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Cancer Facts for Lesbians and Bisexual Women

Protect yourself and the people you care about.

Recognizing barriers. Saving lives.

The most common types of cancer among women are breast, colon, lung, ovarian, and uterine cancer. Studies suggest that lesbians and bisexual women get less routine care than other women, including breast and cervical cancer screening.^{1,2} Some of the reasons for this include:

- **Low rates of health insurance:** Many health insurance policies do not cover unmarried partners. This makes it harder for many lesbians and bisexual women to get quality health care. Many states now offer family health insurance plans that may help you get coverage in other ways.
- **Fear of discrimination:** Many women do not tell their doctors about their sexual orientation, because they don't want discrimination to affect the quality of health care they receive. This can make it harder to establish a strong connection with a provider. A lesbian, gay, bisexual, and transgender/transsexual (LGBT) community center or group may be able to refer you to LGBT-friendly health care providers.
- **Negative experiences with health care providers:** Fear of encountering another negative experience with a health care provider can lead some women to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screenings can lead to cancer being diagnosed at a later stage, when it's harder to treat. Today, there are many LGBT-friendly providers. Don't give up – find the respectful care you deserve!

The American Cancer Society can help you learn more about the cancers that women are most at risk for, as well as how to detect these cancers early and reduce your risk.

Breast cancer

Who is at risk?

The 2 biggest risk factors for breast cancer are being a woman and getting older. Women whose mother, sister, grandmother, or aunt has had breast cancer are at higher risk for developing the disease. Being overweight, especially after menopause, or drinking alcohol may add to the risk.³ Women who have not had children and have not breast-fed, have not used oral contraceptives, and are older when they first give birth – all factors more likely to affect lesbians and bisexual women – are also at a slightly higher risk.³

The best defense: Early detection

The best defense against breast cancer is to find it early, when the disease is most treatable. The American Cancer Society recommends the following guidelines for early detection and to help you stay well:

- Women age 40 and older should have a mammogram every year and continue to do so for as long as they are in good health.
- Women in their 20s and 30s should have a clinical breast exam as part of a regular check-up by a health professional, preferably every 3 years. Women 40 and older should have a breast exam by a health professional every year.
- Women should know how their breasts normally look and feel and report any breast change to a health professional right away. Breast self-exam (BSE) is an option for women starting in their 20s. Talk to your doctor or nurse about benefits and limitations of BSE.
- Some women who are considered high risk – because of family history, a genetic tendency, or certain other factors – should be screened with MRI in addition to mammograms every year. (The number of women who fall into this category is less than 2% of all

women in the US.) Women should talk with their doctor about their history and whether they should have an MRI done with their mammograms.

Colon cancer

Who is at risk?

Most colorectal cancers (commonly known as colon cancer) are found in people age 50 and older. People with a personal or family history of the disease, or who have polyps in the colon or rectum or inflammatory bowel disease, are at greater risk. A diet high in red and processed meats, heavy alcohol use, being overweight, smoking, and being inactive also increase risk.

The best defense: Prevention and early detection

Colon cancer almost always starts with a polyp – a small growth on the lining of the colon or rectum. Testing can save lives by finding polyps before they become cancer. Eating a low-fat diet with plenty of fruits and vegetables may also lower risk.

The American Cancer Society recommends all people at average risk for colorectal cancer have 1 of the following testing options beginning at age 50:

Tests that find polyps and cancer:

- Flexible sigmoidoscopy every 5 years
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years
- A CT colonography every 5 years

OR

Tests that find mainly cancer:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT), also known as a stool blood test, every year
- Stool DNA test (sDNA), interval uncertain

Tests that have the best chance of finding both polyps and cancer should be your first choice when possible. Talk with your doctor or nurse to find out which tests are right for you.

Gynecological cancers

Who is at risk?

The 3 most common types of gynecological cancers are cervical, endometrial, and ovarian cancer.

Cervical cancer can affect any woman who is – or has been – sexually active with a man or woman. It is found in women who have a virus called human papilloma virus (HPV), although most women with this virus do not develop cervical cancer. Cervical cancer is also more likely to occur in women who smoke, have HIV or AIDS, or haven't had regular Pap tests.

Endometrial cancer occurs most often in women age 50 and older. This cancer is more likely to occur in women who have taken estrogen therapy without progesterone, have a history of hereditary non-polyposis colon cancer, are obese, have never been pregnant, or have never taken oral contraceptives.

Ovarian cancer is more likely to occur in women as they get older. Women who have never been pregnant; are obese; have had breast cancer or a family history of breast, ovarian, or colon cancer; have never taken oral contraceptives; or have taken estrogen therapy without progesterone are at higher risk for ovarian cancer.

The best defense: Prevention and early detection

The Pap test can find changes in the cervix before they become cancer. The American Cancer Society recommends that all women begin Pap tests about 3 years after they become sexually active, but no later than age 21. Testing should be done every year with the regular Pap test or every 2 years using the liquid-based Pap test.

Beginning at age 30, if you have had 3 normal Pap tests in a row you may get tested every 2 to 3 years. Even if you have had a hysterectomy or you only get Pap tests every few years, you still need pelvic exams and general health check-ups.

Protecting yourself by using dental dams and condoms during sex may reduce exposure to HPV.

Symptoms of endometrial cancer, such as unusual discharge, spotting, or bleeding, should be reported to a doctor or nurse right away.

Ovarian cancers tend to cause vague symptoms, such as swelling in the stomach area, unusual vaginal bleeding, pelvic pressure, back pain, leg pain, or digestive problems.

See a doctor or nurse if you have any symptoms.

Lung cancer

Who is at risk?

People who smoke are at greatest risk for lung cancer, and current evidence suggests that lesbians are more likely to smoke (25%) than heterosexual women (15%).⁴ Cigarette smoking is responsible for 87% of all lung cancer deaths. Smoking also causes many other tobacco-related diseases, such as heart disease, aneurysms, bronchitis, stroke, and emphysema.

The best defense: Prevention

Lung cancer is one of the few cancers that can often be prevented simply by not smoking. If you don't smoke, don't start. You can also reduce your exposure to secondhand smoke by seeking smoke-free places. If you or a loved one smokes, talk to a health care provider about quitting, or call 1-800-227-2345 to help increase the chances of quitting for good.

Skin cancer

Who is at risk?

People with fair skin, especially those with blond or red hair, are at greater risk for skin cancer than people with darker coloring. But anyone who spends a lot of time in the sun is at risk. People who have had close family members with melanoma or who had severe sunburns before the age of 18 are at higher risk.

The best defense: Prevention and early detection

Most skin cancers can be prevented by staying out of the midday sun for long periods of time. Here are some other ways to prevent skin cancer:

- Protect your skin by wearing hats with wide brims, long-sleeved shirts, and sunglasses when you are outside.
- Use sunscreen with an SPF of 15 or higher on all exposed skin. Sunscreens should block both UVA and UVB sun rays, and should be applied at least 15 to 30 minutes before going outside. Be sure to wear sunscreen on cloudy or overcast days too because UV rays travel through clouds.
- Avoid other sources of UV light, like tanning beds and sun lamps. These are dangerous and can damage your skin.
- Know your skin and report any skin changes to your doctor or nurse. Have a skin exam during your regular health check-ups.

The best defense against cancer is finding it early.

Early detection – finding cancer early before it has spread – gives you the best chance to get successful treatment. All women should see a doctor or nurse on a regular basis and take action to get the cancer screenings that are appropriate for them, as well as make healthy lifestyle choices that reduce cancer risk and help them stay well. Knowing about the most common cancers that affect women and how they can be prevented or found early may save your life or the life of someone you love.

Notes

1 Cochran SD, Mays, Bowen D, Gage S, et al. Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *American Journal of Public Health*. 2001;91(4):591-598.

2 Roberts SJ, Patsdaughter CA, Grindel CG, Tarnings MS. Health related behaviors and cancer screening of lesbians: results of

the Boston Lesbian Health Project II. *Women Health*. 2004;39(4):41-55.

3 Brandenburg DL, Matthews AK, Johnson TP, Hughes TL. Breast cancer risk and screening: a comparison of lesbian and heterosexual women. *Women Health*. 2007;45(4):109-130.

4 Tang H, Greenwood GL, Cowling DW, Lloyd JC, et al. Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem? *Cancer Causes & Control*. 2004;15:797-803.

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