

Metastatic Cervical Cancer

- A guide for patients and families

What is Metastatic Cervical Cancer?

Cervical cancer begins in the cervix which is the lower part of the uterus that connects to the vagina. Metastatic cervical cancer means that the cancer has spread beyond the cervix to other parts of the body, including the lungs, liver, bones or lymph nodes. This may occur at diagnosis (Stage IVB) or after previous treatment if the cancer has returned and spread.

What are the Symptoms?

Symptoms can vary depending on where the cancer has spread to in the body.

Some signs may include:

- Ongoing pelvic, abdominal or back pain
- Abnormal vaginal discharge
- Vaginal bleeding after menopause, after sex or between periods
- Pain with sexual activity
- Swelling in the legs or lower abdomen
- Shortness of breath or cough
- Fatigue, loss of appetite or weight loss

However, it is important to note that these symptoms can be caused by other conditions too. Speak to your doctor if you have any concerns.



How is it Diagnosed?

Metastatic cervical cancer is usually diagnosed by:

- Pelvic examination and cervical smear
- Biopsy (a small tissue sample from the cervix or a secondary site)
- Imaging tests (ie. CT, MRI, PET scans)

Your care team may involve many people. These may include a gynaecological oncologist, medical oncologist, palliative care team and a nurse coordinator.

How is it Treated?

Although metastatic cervical cancer is usually not curable, treatments aim to control the cancer, alleviate symptoms and improve quality of life.

These treatment options may include:

- Chemotherapy
- Targeted therapies (i.e.. anti-angiogenic treatments, immunotherapy)
- Radiotherapy
- Palliative surgery in selected cases
- Clinical trials for new and promising treatments

Your team will discuss the best options for you and your situation.

» Chemotherapy

Chemotherapy remains the backbone of first-line treatment in metastatic cervical cancer. The most commonly used combination is cisplatin or carboplatin with paclitaxel, often complemented by anti-angiogenic agents (drugs that block the growth of blood vessels that feed the tumour). While chemotherapy rarely cures metastatic disease, it can slow tumour progression, relieve symptoms, and improve quality of life.

➤ Targeted Therapies

This category includes anti-angiogenic agents (drugs that block the growth of blood vessels that feed the tumour) and immunotherapy, which act on specific biological pathways:

● Anti-angiogenic treatment:

The VEGF-inhibiting monoclonal antibody that blocks tumour blood vessel formation. When added to chemotherapy, it can significantly improve survival in selected patients, provided they are fit for treatment and have no contraindications (e.g., bleeding risk).

● Immunotherapy:

Cancer cells are characterized by their ability to divide continuously and uncontrollably. To prevent this, the human body has developed a mechanism known as programmed cell death (apoptosis), which is regulated in part by PD-1 (Programmed Death-1) proteins. Among immunotherapy agents, PD-1 and PD-L1 inhibitors bind to the PD-1 receptor and block its interaction with PD-L1 and PD-L2, thereby enhancing T cell-mediated anti-tumour immune responses.

HPV infection, which plays a major role in the development of cervical cancer, can induce an immunosuppressive state – ***a condition in which the immune system's ability to detect and destroy abnormal cells is weakened or inhibited***. Studies have shown that a significant proportion of cervical cancers express PD-L1, and can evade immune detection by activating PD-L1-mediated inhibitory pathways. Increased PD-1/PD-L1 activity prevents T cells from functioning properly.

Blocking immune checkpoint activity may help restore T cell function and improve the body's ability to fight the tumour. Therefore, immune checkpoint inhibitors block the PD-1/PD-L1 pathway, enabling the immune system to recognise and attack tumour cells.

Immunotherapy is particularly effective in PD-L1 positive tumours or those with high MSI or TMB, and plays an increasingly important role in treatment.

➤ Radiotherapy

In the metastatic setting, radiotherapy is used for palliative purposes, including:

- Relief of pain, bleeding, or other local symptoms
- In certain oligometastatic cases, it may be used with curative intent for local control
- It can be directed at pelvic or distant metastatic lesions

»» Palliative Surgery in Selected Cases

Surgery is rare in metastatic cervical cancer, but in selected cases it may be considered to relieve specific symptoms:

- To resolve bowel obstruction
- To control bleeding or infection
- To remove painful or bulky lesions

The goal is not to cure, but to improve quality of life.

»» Clinical Trials for New and Promising Treatments

Access to clinical trials is especially important for patients with metastatic cervical cancer, as:

- Novel immunotherapy combinations, therapeutic vaccines, antibody-drug conjugates (ADCs), and gene therapies are currently under investigation
- Participation allows patients to access cutting-edge therapies
- These trials are shaping the future of cervical cancer treatment

Participation in clinical research offers hope and potentially better outcomes for patients.

»» Side Effects of Treatment

Everyone responds differently. You may experience:

- Fatigue, nausea or gastrointestinal issues
- Pain or nerve sensitivity
- Menopause symptoms or infertility
- Emotional changes such as anxiety and/or depression

Ask your team about side-effect management and services such as pelvic physiotherapy, sexual health counselling or mental health support.

»» Support and Wellbeing

Living with metastatic cervical cancer can be challenging, both emotionally and physically. Some find support from the following services helpful:

- Palliative care services to manage pain and symptoms
- Psychological support and counselling
- Support groups and online communities
- Physiotherapy and nutrition advice
- Practical assistance with transport and home care

»» What can I do?

- It is important to attend all your appointments and scans
- Track our symptoms and any side effects
- Speak up if you have any concerns including pain, fatigue or emotional changes
- Have a good support network, this may include family, friends and your healthcare team
- Be kind to yourself, it is important to rest, eat well and accept help where you can

»» Where to go for help

If you have metastatic cervical cancer, you may ask your doctor for the following:

- Referral to a specialist cancer centre
- Access to multidisciplinary care and psychological support
- Contact with advocacy groups or patient organisations

»» You are not alone

Metastatic cervical cancer is a life-changing diagnosis; however, you are not alone. Many women are walking this path with strength and dignity. Support is available every step of the way.

»» The Role of Holistic and Palliative Care

In metastatic cervical cancer, symptom control is a fundamental part of care. Managing pain, bleeding, bowel obstruction, and other physical symptoms is essential to maintaining the patient's quality of life throughout the course of illness.

However, care must go beyond physical. A holistic approach acknowledges the full human experience of cancer – the emotional, psychological, and social dimensions that deeply affect both the patient and their loved ones.

A diagnosis of metastatic cervical cancer is not only a physical challenge – it is an emotional earthquake. Fear of the future, loss of control, grief over an altered life path, and worry for family members often accompany the medical burden. These emotions can be overwhelming and isolating, even when support seems to be present.

Many patients experience anxiety, sadness, or a deep sense of vulnerability. Some carry guilt or shame, particularly when the disease is linked to HPV. Others feel pressure to “stay strong,” leaving little space for emotional honesty.

This is why psychological and emotional support is essential, not optional. Access to a therapist, psycho-oncologist, support group, or peer companion can help patients process complex feelings, navigate uncertainty, and reconnect with inner resilience. ***It offers a space to ask: How do I want to live, even now? What still gives my life meaning?***

Palliative care teams, working alongside oncology specialists, play a vital role not just in symptom management, but in helping patients define and protect their dignity, values, and wishes throughout their journey. Importantly, family members also need support, as they often carry the invisible weight of caregiving and emotional responsibility.

Palliative care is not only for the end of life – it can and should be integrated early, in parallel with active treatment, offering guidance, comfort, and compassionate presence. In times of uncertainty, emotional care provides a steady ground – a place to breathe, to feel, to hope.

➤ Caring for the Caregivers: Supporting Family and Loved Ones

A cancer diagnosis impacts not only the patient, but their entire circle of loved ones. Family members often become silent heroes – organising care, managing appointments, providing emotional support, and holding everything together while hiding their own fear and exhaustion. The emotional toll on caregivers can be immense.

Many feel helpless, overwhelmed, or guilty, especially when witnessing a loved one in pain. They may suppress their own needs to „stay strong“ for the patient, yet behind the strength lies grief, worry, and often deep fatigue. It is essential to recognise that caregivers need care too. Support for family members – whether through counselling, respite care, support groups, or simply being heard – is not a luxury, but a necessity. Encouraging caregivers to speak openly about their feelings, ask for help, and set boundaries can prevent burnout and foster resilience.

At the same time, loved ones can play a vital role in the healing journey – not by fixing what cannot be fixed, but by offering presence, love, and steadiness in the face of uncertainty.

They can help by:

- Listening without judgment
- Respecting the patient's choices, needs, and emotional rhythm
- Helping with daily routines and coordinating care
- Advocating for the patient's wishes in medical settings
- And most of all, by simply being there – fully, kindly, and without trying to take control

» Healing Together: Building a Supportive Relationship

When cancer enters a relationship, it changes the dynamic. But it can also deepen connection, if approached with openness and mutual respect. Good cooperation between patients and their loved ones is not about doing everything right – it's about creating a safe space for honesty.

This means:

- Talking openly, even about hard things
- Asking: „**What do you need from me today?**” instead of assuming
- Accepting when the other needs space, or when plans need to change
- Allowing emotions to exist – sadness, laughter, anger, silence – without trying to “fix” them

Patients often say: „Don't tell me to be strong. Just be with me.”

And caregivers often say: „I don't know what to say – but I want to be here.”

That is enough.

Presence is powerful. Kindness is healing. And even in the most uncertain times, connection remains a lifeline.

*The soul has its own quiet way of healing
– and when we care for it with compassion,
it can help the body carry more than we thought possible.
Never underestimate the power of tending to the spirit.*

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ENGAGe recommends contacting your local patient association!