

New Patient Guidelines for Cervical Cancer

The National Comprehensive Cancer Network's free resource helps cervical cancer patients know what to expect and participate in decisions.

December 17, 2021 By National Comprehensive Cancer Network

The National Comprehensive Cancer Network® (NCCN®) has published new NCCN Guidelines for Patients®: [Cervical Cancer](#) to help people with cervical cancer become more informed, suggest what conversations to have with their doctor, and be active decision makers in their treatment. The cervical cancer guidelines are the latest in NCCN's library of [NCCN Guidelines for Patients®](#), published through funding from the NCCN Foundation® and available online free of charge. NCCN Guidelines for Patients provide information for nearly 60 of the most common cancers as well as topics such as side effects, mental distress, and survivorship.

"People who are diagnosed with cancer can feel lost and afraid," said Catheryn M. Yashar, MD, UC San Diego Moores Cancer Center, Vice-Chair of the NCCN Guidelines Panel for Cervical Cancer. "Having these guidelines empowers women to be stewards of their own care and ask appropriate questions."

Cervical cancer is the fourth-most-common cancer worldwide among people with cervixes^[1] and is usually caused by prolonged infection with human papillomavirus (HPV).^[2] And while cervical cancer is usually treatable, especially when detected early, there will be an estimated 14,480 [new](#) cervical cancer cases diagnosed and 4,290 estimated deaths in the U.S. in 2021.^[3]

A widely available vaccination against HPV dramatically reduces cervical cancer risk among those who have not yet been infected with the virus. Yet, while the United States is seeing fewer new cervical cancer cases compared to past decades, too many people—both younger and middle-aged—are not vaccinated and develop cancer from persistent HPV infection.

"Patients are often surprised and upset," says Nadeem R. Abu-Rustum, MD, Memorial Sloan Kettering Cancer Center (MSK), Chair of the NCCN Guidelines Panel for Cervical Cancer. "They've been going to the doctor, but skipped a year or two and suddenly they have a problem that can disrupt their lives and reproductive function."

The NCCN Guidelines for Patients can help the newly diagnosed orient themselves to the

treatment options and reduce the fear of finding out they have cancer.

More options, more targeted treatment

Treatment options for cervical cancer have advanced significantly in recent years, and the new NCCN Guidelines for Patients share the most up-to-date information about them.

Hysterectomy—removal of the uterus—has traditionally been a standard therapy for cervical cancer, but many people who receive a diagnosis are surprised to learn there may be other options. If cervical cancer has spread, chemotherapy and/or radiation are often a better treatment choice, as explained in the patient guidelines. For those with very early-stage cancers, less radical surgical treatments may be available that spare the uterus and preserve fertility.

“Years ago, we had one chemotherapy drug,” said Dr. Abu-Rustum. “Now we have a lot more options and more precision in chemotherapy, surgery, and radiation techniques.”

In addition, immunotherapy has emerged as a therapeutic possibility for cervical cancer that has recurred or spread to distant parts of the body. These treatments are now used in some cases to boost the immune system’s ability to attack cancer cells.

Treatments that have less impact on a patient’s sexual function and fertility are a major goal for cervical cancer, as are improved therapies for cancer that has spread beyond the immediate area of the cervix. Radiation and chemotherapy are effective, but can have major side effects; researchers are investigating ways to reduce the collateral damage of such treatments, and exploring other methods of control—such as immunotherapy—for advanced cancers.

Prevention remains key

While the new patient guidelines focus primarily on cancer treatment rather than prevention, NCCN continues to stress the importance of HPV vaccination.

“If we are successful in increasing vaccination we can decrease the burden of cervical cancer quite a bit,” said Dr. Abu-Rustum. “But even if vaccinated, people should continue to be screened. And keep an eye out for symptoms like unusual discharge, bleeding after intercourse, or—if they are older—abnormal bleeding of any kind from the uterus. Don’t just blame bleeding on fibroids or endometriosis. Make sure someone takes a look.”

Regular pap smear screenings are also important, as cervical cancer is relatively easy to treat if caught early enough.

NCCN works closely with numerous patient advocacy organizations. In anticipation of this new publication, Morgan Newman, MSW, cervical cancer survivor and Community Engagement Liaison on behalf of Cervivor—a nonprofit patient education and support organization—said: “Guidelines are not one-size-fits-all, but the NCCN Guidelines for Patients are an excellent tool for patients to use in conversation with healthcare providers so they can engage in shared decision making about their care.”

Patients and caregivers can access NCCN Guidelines for Patients for free at [NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines) and via the [NCCN Patient Guides for Cancer App](#). The patient guidelines cover most major types of cancer, along with topics in cancer management for different age groups and issues facing survivors. They are based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]), which are updated frequently by multidisciplinary teams of experts from across [NCCN Member Institutions](#). The patient versions present unbiased expert guidance in an easy-to-read format—with clear language, charts, images, and a glossary of medical terms. Learn more at [NCCN.org/patients](https://www.nccn.org/patients).

[This article was originally published by the National Comprehensive Cancer Network](#) on December 13, 2021. It is republished by permission.

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