



# 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.

## 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 age 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.

Women 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

Colon cancers are commonly called cancers of the colon and rectum. 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 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 of colon and rectal cancer, the American Cancer Society recommends starting regular screening at age 45. People older than 75 should talk with their health care provider about whether continuing screening is right for them.

Screening can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam).

### Stool-based tests

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

## **Visual (structural) 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.

If you are at high risk of colon cancer based on family history or other factors, you may need to start testing before age 45. 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.

If you are a current or former smoker aged 55 to 74 years and in fairly good health, you might benefit from screening for lung cancer with a yearly low-dose CT scan (LDCT). The American Cancer Society recommends screening for certain people at higher risk for lung cancer. Talk to a health care provider about your risk of lung cancer, and about the possible benefits, limits, and harms of getting tested for early lung cancer.

## 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 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 ages 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 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.

## **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.
- Get regular check-ups and cancer screening tests.
- [References](#)

American Cancer Society. *Cancer Facts & Figures 2018*. Atlanta, Ga: American Cancer Society; 2018. Accessed at <https://www.cancer.org/research/cancer-facts-statistics.html> on May 9, 2018.

Centers for Disease Control and Prevention. *Cancer among women*. Accessed at

<https://www.cdc.gov/cancer/dcpc/data/women.htm> on May 9, 2018.

Howlander N, Noone AM, Krapcho M, Miller D, Bishop K, Kosary CL, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). *SEER Cancer Statistics Review, 1975-2014*, National Cancer Institute. Bethesda, MD, [https://seer.cancer.gov/csr/1975\\_2014/](https://seer.cancer.gov/csr/1975_2014/), based on November 2016 SEER data submission, posted to the SEER web site, April 2017.

Jemal A, Ward EM, Johnson CJ, Cronin KA, Ma J, Ryerson AB, Mariotto A, Lake AJ, Wilson R, Sherman RL, Anderson RN, Henley SJ, Kohler BA, Penberthy L, Feuer EJ, Weir HK. Annual report to the nation on the status of cancer, 1975-2014, featuring survival. *J Nat Ca Inst.* 2017;109(9):dix030.

Smith RA, Andrews KS, Brooks D, Fedewa SA, Manassaram-Baptiste D, Saslow D, Brawley OW, Wender RC. Cancer screening in the United States, 2018: A review of current American Cancer Society guidelines and current issues in cancer screening. *CA: Cancer J Clin.* 2018 [Epub ahead of print].

Last Medical Review: May 4, 2018 Last Revised: May 30, 2018

---

---

American Cancer Society medical information is copyrighted material. For reprint requests, please see our [Content Usage Policy](#).

**2016 Copyright American Cancer Society**

For additional assistance please contact your American Cancer Society  
1-800-227-2345 or [www.cancer.org](http://www.cancer.org)