

# FACE THE *facts*



FACE YOUR *Health*

## FACE YOUR *fears* FACE YOUR *Health*

Studies show that African American women are more likely to die from cervical cancer than other women in the United States.

This doesn't have to happen. Cervical cancer is easy to treat, if you find it early. Here's what you can do.

### Know Your Risk

#### Get the facts about cervical cancer.

- ▶ Most cervical cancer is caused by a virus called the human papillomavirus, or HPV.
- ▶ You get HPV from sexual contact.
- ▶ Most of the time, HPV doesn't cause any health problems and goes away on its own.
- ▶ But sometimes, HPV causes problems with your cervix. In rare cases, it can turn into cervical cancer.

### Get Screened

#### Find out what tests you need and when.

- ▶ **At age 21**, start getting a Pap test every 3 years to screen for cervical cancer.
- ▶ **From age 30 to 65**, you can get a Pap test every 3 years, OR an HPV test every 5 years, OR a Pap test and an HPV test together every 5 years (co-testing).
- ▶ **After age 65**, you may be able to stop screening OR you may need to get screened if you haven't been screened in awhile and have not had a hysterectomy. Talk with your doctor.

### Be the Face of Change

#### Schedule your screening today.

##### 3 questions to ask your doctor:

1. What tests are you doing today?

HPV     Pap     Other \_\_\_\_\_

2. When do I get my results?

3. Who do I call with questions?

**Remember: One screening is not enough.** Regular screening can help prevent cervical cancer or find it early when it's easier to treat. Get a Pap test every 3 years. Or get an HPV test, or an HPV test and a Pap test together, every 5 years.

### Know Before You Go

#### Be prepared for your screening test.

For the 2 days before your exam:

- ▶ Don't douche.
- ▶ Don't use a tampon.
- ▶ Don't have sex.
- ▶ Don't use a birth control foam, cream, or jelly.
- ▶ Don't use any medicine or cream in your vagina.

**If you get your period, call the clinic.** They might need to reschedule your appointment.

Community Health Worker's Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

