

Symptom Recognition and Risk Awareness

	Cervical	Uterine	Ovarian	Vulvar	Vaginal
Main Cause	<ul style="list-style-type: none"> Long-term infection with high-risk HPV 	<ul style="list-style-type: none"> Hormone imbalance Family history of cancer/genetic risk 	<ul style="list-style-type: none"> Family history of ovarian or breast cancer; endometriosis Inherited gene mutations, especially BRCA1 and BRCA2 Older age and hormone-related factors Possibly long-term use of estrogen without progesterone 	<ul style="list-style-type: none"> Long-term infection with high-risk HPV Chronic skin conditions like lichen sclerosis 	<ul style="list-style-type: none"> Long-term infection with high-risk HPV History of cervical cancer or precancer Exposure to DES (diethylstilbestrol) in utero
Prevention	<ul style="list-style-type: none"> HPV vaccination Regular Pap and HPV tests Condom use and safe sex practices Quit smoking 	<ul style="list-style-type: none"> Maintain healthy weight Manage diabetes/high blood pressure Use combined hormone therapy Get testing if there is a family history of cancer Seek care for abnormal bleeding or irregular patterns NO standard screening for this cancer 	<ul style="list-style-type: none"> Genetic counseling and testing for those with family history Risk-reducing surgery (for high-risk individuals) Birth control pills Being aware of symptoms and acting on them early NO standard screening for this cancer 	<ul style="list-style-type: none"> HPV vaccination Regular self-checks and exams to identify skin changes Manage chronic vulvar skin conditions Quit smoking 	<ul style="list-style-type: none"> HPV vaccination Quit smoking Regular Pap test may catch related cell changes

	Cervical	Uterine	Ovarian	Vulvar	Vaginal
Most at Risk	<ul style="list-style-type: none"> ● Age: 30–50 ● No Pap or HPV test ● Black and Latine ● Long-term HPV infection, especially types 16 and 18 ● Weakened immune system ● Smokers ● No regular healthcare 	<ul style="list-style-type: none"> ● Age: 50+, especially after menopause ● Obesity/diabetes ● Polycystic ovary syndrome (PCOS) ● Irregular or infrequent menses ● Estrogen without progesterone (for HRT) ● Black ● Family history of cancer ● Not addressing abnormal bleeding 	<ul style="list-style-type: none"> ● Age: 50+, especially after menopause ● Family history of ovarian, breast, pancreatic, uterine, kidney/bladder, or colon cancer ● Inherited gene mutations (like BRCA1 or BRCA2) ● Never been pregnant ● Endometriosis or hormone therapy use ● Black 	<ul style="list-style-type: none"> ● Age: 60+ ● History of HPV or VIN ● Weakened immune system ● Chronic vulvar conditions (like lichen sclerosis) ● History of cervical or vaginal cancer 	<ul style="list-style-type: none"> ● Age: 60+ ● History of HPV or VIN ● Weakened immune system ● History of cervical or vaginal cancer
Symptoms	<ul style="list-style-type: none"> ● Bleeding between periods, after sex, or after menopause ● Unusual vaginal discharge ● Pain during sex ● Pelvic/lower back/leg pain ● Symptoms usually show up in later stages; prevention is key 	<ul style="list-style-type: none"> ● Bleeding after menopause ● Pelvic pain/pressure during sex ● Trouble urinating or bowel changes ● Pain in the lower belly or back ● Fatigue and weight loss ● Symptoms usually show up in early stages; catching early is key 	<ul style="list-style-type: none"> ● Indigestion/acid reflux ● Bloating/swelling in the belly ● Feeling full quickly or having trouble eating ● Pelvic/abdominal pain ● Frequent/more urgent urination ● Fatigue, back pain, or changes in bathroom habits ● Symptoms usually show up in later stages; often diagnosed in later stages 	<ul style="list-style-type: none"> ● Itching or burning that doesn't go away ● Skin changes on the vulva, such as color or texture ● Lump, sore, or wart-like growth ● Pain during urination or sex ● Bleeding or discharge not related to periods ● Symptoms usually show up in early stages; catching early is key 	<ul style="list-style-type: none"> ● A lump, sore, or wart-like growth ● Pain during urination or sex ● Bleeding or discharge not related to periods ● Symptoms usually show up in early stages; catching early is key