women. **There is something you can do to prevent cervical cancer.** There is a simple, 5-minute test called the **Pap test** (or Pap smear). This test looks for abnormal changes in the cells of the cervix that could lead to cancer if left untreated. If cell changes are found early and treated, cervical cancer can be prevented. However, only 3 of 5 Guam women (ages 21 – 65) get regular Pap tests. And half of the women who were found to have cervical cancer waited too long and were in the late stage of cancer.

The good news is that research has helped us learn much more about how cervical cancer develops and more ways to prevent it. Because of this research, more women can be helped. This booklet has information about cervical cancer that EVERY woman should know to protect her health!

Good news about preventing cervical cancer

- **We know what causes cervical cancer.**
Almost all cervical cancer is caused by a virus called HPV (human papillomavirus).
- **Cervical cell changes happen slowly.**
It can take many years for HPV infected cells to grow into cervical cancer.
- **We have great tools to prevent cervical cancer.**
Cervical cancer screening and early HPV vaccination can prevent cervical cancer.
- **Better screening tests mean less frequent screening.**
Screening tests have been improved, so the guidelines have changed to require less frequent testing.
- **Abnormal test results don't always mean that you have cancer.**
An abnormal cervical screening test result does not mean that you have cervical cancer. It means that cervical cell changes were found or that cells are infected with HPV. Depending on the results, you may need follow-up testing or treatment. Treatment for cervical changes works well.

Human papillomavirus (HPV) infection

HPV (human papillomavirus) and cervical cancer cell changes



"My doctor told me that some types of HPV cause cervical cancer, and other types of cancer, even some throat cancers."

HPV infections are common. Most people who are sexually active will have an HPV infection at some time and never know it. HPV infections can be spread from person to person through skin-to-skin contact, including vaginal, anal, and oral sex. Although using condoms during sex can lower your risk of an HPV infection, they do not protect against them completely.

Most HPV infections go away on their own without causing problems. However, sometimes infections with high-risk HPV types do not go away. They last for many years and may become abnormal. They may also get worse and become cervical cancer.

There are many types of HPV. Some are high risk and some are low risk.

- High-risk HPVs can infect cervical cells and cause cervical cancer. They can also infect certain other cells to cause anal cancer, penile cancer, vaginal cancer, vulvar cancer, and oropharyngeal cancer (cancer in the middle of the throat, including the tonsils and the back of the tongue).
- Low-risk HPVs can cause genital warts. These are warts on the outside and the inside of sex organs and glands. Genital warts do not turn into cancer.

Pap test and HPV test

"My patients who are over 30 years old can get both the Pap and HPV tests together. This is called co-testing. It means they may only need to be screened every 5 years, as long as their test results are normal."



The Pap test and the HPV test are cervical cancer screening tests.

Screening means checking for disease before there are symptoms. Women need cervical cancer screening even if they feel fine. Screening can help find changes in cervical cells that could lead to cancer if not treated.

The **Pap test** (also called Pap Smear) finds cervical cancer cell changes that may turn into cervical cancer. It can also detect cervical cancer cells. A Pap test sometimes finds conditions, such as infection or inflammation, that are not cancer.

The **human papillomavirus (HPV) test** can find infections with the types of HPV that can cause cancer.

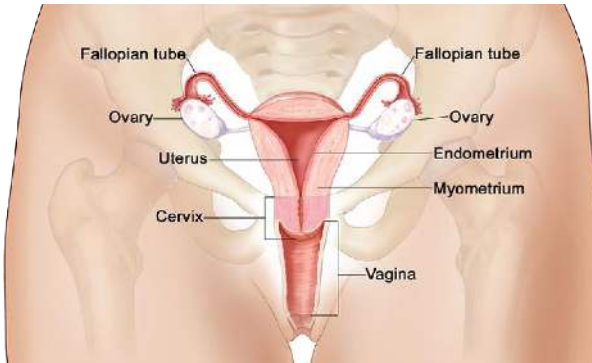
Co-Testing means that both the Pap test and HPV test are done at the same time.

"I am embarrassed to ask for a Pap test and HPV test."



What to expect during a Pap test and HPV test

The Pap test and HPV test are usually done during a pelvic exam. During a pelvic exam, the female reproductive organs are checked for changes in size or shape.



The female reproductive system

The cervix is part of the female reproductive system. It's the lower, narrow end of the uterus, which leads to the vagina, as shown in the image on the left. The cervix opens during childbirth to allow the baby to pass.

Before the Exam: Your doctor will leave the room. You will be asked to remove your clothes, put on a gown, and put a sheet over your waist and legs for privacy.

During the Exam: You will lie down on your back on an exam table, bend your knees, and put your feet into supports called stirrups. The doctor will insert a small instrument called a speculum that gently opens your vagina to see the cervix. Then your doctor will use a soft, narrow brush or spatula to collect a small sample of cells from your cervix. You may feel a little discomfort.

Your doctor will also check the size, shape, and position of the uterus and ovaries and feel for any lumps or cysts. The rectum may also be checked for lumps or abnormal areas. Most doctors will tell you what to expect at each step of the exam, so you will be at ease. When you talk with your doctor, you may also ask to be tested for sexually transmitted infections (STIs).

After the Exam: Your doctor will send the sample cells to a lab to see if there are any abnormal cell changes. The same sample can also be checked for HPV, with an HPV test. When both a Pap test and an HPV test are done, that is called **co-testing**. Your doctor will follow up with you by phone or mail with your Pap test and/or HPV test results. If your doctor does not follow up with you within a week or two after your test, it is important to contact him or her to get your results.

Questions to ask before your exam

Ask your doctor:

- What will happen during the exam?
- What test will I have and why?
- Will I have any discomfort?

Your doctor may ask the following questions:

- "What was the start date of your last period?"
- "When did you have your last Pap and/or HPV test?"
- "What were your test results?"

Do not think, "This doctor is too curious; this is so embarrassing." Please remember that this is your doctor's daily work. Your doctor needs this information in order to help protect your health.



Doctor Amanda Del Rosario:

"Many women are embarrassed to ask their doctors to do a Pap test and/or HPV test. Because of our culture, we are not used to talking about sexual matters and intimate body parts. So it takes a brave woman to ask her doctor for a Pap test, or for co-testing. If your doctor is a man, you can ask for a woman doctor to do the exam, or ask for a woman nurse, to be in the room when the pelvic exam and test is done. For your health, try not to be embarrassed – simply ask your doctor to do a Pap test. Or tell the nurse that you want it done and she will tell your doctor."

Questions to ask after your exam

Ask your doctor:

- When will I get my test results?
- How will I get these results (by mail or a phone call)?
- What phone number should I call if I do not get my test results?
- When I get my results, will they explain what I should do next?

Pap and HPV test tips to remember:

- Do not have the test(s) during your period (menstruation). The best time to schedule the test(s) is at least 5 days after your menstrual period stops.
- For about 2-3 days before the Pap test:
 - Don't use tampons, birth control foams or jellies, other vaginal creams, moisturizers, or lubricants, or vaginal medicines.
 - Do not douche.
 - Do not put any vaginal medicines or spermicidal foams, creams, or jellies inside the vagina.
- Do not have sexual intercourse for 2 days before your Pap test. This may cause unclear results.

Where do I get a Pap test?

Doctor's offices, clinics, and community health centers offer Pap and HPV tests. Many women receive these tests from their ob/gyn (obstetrics/gynecology) doctor. If you don't have a doctor you see regularly, you can find a clinic near you that offers cervical cancer screening by contacting:

- Guam Department of Public Health and Social Services' Breast and Cervical Cancer Early Detection and Screening Program at (671) 735-0671/72.

How do I pay for a Pap test?

Below are some ways to pay for a Pap test if you do not have health insurance.

- **If you qualify for Medicaid**, you may not have to pay for the doctor visit or for a Pap test. For more information, call the Medicaid Information office at the Guam Department of Public Health and Social Services, phone: (671) 735-7224/7302.
- **If you are age 65 or older**, and are on Medicare, it will help pay for the cost of a Pap test. For more information about Medicare coverage for Pap tests, call 1-800-MEDICARE (1-800-633-4227).
- **If you have low income or no health insurance**, you can call the:
 - Guam Breast and Cervical Cancer Early Detection Program at Public Health to see if you are eligible for free or low cost Pap test. Phone: (671) 735-0671/72/75.
 - Guam Cancer Care Organization at (671) 969-2233 to see if they can assist you.
 - Public Health Southern Region Community Health Center at (671) 828-7504, or the Northern Region Community Health Center at (671) 635-7408/10, and pay based on your income.
 - Guam Medically Indigent Program (MIP) at (671) 735-7224/7302.

Screening Guidelines: When to get screened

Cervical cancer screening guidelines for most women

Cervical cancer screening guidelines have recently been updated by the United States Preventive Services Task Force (USPSTF) and other organizations. Talk with your doctor about when to start screening and what screening tests to have. These ages and times between screening apply to most women, as long as they have normal test results. The guidelines that follow do not apply to women with certain medical conditions, as noted in the box on page 9.



"Talk with your doctor to find out how often to have cervical cancer screening. The guidelines have recently changed."

Age 21 years

Women should get their first Pap test at age 21. Even if a woman is already sexually active, Pap tests are not recommended until the age of 21.

Age 21 - 29 years

Pap testing every 3 years is recommended for women in their 20s. Women in this age group should not have routine HPV testing because HPV infections at these ages tend to last only a short time before going away by themselves. However, if a woman in this age group has an abnormal Pap test result, follow up testing may include the HPV test.

Age 30 - 65 years

It is recommended that women in this age group get both a Pap test and an HPV test (called co-testing) every five years or a Pap test alone every 3 years. This longer interval still allows cell changes to be detected in time to treat them if needed, but reduces treatment of cell changes that would go away on their own anyway.

Older than 65 years

Women in this age group should talk with their doctor to learn if screening is still needed. If you have been screened regularly and your recent test results have been normal, your doctor will probably advise you that you no longer need screening. However, if your recent test results were abnormal or if you have not been screened regularly, it is important to talk with your doctor about screening.

Exceptions to the guidelines

Depending on your medical history, your doctor may recommend more or less frequent screening.

More frequent screening may be recommended for women who:

- Are HIV positive
- Have weakened immune system
- Were exposed before birth to a medicine called diethylstilbestrol (DES), which was once prescribed to pregnant women
- Had a recent abnormal Pap test or biopsy result
- Have had cervical cancer

Screening is not needed for women who:

- Have had a hysterectomy for reasons not related to cancer or cervical cell changes. However, if your hysterectomy was related to cervical cancer, talk with your doctor to learn what follow-up care you need.

Find out your Pap test results

Pap test results show if cervical cells are normal or abnormal. A Pap test may also come back as unsatisfactory.

It is very important to follow up with your doctor to get the results of your Pap test. If your doctor does not contact you with your results within two weeks after your exam, you should contact her or him and ask for your test results.

Next steps after a Pap test may include:

Normal Pap test results:

If your results are “normal” or “negative,” this means that no abnormal cell changes were found. Your doctor will usually recommend another screening exam in 3 to 5 years. A normal test result may also be called a **negative test result**.

Unsatisfactory Pap Test results:

Your doctor will ask you to come in for another Pap test. The lab sample may not have had enough cells, or the cells may have been clumped together or hidden by blood or mucus.

Abnormal Pap Test results:

This means that your Pap test may show abnormal cell changes in your cervix. Your doctor will recommend more testing or treatment for these findings: **ASC-US, AGC, LSIL, ASC-H, HSIL, or AIS**. These cervical cell changes are listed in the table on the next page in order, from less serious to more serious. These changes may be referred to as dysplasia, neoplasia, or precancer – cells that are abnormal, but are not cancer. An abnormal test result may also be called a **positive test result**.

“Need help understanding your test results? Ask your doctor what your test results mean and what you should do next.”



More about biopsy findings and CIN

CIN is also called **cervical intraepithelial neoplasia**. This means that abnormal cells were found on the surface of the cervix. CIN is usually caused by certain types of human papillomavirus (HPV) and is found when a cervical biopsy is done. **CIN is not cancer**, but may become cancer and spread to nearby normal tissue if not treated. It is graded on a scale of 1 to 3, based on how abnormal the cells look under a microscope and how much of the cervical tissue is affected. For example, **CIN 1** has slightly abnormal cells and is less likely to become cancer than **CIN 2** or **CIN 3**.

ASC-US
Atypical
Squamous
Cells of
Undetermined
Significance

ASC-US is the most common abnormal Pap test finding. It means that some cells don't look completely normal, but it's not clear if the changes are caused by HPV infection. Other things can cause cells to look abnormal, such as irritation, some infections, such as a yeast infection, growths such as polyps or cysts that are benign (not cancer), and changes in hormones that occur during pregnancy or menopause. Although these things may make cervical cells look abnormal, they are not related to cancer.

Possible next steps: An HPV test is usually done, or the Pap test may be repeated in 12 months.

AGC
Atypical Glandular
Cells

AGC means that some glandular cells were found that do not look normal. More testing is usually recommended.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

LSIL
Low-Grade
Squamous
Intraepithelial
Lesions

LSIL is sometimes called mild dysplasia it may also be called CIN 1. **LSIL** means that there are low-grade changes. **LSIL** changes are usually caused by HPV infection. Although the changes may go away on their own, further testing is usually done to find out whether there are more severe changes that need to be treated.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

ASC-H
Atypical
Squamous
Cells, Cannot
Exclude HSIL

ASC-H means that some abnormal squamous cells were found that may be a high-grade squamous intraepithelial lesion (**HSIL**), although it's not certain. More testing is recommended.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

HSIL
High-Grade
Squamous
Intraepithelial
Lesions

HSIL is sometimes called moderate or severe dysplasia. It may also be called CIN 2, CIN 2/3, or CIN 3. **HSIL** means that there are more serious changes than **LSIL**, in cervical cells. These changes are caused by HPV and may turn into cervical cancer if not treated.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

AIS
Adenocarcinoma In
Situ

AIS means that an advanced lesion (area of abnormal growth) was found in the glandular tissue of the cervix. **AIS** lesions may become cancer (cervical adenocarcinoma) if not treated.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

Cervical Cancer
Cells

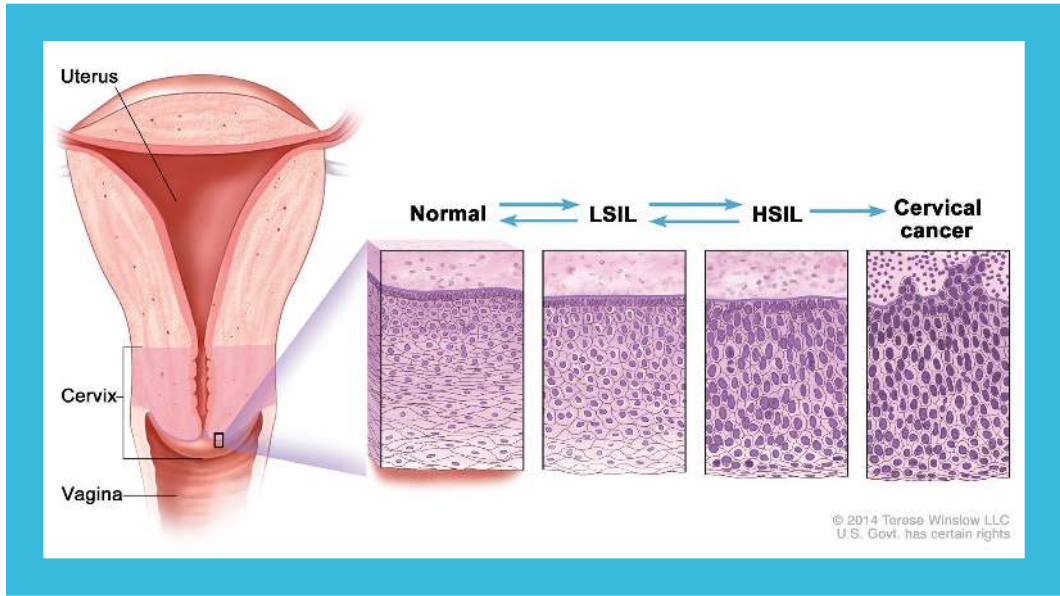
Sometimes cervical cancer cells (squamous cell carcinoma or adenocarcinoma) are found. However, for women who are screened at regular intervals, it is very rare for cancer cells to be found on a Pap test. For more information about cervical cancer, call 1-800-4-CANCER (1-800-422-6237) or visit www.cancer.gov/cervical.

Possible next steps: Colposcopy and biopsy. [See the Follow-up Testing section on page 14](#) to learn about these procedures.

Find out your Pap test results

Cervical Changes

These images show how cervical cells that have long-lasting infections with high-risk HPV can change over time and become abnormal. Abnormal cervical cells may also return to normal even without treatment, especially in younger women. LSIL and HSIL are two types of abnormal changes to cervical squamous cells.



Co-testing results



"My doctor told me how the Pap test and HPV test work. She took the time to help me understand the next steps and why I needed to take them."

If you get both a Pap and an HPV test, this is called **co-testing**. The guidelines advise that routine Pap and HPV co-testing be limited to women age 30 and older. However, HPV testing can be used in women of any age after an unclear Pap test finding and to help your doctor determine if further medical evaluation is needed.

Your co-test results were normal

Pap test result (normal) and HPV test result (normal)

If both your Pap test and your HPV test results are normal, your doctor will probably tell you that you can wait 5 years before your next co-test (Pap and HPV test).

Your co-test results came back abnormal

Pap test result (normal) and HPV test result (abnormal)

Your doctor will probably recommend that you come back for repeat co-testing in 12 months or have a different HPV test that checks for the two high-risk HPV types that cause most cervical cancers.

Pap test result is (abnormal) and HPV test result is (normal)

- **For abnormal Pap test results of ASC-US:** Most women are advised to get another Pap and HPV test in 3-5 years.
- **For all other abnormal Pap test results:** Your doctor will probably recommend that you come in for a test called a colposcopy, which is used to take a closer look at your cervix and perform a biopsy. Based on the colposcopy findings, your health care provider will decide whether further testing or treatment is needed.

Pap test result (abnormal) and HPV test result (abnormal)

When both the Pap test and the HPV test results are abnormal, you will need further testing and possibly treatment. The first step is usually a colposcopy. A colposcopy is an exam that allows your health care provider to take a closer look at your cervix and to remove a sample of cervical cells for a pathologist to examine. (This procedure is called a biopsy). The sample is then checked under a microscope for signs of disease. Based on the results, your health care provider will decide whether further testing or treatment is needed.

Learn more about [Pap Test Results on page 11](#) and about [Follow-up Testing on page 14](#).

Follow-up testing

About HPV testing alone for cervical cancer screening

Recent research findings show that the HPV test alone is highly effective for cervical cancer screening. The FDA (Federal Food and Drug Administration) approved this use. In the future, cervical screenings may only require an HPV test instead of a co-test. Talk with your doctor to learn more.

Keep in mind, most women with abnormal cervical screening test results do not have cancer. However, if you have an abnormal test result, it is important to get the follow up tests and/or treatment that your doctor recommends. Possible next steps and treatments are listed in this section to help you learn more and talk with your doctor.

"My doctor told me that my abnormal test result didn't mean that I have cancer. Now that was a relief to hear."



Depending upon your test results, next steps may include:

Pap test: Some women may need to return for another Pap test.

HPV test: An HPV test may be recommended.

Estrogen cream: If you have ACS-US and are near or past menopause, your doctor may prescribe estrogen cream. If the cell changes are caused by low hormone levels, applying estrogen cream will make them go away.

Colposcopy and biopsy: Your doctor will examine your cervix using a colposcope and perform a biopsy. A colposcopy is a procedure to examine your cervix. During this procedure, your doctor inserts a speculum to gently open the vagina and see the cervix. Diluted white vinegar is put on the cervix, causing abnormal areas to turn white. Your doctor then places an instrument called a colposcope close to the vagina. It has a bright light and a magnifying lens and allows your doctor to look closely at your cervix.

A colposcopy usually includes a biopsy. A biopsy is done so that the cells or tissues can be checked under a microscope for signs of disease. In addition to removing a sample for further testing, some types of biopsies may be used as treatment, to remove abnormal cervical tissue or lesions.

Types of cervical biopsies include:

- **Endocervical curettage:** cells are scraped from the lining of the cervical canal.
- **Punch biopsy:** a small piece of cervical tissue is removed.
- **Cone Biopsy or conization:** a cone-shaped sample of cervical tissue is removed.

Talk with your doctor to learn what to expect during and after your procedure. Some women have bleeding and/or discharge after a biopsy. Others have pain that feels like menstrual cramps. The questions below may be helpful as you talk with your doctor to learn more.

Questions to ask before a test or procedure

- **What is the purpose of this test or procedure?**

- **What will the results tell us?**

- **What will happen during the procedure?**

- **How long will the procedure take?**

- **Should I limit any activities after the procedure? For how long?**

- **What problems or side effects should I call you about after the procedure?**

Treatments for cervical cell changes

Some abnormal cervical changes need to be removed so they do not turn into cancer. Your doctor will talk with you about which treatment is recommended for you and why. The questions at the end of this section can help you talk with your doctor to learn more.

Common treatment methods include

Cold knife conization (also called **cold knife cone biopsy**) is a procedure in which a cone-shaped piece of abnormal tissue is removed from the cervix using a scalpel or laser knife. Some of the tissue is then checked under a microscope for signs of disease, such as cervical cancer, this procedure is done at the hospital and requires general anesthesia.

Cryotherapy is a procedure in which an extremely cold liquid or an instrument called a cryoprobe is used to freeze and destroy abnormal tissue. A cryoprobe is cooled with substances such as liquid nitrogen, liquid nitrous oxide, or compressed argon gas. Also called cryoablation and cryosurgery. This procedure is done in your doctor's office. It takes only a few minutes and usually does not require anesthesia.

Laser therapy is a procedure that uses a laser (narrow beam of intense light) to destroy abnormal tissue. This procedure is done at the hospital and general anesthesia is used.

LEEP (loop electrosurgical excision procedure) uses a thin wire loop, through which an electrical current is passed, to remove abnormal tissue. Local anesthesia is used to numb the area. Your doctor usually performs this procedure in the office. It takes only a few minutes, and you will be awake during the procedure.

Questions to ask before treatment

- **What are the possible treatments for the condition that I have?**

- **What are the advantages and disadvantages of each treatment?**

- **Which treatment do you recommend for me, and why?**

- **What will happen during the treatment?**

- **What are the possible risks of this treatment?**

- **How might this treatment affect a future pregnancy?**

- **How long will the procedure take?**

- **Will general or local anesthesia be needed?**

- **What side effects might I have from this procedure?**

- **How long might these side effects last?**

- **Are there any activities that I should avoid after the procedure?**

HPV vaccination

Human papillomavirus (HPV) vaccination protects against infection with HPV types that cause:

- Nearly all cases of cervical cancer
- Most cases of anal cancer and many cases of penile cancer, vaginal cancer, vulvar cancer, and oropharyngeal cancer (cancers of the throat, tongue, tonsils, and soft palate).



“Visit your local clinic or call your child’s doctor to learn how the HPV vaccine can protect your daughter or son.”

HPV vaccination also protects against infection by the HPV types that cause most warts on or around the genitals and anus.

Commonly asked questions about the vaccine

At what age, should children get the HPV vaccine?

Girls and boys should start the HPV vaccine series at the age 11 or 12; it may be started at age 9 and given through age 26. Preteens often receive the HPV vaccine at the same time as the whooping cough and meningitis vaccines. Preteens have a stronger immune response to the HPV vaccine than older adolescents.

How many doses should be given?

Under the age of 15: Two doses of the vaccine are given. The second dose is given 6-12 months after the first dose.

Ages 15-26: Three doses of the vaccines are given. The second dose is given 1-2 months after the first dose, and the third dose is given 6 months after the first dose.

What if someone didn’t get the recommended doses at a younger age or complete the series?

Vaccination can be given up to age 26 if necessary to complete the series.

Do vaccinated women still need to be screened for cervical cancer?

Yes. Because HPV vaccination doesn’t protect against all HPV types that can cause cervical cancer, it’s important to get regular screening.

Is the HPV vaccine safe?

Yes. Side effects of the HPV vaccine are similar to those of other vaccines and may include mild pain in the arm where the vaccine was given. Sometimes a slight fever, dizziness, or nausea may also occur.

What impact has HPV vaccination had so far?

Infection with HPV types targeted by the vaccine has gone down substantially among teenage girls since vaccination was recommended in the U.S.

Related resources

"Call or go online to learn more about cervical cancer prevention and screening from these organizations."



Guam resources:

American Cancer Society (Guam Office)

The American Cancer Society is here to help you in your fight with cancer. We offer programs and services for those who have been diagnosed with cancer, free of charge. The Guam Field Office can be reached at 477-9451 Monday – Friday from 8:30 AM – 4:00 PM. Trained cancer information specialists are available 24 hours a day, seven days a week to answer questions about cancer, link callers with resources in the community, and give information on local events: Call 1-800-227-2345.

- **Location:** 479 West O'Brien Drive, Ste 102 Hagatña Guam 96910
- **Phone:** (671) 477-9451/ 1-800-227-2345
- **Fax:** (671) 477-9450
- **Website:** www.cancer.org

Department of Public Health and Social Services, Guam Breast and Cervical Cancer Early Detection and Screening Program

The Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) offers FREE Mammogram and Pap test to eligible women ages 21 - 64 years old. It's located at the Mangilao Central Public Health, 1st floor, Room 160 near the Dental Clinic and opens from 8:00am to 5:00pm except on weekends, and GovGuam holidays. To know if you are eligible, please call 735-0671. GBCCEDP is a 100% Federally Funded Program. Early detection is your best protection, because no woman deserves to have cancer.

- **Location:** Central Public Health, 123 Chalan Kareta, Mangilao, Guam
- **Phone:** (671) 735-0671/72/75
- **Website:** www.dphss.guam.gov/content/breast-and-cervical-cancer-early-detection-program

Guam Cancer Care Organization

Guam Cancer Care Screening Program encourages a proactive approach to health through screening. The screening program works collaboratively with the Guam Comprehensive Cancer Control Coalition, Department of Public Health's Guam Breast and Cervical Early Detection Program, the Non-Communicable Disease Consortium, and the primary care clinics and physicians to conduct year-round screening for Guam's uninsured residents. The primary purpose of the Cancer Screening Program is to reach out to our local community to take advantage of a free clinical cancer screening check-up with a partner clinic. Eligibility are for the uninsured, individuals who are 18 years and older and provided information & coordination with individuals with their health insurance.

- **Location:** 341 S. Marine Corps Drive, RK Plaza Suite 102, Tamuning, Guam 96913
- **Phone:** (671) 969-2223 (CCAF)
- **Fax:** (671) 969-3222
- **Email:** nperez@guamcancer.org
- **Website:** www.guamcancer.org

Related resources:

University of Guam Cancer Research Center

The University of Guam Cancer Research Center was established in 2003 to lay the foundation for promoting and sustaining cancer research in our region. The University of Hawaii Cancer Center and the UOG CRC formed a partnership with funding from the National Cancer Institute to advance cancer health equity in Pacific Islanders. The Community Outreach Core (COC) of the UOG CRC was organized as a community based approach to raise awareness of cancer, promote cancer prevention and screening in our communities. One of COC's aims is to provide targeted cancer prevention outreach to primary care physicians who serve Micronesian populations. To accomplish this aim, the COC has partnered with local stakeholder organizations to fill a need for health provider education on cervical cancer screening and HPV vaccine.

- **Location:** University of Guam #27 Dean's Circle, Mangilao 96923
- **Phone:** (671)735-3036
- **Website:** www.guamcrc.org

National resources:

National Cancer Institute (NCI)

NCI has comprehensive research-based information on cervical cancer prevention, screening, diagnosis, treatment, genetics and supportive care. NCI's information specialists can answer your questions and help you find information. You can contact them by phone, online chat, or email.

- Phone: 1-800-422-6237 (1-800-4-CANCER)
- Email: cancergovstaff@mail.nih.gov
- On-line chat: livehelp.cancer.gov
- Website: www.cancer.gov

Agency for Healthcare Research and Quality (AHRQ)

The United States Preventive Services Task Force (USPSTF), uses a rigorous process to develop recommendations for many prevention interventions, including cervical cancer screening.

- Phone: 1-301-427-1104
- Website: www.uspreventiveservicestaskforce.org

Centers for Disease Control and Prevention (CDC)

The CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) helps women who have low income or do not have health insurance get Pap tests, pelvic exams, diagnostic tests, and referrals. The CDC website also has information about the human papillomavirus (HPV).

- Phone: 1-800-232-4636 (1-800-CDC-INFO)
- Website: www.cdc.gov

National Library of Medicine (NLM)

MedlinePlus is the NLM's site for patients and their families and friends. It has information about HPV and other cervical cancer screening-related topics, including the latest treatments, medical videos, and links to medical research.

- Phone: 1-888-346-3656 (1-888-FIND-NLM)
- Website: www.https://medlineplus.gov

Acknowledgements, Credits, and References

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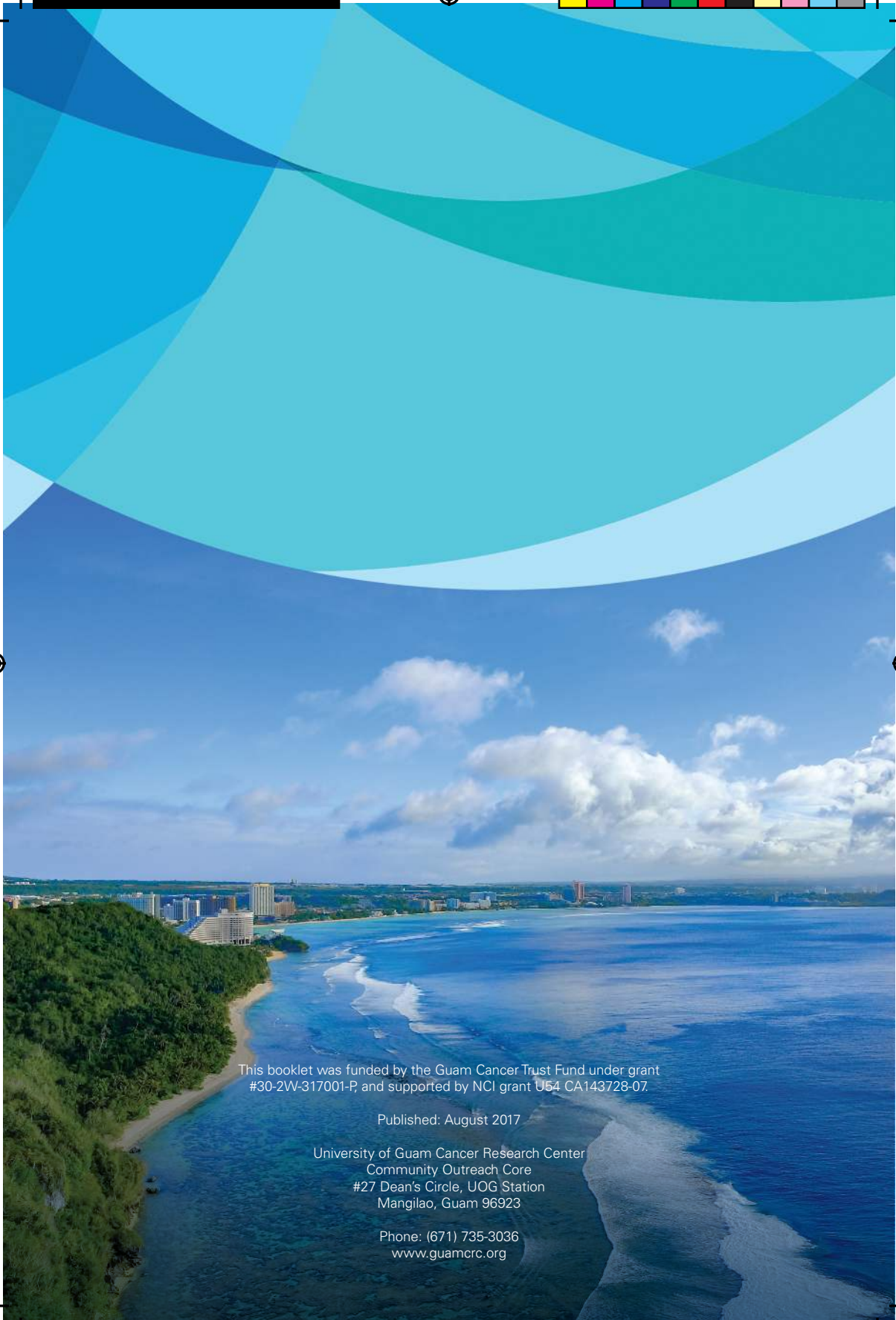
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REFERENCE:

"Understanding Cervical Changes," U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, May 2017. Website Link last accessed Aug. 16, 2017:
<https://www.cancer.gov/types/cervical/understanding-cervical-changes/understanding-cervical-changes.pdf>

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