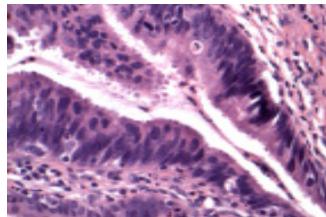


Cervical Cancer

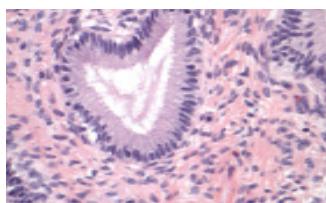
Cervical Adenocarcinoma

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.



Normal 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.

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.

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.

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.

Definitions

Adenocarcinoma:

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

Cervix:

The part of the uterus that connects the uterus body (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.



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