

# Cancer Facts for Women



Some of the cancers that most often affect women are breast, colon, endometrial, lung, cervical, skin, and ovarian cancers. Knowing about these cancers and what you can do to help prevent them or find them early (when they are small and easier to treat) may help save your life.

Visit our website, [www.cancer.org](http://www.cancer.org), or call our toll-free number, **1-800-227-2345**, to get more details on our cancer screening guidelines or to learn more about what you can do to help reduce your risk of getting cancer.

## Breast cancer

Breast cancer is the most common cancer that women may face in their lifetime (except for skin cancer). It can occur at any age, but the risk goes up as you get older. Because of certain factors, some women may have a greater chance of having breast cancer than others. But every woman should know about breast cancer and what can be done about it.

### What you can do

The best defense is to find breast cancer early – when it's small, has not spread, and is easier to treat. Finding breast cancer early is called "early detection." The American Cancer Society recommends the following for breast cancer early detection:

**Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms if they wish to do so.

**Women ages 45 to 54** should get mammograms every year.

**Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

**All women** should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They should also be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.

### **Some women at high risk for breast cancer –**

because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

## **Colon cancer**

Most colon cancers (cancers of the colon or rectum) are found in people age 50 or older. People with a personal or family history of this cancer, or who have polyps in their colon or rectum, or those with inflammatory bowel disease are more likely to have colon cancer. Also, being overweight, eating a diet mostly of high-fat foods (especially from animal sources), smoking, and being inactive can make a person more likely to have this cancer.

### **What you can do**

Colon cancer almost always starts with a polyp – a small growth on the lining of the colon or rectum. Testing can help save lives by finding polyps before they become cancer. If pre-cancerous polyps are removed, colon cancer can be prevented.

For people at average risk, the American Cancer Society recommends getting one of the following tests starting at age 50:

#### **Tests that find polyps and cancer**

- Flexible sigmoidoscopy every 5 years\*, or

- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years\*, or
- CT colonography (virtual colonoscopy) every 5 years\*

#### **Tests that mostly find cancer**

- Yearly guaiac-based fecal occult blood test (gFOBT)\*\* , or
- Yearly fecal immunochemical test (FIT)\*\* , or
- Stool DNA test (sDNA), every 3 years\*

\* If the test is positive, a colonoscopy should be done.

\*\* The multiple stool take-home method should be used. One test done by the doctor is not enough. A colonoscopy should be done if the test is positive.

The tests that are designed to find both early cancer and polyps should be your first choice if these tests are available to you and you're willing to have one of them. Talk to a health care provider about which test is best for you.

If you're at high risk of colon cancer based on family history or other factors, you may need to be tested at a younger age with colonoscopy. Talk to a health care provider about your risk for colon cancer to know when you should start testing.

## **Endometrial cancer**

Endometrial cancer (cancer of the lining of the uterus) occurs most often in women age 55 and older. Taking estrogen without progesterone and taking tamoxifen for breast cancer treatment or to lower breast cancer

risk can increase a woman's chance for this cancer. Having an early onset of menstrual periods, late menopause, a history of infertility, or not having children can increase the risk, too. Women with a personal or family history of hereditary non-polyposis colon cancer (HNPCC) or polycystic ovary syndrome (PCOS), or those who are obese are also more likely to have endometrial cancer.

### **What you can do**

The American Cancer Society recommends that at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. Watch for symptoms, such as unusual spotting or bleeding not related to menstrual periods, and report these to a health care provider. The Pap test is very good at finding cancer of the cervix, but it's not a test for endometrial cancer.

The American Cancer Society also recommends that women who have or are likely to have hereditary non-polyposis colon cancer (HNPCC) be offered yearly testing with an endometrial biopsy by age 35. This applies to women known to carry HNPCC-linked gene mutations, women who are likely to carry such mutations (those who know the mutation runs in their families), and women from families with a tendency to get colon cancer where genetic testing has not been done.

### **Lung cancer**

At least 8 out of 10 lung cancer deaths are thought to result from smoking. But people who don't smoke can also have lung cancer.

### **What you can do**

Lung cancer is one of the few cancers that can often be prevented simply by not smoking. If you are a smoker, ask a health care provider to help you quit. If you don't smoke, don't start, and avoid breathing in other people's smoke. If your friends and loved ones are smokers, help them quit. For help quitting, call your American Cancer Society at 1-800-227-2345 to find out how we can help improve your chances of quitting for good.

Certain women at high risk for lung cancer may want to talk to a health care provider about whether getting yearly low-dose CT scans to test for early lung cancer is right for them. Testing may benefit adults who are current or former smokers between the ages of 55 and 74 who are in good health and who have a 30 pack-year smoking history. (A pack-year is 1 pack of cigarettes per day per year. One pack per day for 30 years or 2 packs per day for 15 years would both be 30 pack-years.) You should discuss the benefits, limitations, and risks of lung cancer testing with a health care provider before testing is done.

### **Cervical cancer**

Cervical cancer can affect any woman who is or has been sexually active. It occurs in women who have had the human papilloma virus (HPV). This virus is passed on during sex. Cervical cancer is also more likely in women who smoke, have HIV or AIDS, have poor nutrition, and who do not get regular Pap tests.

## What you can do

A Pap test can find changes in the cervix that can be treated before they become cancer. The Pap test is also very good at finding cervical cancer early, when it can often be cured. The American Cancer Society recommends the following:

- **Cervical cancer testing should start at age 21.**  
Women under age 21 should *not* be tested.
- **Women between the ages of 21 and 29** should have a Pap test done every 3 years. There's also a test called the HPV test. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.
- **Women between the ages of 30 and 65** should have a Pap test plus an HPV test (called "co-testing") done every 5 years. This is the preferred approach, but it's also OK to have a Pap test alone every 3 years.
- **Women over age 65** who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing continues past age 65.
- **A woman who has had a total hysterectomy (removal of her uterus and her cervix)** for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer

should not be tested.

- **A woman who has been vaccinated against HPV** should still follow the screening recommendations for her age group.

Some women – because of their history – may need to be tested more often. They should talk to a health care provider about their history.

## Skin cancer

Anyone who spends time in the sun can get skin cancer. People with fair skin, especially those with blond or red hair, are more likely to get skin cancer than people with darker coloring. People who have had a close family member with melanoma and those who had bad sunburns as children are more likely to get skin cancer.

## What you can do

Most skin cancers can be prevented by limiting exposure to ultraviolet (UV) rays from the sun and other sources like tanning beds. When outside, try to stay in the shade, especially during the middle of the day. If you're going to be in the sun, wear hats with brims, long-sleeve shirts, sunglasses, and use broad-spectrum sunscreen with an SPF of 30 or higher on all exposed skin. If you have children, protect them from the sun and don't let them get sunburned. Do not use tanning beds or lamps.

Be aware of all moles and spots on your skin, and report any changes to a health care provider right away. Have a skin exam done during your regular health check-ups.

## Ovarian cancer

Ovarian cancer is more likely to occur as women get older. Women who have never had children, who have unexplained infertility, or who had their first child after age 30 may be at increased risk for this cancer. Women who have used estrogen alone as hormone replacement therapy are also at increased risk.

Women with a personal or family history of hereditary non-polyposis colon cancer (HNPCC), ovarian cancer, or breast cancer are more likely to have this disease. But women who don't have any of these conditions can still get ovarian cancer.

### What you can do

At this time, there are no good tests for finding ovarian cancer early. A Pap test does not find ovarian cancer. But there are some tests that might be used in women who have a high risk of ovarian cancer. You should see a health care provider right away if you have any of these symptoms for more than a few weeks:

- Abdominal (belly) swelling
- Digestive problems (including gas, loss of appetite, and bloating)
- Abdominal or pelvic pain
- Feeling like you need to urinate (pee) all the time

A pelvic exam should be part of a woman's regular health exam. Also talk to a health care provider about your risk for ovarian cancer and whether there are tests that may be right for you.

## The best defense against cancer

Doing what you can to prevent cancer is your best defense. Knowing about cancer and what you can do to help reduce your risk of it can help save your life.

The next key is early detection. Finding cancer early, before it has spread, gives you the best chance to do something about it.

## Take control of your health, and reduce your cancer risk.

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
- Eat healthy with plenty of fruits and vegetables.
- Limit how much alcohol you drink (if you drink at all).
- Protect your skin.
- Know yourself, your family history, and your risks.
- Have regular check-ups and cancer screening tests.

**Visit us online at [www.cancer.org](http://www.cancer.org) or call us anytime, day or night, at 1-800-227-2345 to learn more about what you can do to help reduce your cancer risk and to get answers to your cancer questions.**



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