



Cancer Facts for Women



Some of the cancers that most often affect women are breast, colorectal, 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, haven't spread, and might be easier to treat) may help save your life.

Visit our website, **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 in American women, except for skin cancers. 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 the risks for breast cancer and what they can do to help lower their risk.

What you can do

Finding breast cancer early – when it's small, has not spread, and might be easier to treat – can help prevent deaths from the

disease. Getting regular screening tests is the most reliable way to find breast cancer early.

The American Cancer Society recommends the following for women at average risk for breast cancer:

Women ages 40 to 44 should have the choice to start yearly breast cancer screening with a mammogram (x-ray of the breast) if they wish to do so.

Women ages 45 to 54 should get a mammogram every year.

Women 55 and older can switch to a mammogram 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 understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do. They should also be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.

Women at high risk for breast cancer – because of their family history, a genetic mutation, or other risk factors – should be screened with MRI along with a mammogram. Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

Colorectal cancer

Colorectal cancer is cancer that starts in the colon or the rectum. Some factors that increase colorectal cancer risk include being overweight or obese, physical inactivity, a diet high in red and processed meats, smoking, heavy alcohol use, being older, and a personal or family history of colorectal cancer or polyps.

What you can do

Regular colorectal cancer screening is one of the most powerful weapons against colorectal cancer. Most colorectal cancers start with a polyp – a small growth on the lining of the colon or rectum. Screening can help find colorectal cancer early, when it's smaller, hasn't spread, and might be easier to treat. Certain screening tests can also help prevent cancer by finding and removing polyps before they turn into cancer.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

Men and women should start regular screening at **age 45**.

People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through **age 75**.

For people **ages 76 through 85**, the decision to be screened should be based on their preferences, life expectancy, overall health, and prior screening history.

People over **age 85** should no longer get colorectal cancer screening.

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT)* every year, or
- Highly sensitive guaiac-based fecal occult blood test (gFOBT)* every year, or
- Multi-targeted stool DNA test (MT-sDNA)* every 3 years

Visual exams of the colon and rectum

- Colonoscopy every 10 years, or
- CT colonography (virtual colonoscopy)* every 5 years, or
- Flexible sigmoidoscopy* every 5 years

* If a person chooses to be screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

People at high risk of colorectal cancer based on family and/or personal history or other factors may need to: start screening before age 45, be screened more often, or get specific tests. Talk to a health care provider about your risk for colorectal cancer to know when you should start testing.

There are some differences between these tests to consider, but the most important thing is to get screened, no matter which test you choose. Talk to a health care provider about which tests might be good options for you, and to your insurance provider about your coverage.

Endometrial cancer

Endometrial cancer is a cancer of the endometrium (the inner lining of the uterus). The risk of endometrial cancer increases as a woman gets older. Things that affect hormone levels, like taking estrogen without progesterone and taking tamoxifen for breast cancer treatment or to lower breast cancer risk, can increase a woman's chance of getting 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 colorectal cancer (HNPCC or Lynch syndrome) or polycystic ovary syndrome (PCOS), or those who are obese, also have a higher risk for getting endometrial cancer. Women who have had breast cancer or ovarian cancer may also have an increased risk of endometrial cancer.

What you can do

There are no screening tests or exams to find endometrial cancer early in women who are at average risk and have no symptoms. The American Cancer Society recommends that, at menopause, all women should be told about the risks and symptoms of endometrial cancer. Women should report any unusual discharge, spotting, or vaginal bleeding (that's getting worse, occurring between periods, or happening after menopause) to a health care provider.

The American Cancer Society also recommends that women who have or are likely to have hereditary non-polyposis colorectal cancer (HNPCC or Lynch syndrome) be offered yearly testing with an endometrial biopsy starting at age 35.

Women should talk to a health care provider about their risk for endometrial cancer and about getting regular pelvic exams. It's important to know the Pap test is very good at finding cancer of the cervix. Sometimes it can find some early endometrial cancers, but it's not a test for endometrial cancer.

Lung cancer

Lung cancer is most often caused by exposure to chemicals and other particles in the air. While smoking tobacco is the leading cause of cancer, not all people with lung cancer smoke. Some may have smoked previously, and some have never smoked at all.

What you can do

Not all lung cancers can be prevented. But there are things you can do that might help lower your risk. If you don't smoke, don't start, and avoid breathing in other people's smoke. If you or your loved ones smoke, call the American Cancer Society at **1-800-227-2345** for help quitting.

The American Cancer Society (ACS) lung cancer screening guideline is under review. In the meantime, ACS advises that health care providers and people at increased risk for lung cancer follow the recommendations for yearly lung cancer screening from the US Preventive Services Task Force (USPSTF), the American Academy of Family Physicians (AAFP), or the American College of Chest Physicians.

These organizations recommend yearly screening for people who are **50 to 80 years old**, in fairly good health, currently smoke or have quit in the past 15 years, and have at least a

20 pack-year smoking history. Talk to a health care provider about your risk for lung cancer, how you can quit smoking if you still smoke, the possible benefits, limits, and harms of lung cancer screening, and where you can get screened.

Cervical cancer

Chronic infection by certain types of the human papillomavirus (HPV) is the most important risk factor for cervical cancer. You can get HPV through intimate skin-to-skin contact, such as having vaginal, anal, or oral sex with someone who has the virus. Other risk factors for cervical cancer include smoking, having a weakened immune system, having had a chlamydia infection, being overweight, being exposed to or taking certain hormone treatments, and not having regular cervical cancer screening tests.

What you can do

Avoid smoking and help to protect yourself from HPV by using condoms. The HPV vaccines can help protect against certain HPV infections linked to cancer.

The American Cancer Society recommends routine HPV vaccination for girls and boys **ages 9 to 12**. Children and young adults **age 13 through 26** who have not been vaccinated, or who haven't gotten all their doses, should get the vaccine as soon as possible. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages.

Having regular screening tests can help find changes in the cervix that can be treated before they become cancer. The tests for cervical cancer screening are the HPV test and the Pap test. The

HPV test looks for infections from types of HPV that can cause precancers and cancers of the cervix. The Pap test looks at cells taken from the cervix to find changes that might be cancer or precancer. Regular screening can help find cervical cancer early, when it's small, has not spread, and might be easier to treat.

The American Cancer Society recommends the following for people who have a cervix and are at average risk for cervical cancer:

- **Cervical cancer testing should start at age 25.**

People under age 25 should not be tested.

- **People between the ages of 25 and 65** should get a primary HPV test every 5 years. A primary HPV test is an HPV test that is done by itself for screening. If you cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years.

The most important thing to remember is to get screened regularly, no matter which test you get.

- **People over age 65** who have had regular cervical cancer testing in the past 10 years with normal (or “negative”) results should not be tested for cervical cancer. Your most recent test should be within the past 3 to 5 years. Those with a history of serious cervical precancer should continue to be tested for at least 25 years after that diagnosis, even if testing goes past age 65.
- **People who have had a total hysterectomy (removal of the uterus and cervix)** should stop testing unless the surgery was done to treat cervical cancer or a serious precancer.
- **People who have been vaccinated against HPV** should still follow the screening recommendations for their age group.

Skin cancer

Anyone can get skin cancer, but people with fair skin are more likely to get skin cancer than people with darker skin. Most basal cell and squamous cell skin cancers are caused by repeated and unprotected skin exposure to ultraviolet (UV) rays from sunlight, as well as from man-made sources such as tanning beds. A type of skin cancer called melanoma is less common than some other types of skin cancer, but is more dangerous because it is more likely to grow and spread. People who have had other types of skin cancers and people with a close family member who had melanoma have an increased risk for melanoma.

What you can do

The most important way to lower your risk of most skin cancers is limiting exposure to 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 at least 30 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. You should ask about having a skin exam done during your regular health check-ups.

Ovarian cancer

Although ovarian cancer can occur at any age, it is more likely to occur as women get older. Women who have never had children or who had their first child after age 35 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 colorectal cancer (HPNCC or Lynch syndrome), ovarian cancer, or breast cancer are more likely to have a higher risk for ovarian cancer. But women who don't have any of these conditions or risk factors can still get ovarian cancer.

What you can do

At this time, there are no recommended cancer screening tests for ovarian cancer for women who are not at high risk of developing the disease. A Pap test does not find ovarian cancer, but a pelvic exam should be part of a woman's regular health exam. There are also some tests that might be used in women who have symptoms or 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 with weight loss
- Digestive problems (including gas, loss of appetite, and bloating)
- Abdominal or pelvic pain
- Feeling like you need to urinate (pee) all the time

Talk to a health care provider about your risk for ovarian cancer and whether there are tests that may be right for you.



Other things you can do to help reduce your cancer risk

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red/processed meats and highly processed foods.
- Get moving with regular physical activity.
- It's best not to drink alcohol. If you do drink, have no more than 1 drink per day for women.
- Protect your skin.
- Know yourself, your family history, and your risks.
- Have regular check-ups and cancer screening tests.

For cancer information, day-to-day help, and support, visit the American Cancer Society website at **cancer.org** or call us at **1-800-227-2345**. We're here when you need us.

