OBJECTIVES: To assess health care resource utilization and cost of cervical cancer from the perspective of British Columbia’s health care system. METHODS: Retrospective observational data on women diagnosed with cervical cancer between 2004 and 2009 was utilized to calculate patient-level resource utilization from diagnosis to death or 5-year discharge. Domains of resource use included hospitalization, chemotherapy, radiotherapy, pharmacy, and diagnostic tests. RESULTS: Of 3,408 patients, 17.3% (n = 588) had surgery, with 40% (95% CI: 26% to 55%) more likely to suffer PAL than PDS. When PDS or open surgery was required, the AEs were colitis and diarrhea, with a mean cost of €1,014. The top 5 AEs across all 3 treatment categories contributing most to costs were infection, colitis, diarrhea, hemorrhage, and immune-related endocrinopathy (IRR 1.38). CONCLUSIONS: Our study showed significant costs associated with PAL, such as increased length of stay and hospitalization, and the need for additional therapies and treatments. These results emphasize the need for improved surgical techniques and approaches to reduce the incidence of PAL and its associated costs.