**HOT Batch 5 Paragraphs**

***GYN body system:***

**Cervical Cancer Bullets**

The cervix is the lower, narrow end of the uterus (the organ where a fetus grows). The cervix leads from the uterus to the vagina (birth canal).

The main types of cervical cancer are squamous cell carcinoma and adenocarcinoma. Squamous cell carcinoma begins in the thin, flat cells that line the cervix. Adenocarcinoma begins in cervical cells that make mucus and other fluids.

Long-lasting infections with certain types of human papillomavirus (HPV) cause almost all cases of cervical cancer. Vaccines that protect against infection with these types of HPV can greatly reduce the risk of cervical cancer. Having a Pap test to check for abnormal cells in the cervix or a test to check for HPV can find cells that may become cervical cancer. These cells can be treated before cancer forms.

Cervical cancer can usually be cured if it is found and treated in the early stages.

**Gestational Trophoblastic Disease Bullets**

Gestational trophoblastic disease (GTD) is a term for a group of rare tumors that form in the tissue that surrounds an egg after it is fertilized. This tissue is made of trophoblast cells, which connect the fertilized egg to the wall of the uterus and form part of the placenta. In GTD, a tumor forms instead of a healthy fetus.

The two main types of GTD are hydatidiform moles and gestational trophoblastic neoplasia. Hydatidiform moles are also called molar pregnancies and are more common. Most hydatidiform moles are benign (not cancer), but they sometimes become cancer. Gestational trophoblastic neoplasia is almost always malignant (cancer). There are different types of gestational trophoblastic neoplasia, including invasive moles, choriocarcinomas, placental-site trophoblastic tumors, and epithelioid trophoblastic tumors.

GTD may not cause early signs and symptoms and may seem to be a normal pregnancy. Later signs of GTD include abnormal vaginal bleeding and a uterus that is larger than normal. GTD is usually found early during routine pregnancy care, and most of the time can be cured.

**Uterine Cancer Bullets**

The uterus is a hollow, muscular organ where a fetus grows. Uterine cancer can start in different parts of the uterus. Most uterine cancers start in the endometrium (the inner lining of the uterus). This is called endometrial cancer. Most endometrial cancers are adenocarcinomas (cancers that begin in cells that make mucus and other fluids).

Uterine sarcoma is an uncommon form of uterine cancer that forms in the muscle and tissue that support the uterus.

Obesity, certain inherited conditions, and taking estrogen alone (without progesterone) can increase the risk of endometrial cancer. Radiation therapy to the pelvis can increase the risk of uterine sarcoma. Taking tamoxifen for breast cancer can increase the risk of both endometrial cancer and uterine sarcoma.

The most common sign of endometrial cancer is unusual vaginal bleeding. Endometrial cancer can usually be cured. Uterine sarcoma is harder to cure.

**Vaginal Cancer Bullets**

The vagina (birth canal) leads from the cervix (the opening of the uterus) to the outside of the body.

The most common type of vaginal cancer is squamous cell carcinoma, which begins in the thin, flat cells that line the vagina. Other types of vaginal cancer are adenocarcinoma (cancer that begins in cells that make mucus and other fluids), melanoma, and sarcoma.

Infection with certain types of human papillomavirus (HPV) causes most vaginal cancer. Vaccines that protect against infection with these types of HPV may reduce the risk of vaginal cancer.

Vaginal cancer often does not cause early [signs](http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=750109&version=Patient&language=English) or [symptoms](http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=45022&version=Patient&language=English). It may be found during a routine [pelvic exam](http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=322873&version=Patient&language=English). When found early, vaginal cancer can often be [cured](http://www.cancer.gov/Common/PopUps/popDefinition.aspx?id=318813&version=Patient&language=English).

**VULVAR CANCER BULLETS**

The vulva is the external part of the female genitals, including the clitoris, the vaginal lips, the opening to the vagina, and the surrounding skin and tissue.

Most vulvar cancers are squamous cell carcinoma. This type of cancer begins in squamous cells (thin, flat skin cells) and is usually found on the vaginal lips.

A small number of vulvar cancers are adenocarcinomas (or change cancers and begin to singular form) (cancers that begin in cells that make mucus and other fluids). This type of cancer is usually found on the sides of the vaginal opening.

Vulvar cancer usually forms slowly over a number of years. Abnormal cells can grow on the surface of the vulvar skin for a long time. This condition is called vulvar intraepithelial neoplasia (VIN). Because it is possible for VIN to become vulvar cancer, it is important to get treatment. Signs and symptoms of vulvar cancer include a lump, bleeding, or itching.

Infection with certain types of human papillomavirus (HPV) causes about half of all vulvar cancers. Vaccines that protect against infection with these types of HPV may reduce the risk of vulvar cancer.

***The last of the Head and Neck group:***

**Parathyroid Cancer Bullets—I wouldn’t make these changes either.**

The parathyroid glands are four tiny glands in the neck near the thyroid gland.The parathyroid glands make parathyroid hormone (PTH), which helps the body use calcium and keeps the amount of calcium in the blood at normal levels.

Tumors in the parathyroid are usually benign (not cancer). These are called adenomas. Fewer than 100 people a year are diagnosed with parathyroid cancer in the United States.

Having certain inherited disorders can increase the risk of parathyroid cancer. These include familial isolated hyperparathyroidism (FIHP) and multiple endocrine neoplasia type 1 (MEN1) syndrome. Having radiation therapy to the neck can increase the risk of benign parathyroid tumors.

With either a benign tumor or cancer, the gland may make too much PTH. This causes hypercalcemia (too much calcium in the blood), which is a serious and life-threatening condition. There may be no signs or symptoms of a parathyroid tumor until there is too much calcium in the blood. Signs and symptoms include weakness and feeling tired. Larger parathyroid tumors may cause a lump in the neck near the thyroid.