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Breast cancer gets a lot of attention, doesn't it? With the concerning one in eight women who will be diagnosed with it—both normal folk and celebrities alike—friends and family soliciting donations, pink this and pink that, it is no wonder that it is on the minds of many. But what about cervical cancer?

Built into the annual gynecological visit is a breast exam, during which the doctor reminds us to perform a self breast exam every time we are in the shower. Should something feel strange, we are encouraged to have a mammogram and/or ultrasound, and if warranted, a biopsy. Add to this that we are expected to get annual routine mammograms, starting in our mid-forties, we have become a society that is all too aware of breast health. Aged sixteen to ninety-five, one thing we women are really good at is discussing our breasts.

We all know someone who is affected by breast cancer. How many people can you name who have had it or who are currently being treated for it? Without thinking too hard, I can name ten. Eight survived, thankfully. Two of them had double mastectomy (with immediate reconstruction, so nobody is the wiser). One died before she saw her thirtieth birthday and the other died when she was 57 after a five-year battle.

#### Just to Prove a Point About How Comfortable We are Talking About Breast Cancer

I once accompanied a friend to an appointment with the plastic surgeon who was to perform her reconstruction following double mastectomy. Diagnosed with aggressive cancer, surely the disease weighed more heavily on Layla's mind than the eventual outcome of having two new breasts using fat from her abdomen.

As we rode the elevator in silence, a woman asked if this was her first visit. Maybe the fear on Layla's face was recognizable to this woman, but I did wonder how she knew which one of us had the appointment. Without batting an eyelash, the stranger lifted her blouse, loosened her brassiere and showed us the perkier breasts I had ever seen. "I promise you, when he's done with you, your girls will look better than they do now!"

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And she was right. Less than a year after Layla had her surgery, long after the drains were removed, memory of her stay in the ICU had worn off and she was back to work, this introverted scientist giggled each time she lifted her blouse to show off her cancer-free girls to anyone who asked about her ordeal.

What is it that drives women to be so open and honest without a shred of modesty about the topic of breast cancer? Is it that our breasts are so visible, whether they are covered in a sweater, a

blouse, even a winter coat or exposed in an elevator for complete strangers to ooh and ahhh over?

Is it that they are revered and discussed ad nauseam by men and do as much to define femininity as do long locks of thick and luscious hair? And the bigger question, why aren't we as talkative about cervical cancer, a disease that strikes approximately 13,000 people annually and that at one time was the leading cause of death caused by cancer in people with vaginas?

I believe the reason is two-fold. One is because of where the cervix is located, which is at the bottommost part of the uterus that connects to the vagina. For many people, discussing the health of their vaginas is difficult. Whether with their doctors or with girlfriends, it is not uncommon for adults to refer to their own vaginas as their "private parts" or simply "down there."

And for those who can speak freely about their vaginas, they find themselves chastised for doing so. A part of the body that became the center of a debate in June 2012 when addressing the House, State Representative Lisa Brown spoke of the threat of reproductive rights and found herself silenced when she referred to her own vagina at the end of her speech. If it isn't proper decorum for someone with a vagina to discuss vaginas in "mixed company" when talking about reproduction, it is certainly understandable why a person might be shy to discuss it with their doctor when they are concerned that something doesn't seem right with their vagina.

The second piggy backs off the first one. With "vagina" being such a taboo word, it is no surprise that a disease that is most often the result of having contracted a sexually transmitted infection (STI), who in their right mind is going to feel anything but shame admitting they have cervical cancer? Add to this the fact that in many cases, they may not have been aware they had the STI until they received a diagnosis of cervical cancer.

Although I could write a dissertation on why there is something innately wrong when our society labels a woman who has slept with more than one man anything from promiscuous to a slut, but reveres a man for his virility and sexual prowess who is equally or even more active, the fact is, all of this plays a part in why people with vaginas have difficulty discussing cervical cancer.

Interestingly, given the fact that cervical cancer is usually the result of having contracted the human papillomavirus (HPV), it might serve all of society some good to realize that both men and women contract HPV at similar rates and that in people with penises, HPV can cause cancer in the anus and penis.

Indeed, it is estimated that half of all sexually active people—be they married, single, and whether they have had sex with one partner, numerous partners or anything in between, will contract HPV. The unfortunate thing is that it is not uncommon for people to live unaware of this

until they discover genital warts or in the case of people with vaginas, until they receive a diagnosis of cervical cancer.

Compounding the issue, not all forms of HPV will present with genital warts and so the only obvious telltale sign may elude someone for years. In these cases, without knowledge means that something that could have been treated very easily when it was first caught can linger in in the body and eventually form into cancerous cells.

However, of the 100 types of human papillomavirus, types sixteen and eighteen cause approximately seventy percent of all cervical cancers.

### Cervical Cancer: the Risk Factors

Fortunately for all people with vaginas, regardless of age, how often and with whom they enjoy sex, cervical cancer has seen a significant decline over the last forty years. We have the Pap smear, which is part of the routine pelvic exam, to thank for this. Pap smears detect precancerous cells, known as dysplasia, which have formed along the cervix's surface. At this stage, this precancerous condition is 100% curable.

Some risk factors for cervical cancer:

- Not being vaccinated against HPV
- Socioeconomic status
- Compromised immune system
- Born to a mother who took Diethylstilbestrol (DES), a synthetic hormone prescribed between 1940 and 1971 to prevent miscarriage

There is a window in which both men and women can receive the HPV vaccine to prevent genital warts in people with penises and cervical cancer and genital warts in people with vaginas. This is between the ages of nine and 26.

It isn't uncommon for men and women to neglect following up on a test that comes back abnormal, such as a Pap smear, because money is tight and/or he/she has no health insurance or is underinsured.

If your immune system is compromised for whatever reason—be it the result of former drug use, HIV status, a previous cancer or overall poor health—your risk for any cancer increases.

You cannot do anything if your mother took DES, unfortunately.

Symptoms that you could have cervical cancer and that should bring you to the doctor immediately:

If you are still menstruating, heavier than normal periods or bleeding between periods  
Vaginal bleeding during sexual intercourse or when you are already in menopause or are post menopausal

Vaginal discharge that is brown, pink, bloody and/or smells foul

Metastatic cervical cancer, meaning cancer that has spread to other parts of the body, may present with any of the following symptoms:

- Decreased appetite
- Bone pain
- Unexplained bone fractures
- Chronic, but unexplained back and leg pain
- Incontinence (either urine or feces) from the vagina
- Unexplained weight loss
- Pelvic pain
- Diagnosis of cervical cancer is a multipart process. After the abnormal Pap smear, the doctor will do something called a colposcopy, which allows her to look at your cervix under extreme magnification. If the results warrant it, a cone biopsy will be performed.

There are many treatments for cervical cancer, which will depend on your age and overall health, the size of the tumor, whether it has metastasized, and what stage the cancer is. If you have been diagnosed with cervical cancer, your doctor may elect to freeze the abnormal cells, use electricity to remove them, laser to burn them or perform a hysterectomy.

If you still have a uterus, whether you are still menstruating, pre-menopausal, in menopause or are passed all of that, and regardless whether you are sexually active or not, I cannot urge you enough to continue getting your pelvic exams and Pap smears. Whether you are comfortable using the word vagina or still after all these years call it “down there” or your “private parts,” please take care of it as you would any other part of your body. And if you have cervical cancer, please do not suffer in silence.

By googling “cervical cancer support groups,” you can be instantly connected with hundreds of online and in-person support groups. By talking about it, we gain power over it. It doesn't matter where cancer starts, it sucks and you should never, ever be ashamed to admit you have it. You might be surprised to know how many women out there need someone like you to break the ice.

Part of being aware is starting the conversation. I started it; please continue it.