



# CANCER

Protect & Detect: What Women Should Know

**ACOG**

THE AMERICAN CONGRESS OF  
OBSTETRICIANS AND GYNECOLOGISTS

# A MESSAGE FROM . . .

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Too many women are dying from cancer. Today, cancer is the second leading killer of women in the US—in 2011, an estimated 271,520 women will die and more than 774,000 women will be diagnosed with cancer.

It is not surprising that cancer is one of the biggest health fears for women. Sometimes this fear can be so overwhelming that women forego screening tests that can detect cancer early, when it is most curable.

The causes of cancer are complex. We know that having a family history of cancer is a risk factor. But most cancers occur in people with no family history of the disease at all, so those without a family history of cancer cannot assume that they aren't at risk. Also complicating matters is the fact that the disease can occur without symptoms. And even if symptoms are present, they can be mistaken for a harmless health condition or they may not appear until the disease is more advanced.

While it may seem as if we have no control over cancer, there are steps a woman can take to reduce her risk. Consider this: As many as half of all cancer deaths could be prevented if people practiced simple, healthy lifestyle habits—such as not smoking, eating well, and exercising—and got recommended health screenings. This special cancer guide will help you take charge of and protect your health.

OB-GYNs are dedicated to improving women's health, and we are deeply concerned about the state of women's cancers. Our specialty recognizes the benefits of prevention and early detection efforts, and we want to share this vital message with you. Use this guide with your OB-GYN. Read it and ask questions. Your OB-GYN is your partner in helping you stay healthy!

The American Congress of Obstetricians and Gynecologists (ACOG), a 501(c)(6) organization, is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of approximately 55,000 members, ACOG strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. The American College of Obstetricians and Gynecologists (The College), a 501(c)(3) organization, is its companion organization.

# INTRODUCTION

If you are like most women, when it comes to your health, cancer ranks high on your list of concerns. But few women have a true sense of their risk of developing cancer or the steps they can take to reduce that risk. For instance, while most of us are aware that more women in the US are diagnosed with breast cancer than any other kind of cancer each year, few are aware that more women die of lung cancer than breast, uterine, and ovarian cancers combined.

What's more, most women don't realize that the one doctor they see on a regular basis, their OB-GYN, can talk with them about appropriate screenings for all types of cancer. Some screening tests, like those for cervical and colorectal cancer, can find changes before they ever turn into cancer. Your OB-GYN can also guide you in talking about what lifestyle changes you can make to reduce your risk of developing cancer and alert you to the important warning signs of cancer.

**Did you know that early detection of cancer increases your chances of successful treatment?** There are several different tests available to you to detect the presence of breast, cervical, and colorectal cancers. If cervical, colorectal, or uterine cancer is detected early, your chances of beating it can be as high as 90%. Similarly, the five-year survival rate today for women with localized breast cancer is 98%. In the 1940s, only 72% of women diagnosed with breast cancer survived for five years.

Currently, there are no screening tests recommended to help detect bladder, lung, ovarian, and uterine cancers early. As a result, it's vitally important to pay close attention to how your body feels and looks, have yearly check-ups with your OB-GYN, and talk with your doctor about any changes that concern you.

It's also true that leading a healthy lifestyle can reduce your risk of cancer. In fact, certain female reproductive cancers share the same risk factors. The American Congress of Obstetricians and Gynecologists recommends that women focus on living a healthy lifestyle—lose excess weight, don't smoke, practice safe sex, and get daily exercise.

*Protect & Detect: What Women Should Know About Cancer* is a guide developed by The American Congress of Obstetricians and Gynecologists to encourage you, in partnership with your OB-GYN, to take charge of your health and gain an accurate understanding of your risk of developing cancer and the lifestyle changes you can make to reduce your risk. The American Congress of Obstetricians and Gynecologists urges women to get the appropriate screenings at the right ages and to be aware of the physical warning signs of cancer.



**About nine out of 10 people with bladder cancer are over the age of 55. One in 86 women will develop bladder cancer in her lifetime.**

## What you should know about

# BLADDER CANCER

### What is Bladder Cancer?

There are three types of bladder cancer:

- **Transitional cell or urothelial carcinoma** forms on the cells in the innermost tissue layer of the bladder; it is the most common form of bladder cancer (about 95% are this type)
- **Squamous cell carcinoma** forms in the bladder after long-term infection or irritation
- **Adenocarcinoma** forms in the bladder after long-term irritation and inflammation

### Who is Most at Risk?

- Women who smoke are twice as likely as nonsmokers to develop bladder cancer
- Women who have been exposed to certain substances at work, such as rubber, leather, certain dyes and textiles, paint, and hairdressing supplies

### How Can I Prevent Bladder Cancer?

- ❖ Do not smoke
- ❖ Limit exposure to certain chemicals in the workplace
- ❖ Drink plenty of liquids, especially water

- Women over age 55
- White women are about twice as likely as black women to develop bladder cancer
- Women with urinary infections, kidney and bladder stones, and other chronic bladder irritation
- Women with cancer who have been treated with the chemotherapy drug cyclophosphamide or radiation to the pelvis
- Women with a personal or family history of bladder cancer

### What Should I Know about Screening for Bladder Cancer?

Routine screening is not recommended or effective for people at average risk. Many tests are used to diagnose bladder cancer, including urine tests, cystoscopy (examines the bladder using a thin tube with a light and a lens or small video camera), biopsies, and imaging tests.

### What are the Warning Signs of Possible Bladder Cancer?

- Blood in the urine
- Changes in bladder habits, such as the frequent urge to urinate, feeling the need to urinate without being able to do so, or pain during urination

### How is Bladder Cancer Treated?

Surgery is often used to treat bladder cancer. Chemotherapy, radiation therapy, or immunotherapy also may be used.



**Breast cancer is the second leading cause of cancer death among women in the US. One out of every eight women will develop breast cancer in her lifetime.**

## What you should know about

# BREAST CANCER

### What is Breast Cancer?

Breast cancer usually begins as a lump or small formation of cells in the breast, typically in the lobes or ducts of the breast. Different types of breast cancer grow at different rates.

### Who is Most at Risk?

- Women who carry a mutation in the BRCA1 or BRCA2 gene
- Women with a family history of breast cancer, especially mother, daughter, or sister
- Women over age 65
- Women who went through puberty early (before age 12) or experienced a late menopause (after 55)
- Women who have not had children or had their first child after age 30
- Women who are obese
- Black women have a higher rate of premenopausal breast cancer compared with other women, and it's typically more aggressive

### What Should I Know about Screening for Breast Cancer?

It is important that you know how your breasts normally look and feel. Annual clinical breast exams are recommended for women 40 and older, and every one to three years for women ages 20 to 39. Mammograms are recommended every year for women beginning at age 40.

### How Can I Prevent Breast Cancer?

- ❖ Exercise regularly
- ❖ Control your weight
- ❖ Eat a balanced, nutritious diet
- ❖ Limit your alcohol intake
- ❖ Discuss with your doctor the use of chemoprevention medications, such as tamoxifen and raloxifene, and whether hormone therapy may increase your risk
- ❖ Women with a significant risk of developing hereditary breast and ovarian cancer may be advised to use oral contraceptives

If a mammogram finds an abnormality, magnetic resonance imaging (MRI) or ultrasound may be used for further evaluation. MRI also may be recommended for women with certain risk factors. A biopsy will determine if you have cancer.

For women who carry the BRCA1 or BRCA2 gene mutation, some cancer experts recommend annual or semiannual clinical breast examinations, along with annual mammography, beginning at ages 25 to 35.

Black women may want to be especially vigilant about breast cancer screening beginning at age 40.

### What are the Warning Signs of Possible Breast Cancer?

- A lump in the breast
- Dimpling of the breast
- Changes in the skin on the breast
- Spontaneous nipple discharge

### How is Breast Cancer Treated?

Breast cancer is treated with a combination of surgery, chemotherapy, radiation, and/or other drugs such as herceptin, tamoxifen, and aromatase inhibitors.

### What if I Have a Strong Family History of Breast Cancer?

Genetic testing may be advised for women who have a strong family history of breast and/or ovarian cancer or who carry a BRCA gene. Genetic counseling with a trained health care professional will help you understand the risks and benefits of the test and if it's right for you.

If you have a BRCA gene mutation, a cancer specialist can help you decide if preventive measures, such as a mastectomy (removal of the breast) or oophorectomy (removal of the ovaries), will reduce your risk of breast cancer.



**Cervical cancer is one of the most common cancers in women throughout the world, but it has become less common in countries where women routinely get Pap tests. Today, one in 147 women in the US will develop cervical cancer in her lifetime.**

## What you should know about

# CERVICAL CANCER

### What is Cervical Cancer?

Almost all cervical cancers are linked to a common infection in the cervix called human papillomavirus (HPV). Of the more than 100 types of HPV, many are benign, but some are linked to cancer of the cervix.

### Who is Most at Risk?

Your risk for cervical cancer depends on your sexual history, your immune system, your health, and your lifestyle. Those at highest risk of developing cancer of the cervix include:

- Women with certain strains of HPV
- Women over age 30. While it can occur in younger women, cervical cancer rarely occurs in women younger than age 21
- Women who smoke are about twice as likely as nonsmokers to develop cervical cancer
- Women who have problems with their immune system
- Women with the human immunodeficiency virus (HIV) infection
- Women who were exposed to diethylstilbestrol (DES) before birth
- Women with a previous precancer of the cervix

### What Should I Know about Screening for Cervical Cancer?

- The Pap test is the best way to detect abnormal cells on the cervix. The American Congress of Obstetricians and Gynecologists recommends that all

### How Can I Prevent Cervical Cancer?

- ❖ Beginning at age 21, get regular Pap tests—they can detect cervical changes before they become cancerous
- ❖ Girls and women ages nine to 26 should get the HPV vaccine. The American Congress of Obstetricians and Gynecologists recommends the HPV vaccine be routinely given to all girls ages 11 to 12; however, it can be given to girls as young as nine
- ❖ Be monogamous and practice safe sex
- ❖ Don't smoke

women should have their first Pap test at age 21

- Women between the ages of 21 and 29 need a Pap test every two years, using either the standard method or liquid-based cytology
- Low-risk women ages 30 to 64 who have had three consecutive normal Pap tests can be screened every three years. Another option includes combining a Pap test with an HPV DNA test (every three years if both are normal) to see if you have a high risk type of the virus
- Low-risk women ages 65 and older, who have had three or more normal Pap tests within the last 10 years, can discontinue Pap testing unless they have risk factors for sexually transmitted diseases
- Slightly abnormal Pap results may be followed up by an HPV test, a repeat Pap test, or colposcopy, which uses a

magnifying instrument to view and biopsy abnormal cells. Pap tests that are more abnormal require colposcopy

- Many women who have had a hysterectomy may be able to discontinue routine Pap testing. Pap testing can be discontinued if the surgery removed the cervix and was done for reasons other than cancer or precancerous changes. Women who had precancerous changes before their hysterectomy should continue with routine screening

### What are the Warning Signs of Possible Cervical Cancer?

Precancer and cancer of the cervix often have no symptoms; however, some of the warning signs include:

- Abnormal vaginal bleeding
- Spotting or discharge
- Bleeding after sex
- Signs of advanced cancer include pain, problems urinating, and swollen legs

### How is Cervical Cancer Treated?

- Precancers can be removed with a LEEP biopsy (loop electrosurgical excision procedure), which uses an electrified loop of wire to remove cells, cryotherapy (which freezes the cells), laser therapy (which vaporizes the cells), or a cone biopsy (in which a cone shaped wedge is removed from the cervix)
- Cervical cancer may require a radical hysterectomy and radiation with or without chemotherapy. When found early, the cure rate is more than 90%





**Colorectal cancer is the No. 2 cancer killer of adults in the US and the third leading cause of cancer death among women in the US, behind lung and breast cancers. Each year, colorectal cancer takes the lives of more than 24,000 women—nearly twice as many as ovarian, cervical, and uterine cancers combined. One in 20 women will develop colorectal cancer in her lifetime.**

## What you should know about

# COLORECTAL CANCER

### What is Colorectal Cancer?

Colorectal cancer (often referred to as colon cancer) is a slow-growing cancer that affects the cells in the colon and rectum and can spread to other parts of the body. Its exact causes are unknown.

### Who is Most at Risk?

The risk of developing colorectal cancer increases with age. About nine out of 10 people with colorectal cancer are older than 50. Obesity is also a major risk factor.

Women with the following risk factors should begin screening before age 50:

- Personal or family history of colon polyps or colorectal cancer
- Personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease
- Family history of colorectal cancer syndromes
- The American College of Gastroenterology recommends that African Americans begin screening at age 45

### What Should I Know about Screening for Colon Cancer?

Colon cancer can be stopped before it starts if precancerous polyps are found and removed.

### How Can I Prevent Colon Cancer?

- ❖ Control your weight
- ❖ Exercise regularly
- ❖ Stop smoking
- ❖ Limit your alcohol intake

Screening allows the detection of early colon cancer, when it is highly curable. The American Congress of Obstetricians and Gynecologists recommends the following colorectal cancer screening options for women age 50 and older:

#### *Preferred method*

- Colonoscopy every 10 years

#### *Other appropriate methods*

- Flexible sigmoidoscopy every five years or
- Double-contrast barium enema every five years or
- CT colonography (“virtual colonoscopy”) every five years or
- Yearly patient-collected guaiac fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) or
- Stool DNA testing—it is not known how often this test is needed

If abnormalities are found with these tests, diagnostic colonoscopy will be necessary. A biopsy will determine if you have cancer.

### What are the Warning Signs of Possible Colon Cancer?

Colorectal cancer may have no symptoms—you can look and feel healthy and not know there is a problem; therefore, The American Congress of Obstetricians and Gynecologists urges you not to wait. Get screened before symptoms appear. As colorectal cancer progresses, a woman may experience the following symptoms:

- A persistent change in bowel habits, such as narrowing of the stool
- Bleeding from the rectum or blood in the stool
- Cramping pain in the abdomen
- Unexplained weight loss
- Fatigue

### How is Colon Cancer Treated?

Surgery is the most common treatment for colorectal cancer. Chemotherapy or radiation therapy also may be used.

### Is My OB-GYN the Right Person to Talk to about Colon Cancer?

For many women, an OB-GYN is the only physician they see on a regular basis. Your OB-GYN can provide counseling and appropriate screening recommendations, including when to begin screening and the benefits, limitations, and frequency of the different testing options.



**Lung cancer is the leading cause of cancer death in both women and men in the US. One in 16 women will develop lung cancer in her lifetime. This year alone, it is estimated that more than 106,000 women will be diagnosed with lung cancer; it will kill more than 71,000 women.**

## What you should know about

# LUNG CANCER

### What is Lung Cancer?

Cancers that begin in the lungs, usually in the cells lining air passages, are divided into two main types—non-small cell lung cancer and small cell lung cancer, depending on how the cells look under a microscope.

### Who is Most at Risk?

- Women who smoke are 12 times more likely to get lung cancer than women who have never smoked
- Women are more susceptible to lung cancer than men
- Secondhand smoke also increases your risk of lung cancer
- More nonsmoking women are getting the disease than ever before: About one in five women who gets lung cancer never smoked

### What Should I Know about Screening for Lung Cancer?

There are currently no recommended routine screenings for lung cancer. Those that do exist have not been shown to be effective. Many tests are used to diagnose lung cancer, including blood tests, imaging tests, and biopsies.

### How Can I Prevent Lung Cancer?

The best way to protect yourself from lung cancer is not to smoke. The American Congress of Obstetricians and Gynecologists urges women who smoke to seek advice on how to stop. Smokers who quit can stop or reverse the damage caused by cigarettes. Heart attack risk decreases by 50% within the first year after quitting, and the chances of developing lung cancer, heart disease, and other ailments fall to nearly that of a nonsmoker in the first few years.

### What are the Warning Signs of Possible Lung Cancer?

Warning signs of lung cancer often don't appear until the cancer has spread:

- A persistent cough
- Phlegm streaked with blood
- Chest pain
- Repeat bouts of pneumonia or bronchitis
- Hoarseness
- Weight loss and loss of appetite
- Shortness of breath or wheezing

### Did You Know?

- A woman who smokes cigarettes shortens her life by 14.5 years
- Secondhand smoke is responsible for an estimated 3,000 lung cancer deaths among US nonsmokers each year
- Smoking can harm a woman's reproductive health. Women who smoke are at increased risk of having

fertility problems, pregnancy-related complications, cervical cancer, incontinence, and earlier menopause

- Smoking during pregnancy is associated with preterm birth, low birth weight, and sudden infant death syndrome

### How is Lung Cancer Treated?

Treatment depends mainly on the type of lung cancer and its stage. Options include surgery, chemotherapy, radiation therapy, or a combination of these; they often do not cure the cancer.

### Is My OB-GYN the Right Person to Talk to about Lung Cancer?

For many women, an OB-GYN is the only physician they see on a regular basis. Your OB-GYN can refer you to smoking cessation programs that can help you quit and can provide lifestyle recommendations that may decrease your risk of developing lung cancer. Your doctor also may prescribe nicotine replacement products and/or medications that can double your chances of quitting.





**About 3% of all new cancers found in women are ovarian cancers. One in 72 women will develop ovarian cancer during her lifetime. Because its symptoms are so vague, ovarian cancer often isn't found until the late stage, after the cancer has spread.**

## What you should know about

# OVARIAN CANCER

### What is Ovarian Cancer?

There are three types of ovarian cancer:

- **Epithelial** is the most common form of ovarian cancer (85% to 90% are this type); these are the cells that cover the surface of the ovaries
- **Germ cell tumors** form on the cells in the ovary that develop into eggs
- **Sex cord-stromal tumors** occur in the connective tissue inside the ovary

### Who is Most at Risk?

- Women with a family history of breast, endometrial, ovarian, or colorectal cancers, or who carry a mutation in the BRCA1 or BRCA2 genes
- Women between ages 50 and 75
- Women who are obese
- Women who have never had children or who were pregnant after age 30
- Women who experience late menopause (after age 55)
- Women who have never used birth control pills

### How Can I Prevent Ovarian Cancer?

- ❖ Reducing the number of ovulations you have in your lifetime reduces your risk for ovarian cancer. Therefore, pregnancy and breastfeeding may have protective effects
- ❖ Using oral contraceptives may reduce your risk for ovarian cancer and may be recommended for women who are at high risk for developing hereditary breast and ovarian cancer
- ❖ If you have a BRCA gene mutation, a cancer specialist can help you decide if preventive measures, such as surgery to remove the ovaries, are right for you
- ❖ Be alert to changes in your body and bring them to your doctor's attention

### What Should I Know about Screening for Ovarian Cancer?

While there is no routine screening for ovarian cancer, for those who experience symptoms, have a family history, or have a BRCA gene mutation, a pelvic exam, a CA 125 blood test, and an ultrasound are used for evaluation. Surgery is used to diagnose ovarian cancer.

### What are the Warning Signs of Possible Ovarian Cancer?

Symptoms of ovarian cancer often appear to be harmless gastrointestinal and abdominal problems. If you have the following symptoms on an ongoing basis, see your doctor for an evaluation:

- Increased abdominal size or bloating
- Pelvic or abdominal pain
- Feeling full quickly or difficulty eating

### How is Ovarian Cancer Treated?

Surgery is used to remove the cancer, often followed by chemotherapy or radiation. Women whose cancer is treated before it has spread have a 90% to 95% chance of living five years or more after treatment. Unfortunately, only 19% of women with ovarian cancer are diagnosed at this stage.



**Uterine cancer is the most common gynecologic cancer in the US. About two to three women in 100 will develop endometrial cancer (the more common of the two forms of uterine cancer) in their lifetime.**

## What you should know about

# UTERINE CANCER

### What is Uterine Cancer?

There are two types of uterine cancer:

- **Endometrial** the more common form of uterine cancer; it occurs when the lining of the uterus becomes too thick
- **Sarcomas** tumors that form from muscle or other tissue; it is more aggressive than endometrial cancer and has different symptoms

### Who is Most at Risk?

- Women who have taken unopposed estrogen (estrogen without progestin)
- Postmenopausal women who have taken tamoxifen
- Women who have never given birth
- Women who are obese
- Women who have passed menopause, particularly from age 65 to 70; it is rare among women younger than 40
- Women who are infertile or have menstrual problems such as irregular ovulation or frequently missed periods
- Women who went through puberty early (before age 12) or menopause late (after age 55)
- Women who have polycystic ovary syndrome, diabetes, endometrial hyperplasia, or who have had cancer of the ovary, breast, or colon
- Women with a family history of uterine cancer

### How Can I Prevent Uterine Cancer?

The American Congress of Obstetricians and Gynecologists recommends taking the following precautions to help prevent uterine cancer:

- ❖ Avoid prolonged exposure to unopposed estrogen (estrogen without progestin)
- ❖ Use of oral contraceptives may reduce your risk
- ❖ Lose excess weight
- ❖ Get a yearly pelvic exam

### What Should I Know about Screening for Uterine Cancer?

There is no routine screening for uterine cancer, so it's crucial to be alert to early symptoms.

### What are the Warning Signs of Possible Uterine Cancer?

- Unusual vaginal bleeding
- Spotting or discharge
- Heavy menstrual bleeding
- Postmenopausal bleeding or spotting
- Symptoms that come and go
- Abnormal bleeding or discharge, especially after menopause

### How is Uterine Cancer Diagnosed?

- Endometrial cancer can be diagnosed only by examining tissue from the uterus: Most women with endometrial cancer have normal Pap test results

- There are various methods for examining the uterine tissue, including:

*Endometrial biopsy:* a test in which a small amount of the tissue lining the uterus is removed and examined under a microscope

*Vaginal ultrasound:* a test in which sound waves are used to check the thickness of the lining of the uterus

*Hysteroscopy:* a surgical procedure in which a slender, light-transmitting device is used to view the inside of the uterus or perform surgery

*Dilation and curettage (D&C):* a procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus

### How is Uterine Cancer Treated?

- Surgery is done to treat the disease and decide if further treatment is needed
- Most patients have both a hysterectomy and removal of the ovaries and fallopian tubes, known as salpingo-oophorectomy, because women with uterine cancer have an increased risk of ovarian cancer
- Some cases may also require radiation; in rare cases, chemotherapy is used
- Treatment with progestin may be tried in women who want to preserve their fertility or who are not candidates for surgery

# EASY REFERENCE

## CANCER SCREENING METHODS AND RECOMMENDATIONS\*

The annual well-woman visit is very important for preventive health care. All women 21 or older need annual gynecologic exams, including a pelvic exam.

If you are age:	You should schedule a:	To detect:	Frequency recommendation:
20–39	Breast Exam‡	Breast Cancer	Every 1–3 years
21–29	Pap Test	Cervical Cancer	Every 2 years if Pap tests have been normal
30+	Pap Test	Cervical Cancer	Every 3 years if Pap tests have been normal
40+	Breast Exam‡	Breast Cancer	Yearly
40+	Mammography‡	Breast Cancer	Yearly
50+	Colonoscopy‡°	Colorectal Cancer	Every 10 years

\* There are no screening tests recommended to detect bladder, lung, ovarian, or uterine cancer, so it's important to be aware of the warning signs and see your doctor if you experience them. Warning signs for each cancer are listed on previous fact sheet pages.

‡ If you have a family history of breast or colon cancer, your doctor may recommend starting screening earlier and continuing screening more frequently.

° Other options for colorectal cancer screening are available, but they need to be done more often.

## CANCER PREVENTION BEHAVIORS TO UNDERTAKE

Type of cancer	Prevention activities
Bladder Cancer	<ul style="list-style-type: none"> <li>■ Stop smoking</li> <li>■ Limit exposure to certain chemicals</li> <li>■ Drink plenty of liquids, especially water</li> </ul>
Breast Cancer	<ul style="list-style-type: none"> <li>■ Exercise regularly and eat a balanced diet</li> <li>■ Control your weight</li> <li>■ Limit your alcohol intake</li> <li>■ Discuss with your doctor the use of tamoxifen and raloxifene and whether hormone therapy may increase your risk</li> </ul>
Cervical Cancer	<ul style="list-style-type: none"> <li>■ Get regular Pap tests</li> <li>■ Girls and women ages 9–26 should get the HPV vaccine</li> <li>■ Be monogamous and practice safe sex</li> <li>■ Stop smoking</li> </ul>
Colorectal Cancer	<ul style="list-style-type: none"> <li>■ Undertake colonoscopies starting at age 50 (earlier if you have risk factors)</li> <li>■ Control your weight</li> <li>■ Exercise regularly</li> <li>■ Stop smoking</li> <li>■ Limit your alcohol intake</li> </ul>
Lung Cancer	<ul style="list-style-type: none"> <li>■ Stop smoking</li> <li>■ Limit your exposure to secondhand smoke</li> </ul>
Ovarian Cancer	<ul style="list-style-type: none"> <li>■ Be aware of symptoms</li> <li>■ Consider using oral contraceptives</li> <li>■ Pregnancy and breastfeeding may also have protective effects</li> </ul>
Uterine/Endometrial Cancer	<ul style="list-style-type: none"> <li>■ Avoid prolonged exposure to unopposed estrogen (estrogen without progestin)</li> <li>■ Consider using oral contraceptives</li> <li>■ Control your weight</li> <li>■ Get a yearly pelvic exam</li> </ul>

# YOUR PERSONAL CANCER RISK ASSESSMENT



Following is a list of questions important for women to consider throughout the stages of their lives. Use this information to help launch meaningful discussions with your doctor at your next OB-GYN visit.

## **FAMILY AND PERSONAL HISTORY**

Have you ever been diagnosed with any type of cancer?

Have you ever been diagnosed with benign breast disease that resulted in a breast biopsy?

Do you have a family history of cancer in a first-degree blood relative (mother, sister, daughter, or father)?

Do you have any other relatives with a history of breast, ovarian, endometrial, or colorectal cancer?

## **EARLY DETECTION AND SCREENING**

Do you know how your breasts normally look and feel?

If you are 40 and older, did you get a mammogram in the past year?

Are you getting regular Pap tests?

Did you have a pelvic exam in the past year?

## **CANCER RISK-INCREASING FACTORS**

Have you ever had an abnormal Pap test?

Have you ever been diagnosed with human papillomavirus (HPV)?

Do you smoke?

Have you taken tamoxifen postmenopause?

Do you carry the BRCA1 or BRCA2 genes?

Did you experience a late menopause (after age 55)?

Have you ever had ulcerative colitis or Crohn's disease?

Do you usually drink more than one alcoholic drink per day?

## **CANCER RISK-REDUCING FACTORS**

Do you have regular periods?

Did you get your first period after age 12?

Do you practice safe sex?

Do you take birth control pills?

Have you given birth? If so, was your first pregnancy before age 30?

Do you eat fruits or vegetables often?

Do you exercise regularly?

# GLOSSARY

**Aromatase Inhibitors:** A class of drugs used in the treatment of breast cancer in postmenopausal women.

**Biopsy:** Removal of a small piece of tissue that is then examined under a microscope in a laboratory.

**BRCA1 and BRCA2:** Genes that increase your risk of breast cancer and certain other types of cancer.

**CA 125:** A protein in the blood that may be a sign of ovarian cancer.

**Colonoscopy:** An exam of the entire colon using a small, lighted instrument.

**Colposcopy:** Viewing of the cervix, vulva, or vagina with magnification using an instrument called a colposcope.

**CT Colonography:** A method to examine the inside of the colon by taking a series of X-rays.

**Double-Contrast Barium Enema Test:** A test during which a special solution and air are injected into the colon and X-ray images are taken to check for abnormalities in the colon.

**Endometrial Hyperplasia:** A condition that occurs when the lining of the uterus grows too much.

**Estrogen:** A female hormone produced in the ovaries that stimulates the growth of the lining of the uterus.

**Fecal Immunochemical Test (FIT) or Guaiac Fecal Occult Blood Test (gFOBT):** Two similar tests for detecting blood in stool samples, which could be a sign of cancer of the colon or rectum.

**Flexible Sigmoidoscopy:** A test in which a slender device is placed into the rectum and lower colon to look for cancer.

**Genetic Testing:** An analysis of DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease.

**Herceptin:** A targeted drug treatment for certain types of breast cancer.

**Hormone Therapy:** Treatment in which estrogen, and often progestin, is taken to help relieve some of the symptoms of menopause caused by low levels of hormones produced by the body.

**Human Papillomavirus (HPV):** A group of related viruses, some of which are linked to cervical changes and cervical cancer.

**Human Papillomavirus (HPV) Vaccine:** There are two vaccines that protect against cervical cancer and precancerous changes. One of these vaccines also protects against genital warts.

**Hysterectomy:** Removal of the uterus.

**Magnetic Resonance Imaging (MRI):** A procedure that uses a strong magnetic field to view internal organs and structures of the body.

**Mammography:** A procedure in which X-rays of the breast are used to detect breast cancer.

**Oral Contraceptives (“the Pill”):** Birth control pills containing hormones that prevent ovulation and thus pregnancy.

**Pap Test:** A test in which cells are taken from the cervix and examined under a microscope.

**Pelvic Exam:** An examination of the abdomen, cervix, ovaries, pelvis, uterus, vagina, and often the rectum.

**Progesterone:** A female hormone that is produced in the ovaries and makes the lining of the uterus grow. When the level of progesterone decreases, menstruation occurs.

**Raloxifene:** A type of selective estrogen receptor modulator that helps strengthen the tissues of the bones and can be used to prevent breast cancer.

**Stool DNA Test:** A test that looks for certain abnormal sections of DNA (genetic material) from cancer or polyp cells.

**Tamoxifen:** A synthetic estrogen pill used to prevent or treat breast cancer.

**Ultrasound:** A procedure that uses sound waves to create pictures of the inside of body organs or tissues.

# CONCLUSION

The American Congress of Obstetricians and Gynecologists urges women to take charge of their health. It's important to know that there is a great deal you can do to prevent and detect cancer early, which will have a lasting impact on your life and on your family. Make sure you visit your OB-GYN for an annual exam and the screenings appropriate for your age. Be sure to discuss your family history, your specific risk of developing cancer, and the lifestyle changes that you may be able to make to reduce that risk. Also, know your body and be alert for any changes that may be warning signs.



## ADDITIONAL CANCER RESOURCES

- The American Congress of Obstetricians and Gynecologists . . . . . [www.acog.org](http://www.acog.org)
- National Cancer Institute . . . . . [www.cancer.gov](http://www.cancer.gov)
- American Cancer Society . . . . . [www.cancer.org](http://www.cancer.org)
- Centers for Disease Control and Prevention . . . . . [www.cdc.gov/cancer](http://www.cdc.gov/cancer)



The American Congress of Obstetricians and Gynecologists recommends that this guide be used both to deliver the facts about cancer to women and as a vehicle for building a strong partnership with your OB-GYN. Bring this guide with you as a reference to your doctor's appointment and work together to prevent and detect cancer. Be informed, be healthy.