

Lesbian and bisexual women are at greater risk for cancer.

The most common types of cancer among all women are breast, lung, colon, uterine, and ovarian – but several factors put lesbians and bisexual women at higher risk.

- ▼ Many health insurance policies do not cover unmarried partners. This makes it harder for many lesbian and bisexual women to access quality health care.
- ▼ Some women may not want to tell their health care providers that they are lesbian or bisexual because they don't want discrimination to affect the quality of health care they receive. (A lesbian, gay, bisexual, and transgender community center may be able to refer you to LGBT-friendly health care providers.)
- ▼ Past negative experiences with providers may cause lesbians and bisexual women to wait too long before seeking health care. As a result, they may miss out on early detection tests and have cancers diagnosed at a later stage, when the disease is more difficult to treat. In a large national study, lesbians reported having fewer mammograms and pelvic exams than the heterosexual population.¹ Another study reported less frequent Pap tests in lesbians.²
- ▼ Lesbians are more likely to smoke, increasing their risk for lung cancer. Moreover, the smoking rate among lesbians increases with age, while the rate among the general population declines with age.³
- ▼ Smoking is common in bars and clubs, where lesbian and bisexual women may socialize. This increases the risk of lung cancer and other diseases caused by secondhand smoke.

- ▼ Being overweight increases the risk of several different types of cancer, including breast, colon, and uterine. Keeping a healthy body weight, eating nutritious foods, and exercising regularly will help lower the risk of cancer.
- ▼ Lesbians are less likely than heterosexual women to have had a full-term pregnancy or to have breastfed – factors that can protect against breast cancer.

The best defense against cancer

Early detection – finding a cancer early before it has spread – gives you the best chance to do something about it. Knowing about these cancers and how they can be prevented or found early can save your life.



Notes

- 1 Cochran SD, Mays VM, Bowen D, Gage S, et al. Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *American Journal of Public Health*. Washington: April 2001. Vol 91, Iss. 4; pg. 591, 7 pgs.
- 2 Marrazzo J, Koutsky LA, Kiviat NB, Kuypers JM, Stine K. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. *American Journal of Public Health*. Washington: Jun 2001. Vol 91, Iss. 6; pg. 947, 6 pgs.
- 3 National Lesbian Survey, National Lesbian and Gay Health Foundation, 1988.
- 4 Haynes, S., Breast Cancer Risk: Comparisons of Lesbians and Heterosexual Women, Cancer and Cancer Risks Among Lesbians, Fred Hutchinson Cancer Research Center Community Liaison Program, Seattle, 1995.
- 5 Valanis, B.G., Bowen, D.J., Bassfort, T., Whitlock, E., Charney, P., Carter, R.A., Sexual orientation and health, comparisons in the women's health initiative sample, *Archives of Family Medicine*, 9(9):843-53, 2000 Sept-Oct.

Mission Statement

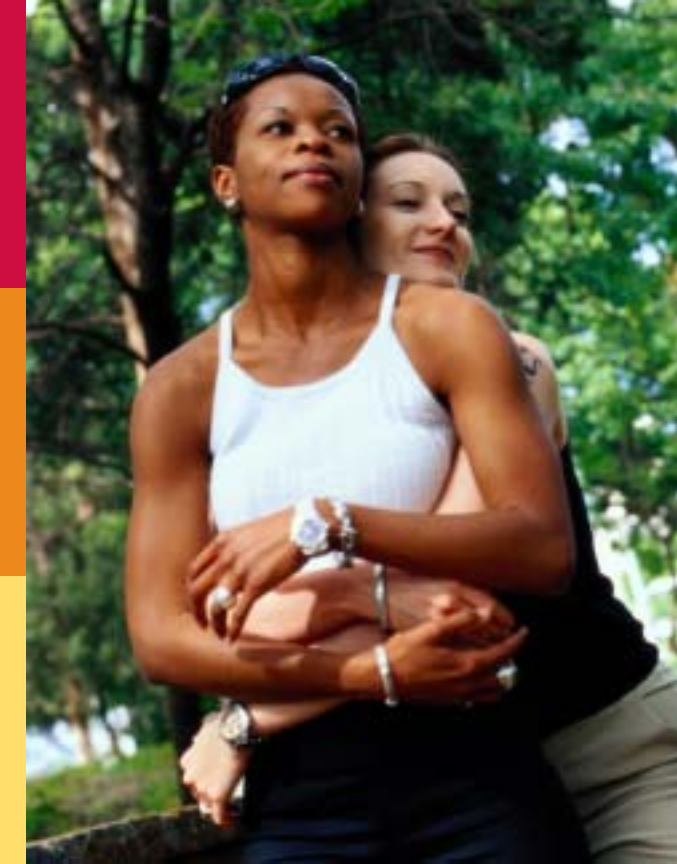
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Cancer Facts for Lesbians and Bisexual Women

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Breast cancer

Who is at risk?

The two biggest risk factors for breast cancer are being a woman and getting older. Being overweight and drinking alcohol – more common among lesbians – adds to the risk.⁴ Most women who get breast cancer have no family history of the disease or other risk factors. Some women are at slightly higher risk – women whose mothers or sisters had breast cancer, women who have never had children, and women who had their first child after age 30.

The best defense: early detection

The earlier breast cancer is detected, the easier it is to treat. The American Cancer Society recommends the following guidelines for early detection:

- ▼ 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 examination as part of a regular checkup by a health professional, preferably every three years. At age 40, have a breast exam by a health professional every year.
- ▼ Women should report any breast changes to a health professional right away. Breast self-examination (BSE) is an option for women starting in their 20s. Talk to your health care provider about benefits and limitations of BSE.
- ▼ Women who are at increased risk – for reasons such as family history, genetic tendency, or past breast cancer – should talk with their providers about the benefits and limitations of starting mammograms when they are younger, having additional tests, or having more frequent exams.



Gynecological cancers

Who is at risk?

Cervical cancer can affect any woman who is or has been sexually active with a man or woman. It is much more likely to occur in women who have a virus called human papilloma virus (HPV) which is passed on through sex. It is also more likely to occur in women who smoke, have HIV or AIDS, or are older and haven't had regular Pap tests. *Endometrial cancer* (cancer of the lining of the uterus) is found most often after age 50. Other risk factors include estrogen therapy without progesterone, early start of menstrual periods, late menopause, never having children, being overweight, and diabetes. *Ovarian cancer* risk also rises with age. Women who have never had children, who reach menopause after 50, and who used hormone replacement therapy for more than 10 years are at a somewhat higher risk.

The best defense: prevention and early detection

The Pap test can detect changes in the cervix before they become cancerous. The American Cancer Society recommends that all women begin Pap tests about three years after they become sexually active, but no later than 21 years of age. Screening should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test. Beginning at age 30, women who have had three normal Pap tests in a row may get screened every two to three years with either type of Pap test. Protecting yourself by using dental dams and condoms during sex will reduce exposure to HPV.

Symptoms of endometrial cancer, such as unusual spotting or bleeding from the uterus, should be reported to a provider right away. At menopause, talk to your provider about benefits and limitations of endometrial cancer detection.

Yearly pelvic exams are important to check for ovarian cancer. See a health care provider if you have any symptoms. Early cancers of the ovaries tend to cause vague symptoms, such as swelling in the stomach area, unusual vaginal bleeding, pelvic pressure, back pain, leg pain, or digestive problems.

Lung cancer

Who is at risk?

People who smoke are at the greatest risk of getting lung cancer, and more lesbians report being a smoker at some time in their lives (56%) than heterosexual women (42%)⁵. Smoking is responsible for 80% of all lung cancers, as well as a host of other tobacco-related diseases such as heart disease, stroke, and emphysema. Exposure to secondhand smoke also increases lung cancer risk. Other risk factors include exposure to radon and asbestos, particularly for smokers.

The best defense: prevention

Lung cancer is one of the few cancers that can often be prevented, because it is usually caused by smoking. If you are a smoker, ask your health care provider to help you quit. If you don't smoke, don't start. If your friends or loved ones are smokers, you can help them quit. Quitting can be difficult. For help, see your provider or call 1-800-ACS-2345. If you don't smoke, reduce the amount of secondhand smoke you breathe by seeking smoke-free places.

Skin cancer

Who is at risk?

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

The best defense: prevention and early detection

Prevent most skin cancers by avoiding being out in the midday sun for long periods of time. Wear hats with brims, long-sleeved shirts, and sunglasses. Use sunscreen on all exposed parts of the skin. If you have children, protect them from the sun and don't let them get sunburned. Examine your skin from time to time, and have a skin exam during your regular health checkups.

Colon cancer

Who is at risk?

Most colorectal cancers (commonly known as "colon cancers") 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 than the general population. A diet mostly of high-fat foods (especially from animal sources), being overweight, smoking, and being inactive also increase a person's risk for this disease.

The best defense: prevention and early detection

Colon cancer almost always starts with a polyp. Testing can save lives by finding polyps before they become cancerous. If precancerous polyps are removed, colon cancer can be prevented. Eating a low-fat diet with lots of fruits and vegetables may also lower the risk of colon cancer.

The American Cancer Society recommends one of these five testing options for all people beginning at age 50:

- ▼ Yearly fecal occult blood test (FOBT), also known as a stool blood test
- ▼ Flexible sigmoidoscopy every five years
- ▼ Yearly FOBT and flexible sigmoidoscopy every five years (preferred over either of the first two options alone)
- ▼ Double-contrast barium enema every five years
- ▼ Colonoscopy every 10 years

Your health care provider can help you make an informed decision about the best testing method for you. If you are at higher risk for colon cancer, talk with your doctor about a different testing schedule.



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