

Cancer Screening for Women

Cancer is a health problem that can often be cured or managed when it is found early. Here are guidelines to check for some common cancers that affect women. **Screening** is checking for a disease when there are no signs. All adults should have a cancer related checkup every 3 years between the ages of 20 to 39 and every year starting at 40.

These guidelines are from the American Cancer Society. They are for people who are at normal risk. Some women have a higher risk for a certain kinds of cancer. Higher risk may be due to family history, lifestyle or other factors. Each woman should talk with her doctor about her risk factors.

You can change some of your risk factors. For example, if you quit smoking you can change your risk for cancers of the lung, mouth, larynx (voice box), bladder and kidney. You cannot change other factors, like your genes. In some cases you may be referred to see a Genetic Counselor for an evaluation.

Here are common types of cancers that affect women and some reasons that may cause a person to have a higher risk. Use this as a guide to talk to your doctor about your own health and screening needs. Note, we use the term doctor, but you may be seen by another type of health care professional for your screening.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Breast

Risk Factors	Screening for Normal Risk
<ul style="list-style-type: none"> • Being female • Age (being older) • Family or personal history of breast or ovarian cancer • Having no children, or first child after age 30 • Period (menstruation) started before age 12 or stopped after age 55 • History of abnormal breast changes or dense breast tissue • Being inactive and/or overweight after menopause • Drinking 1 or more alcoholic beverages a day • Estrogen therapy – long term oral contraceptives (birth control pills) or hormone therapy after menopause 	<p>Between the ages of 20 to 40 a woman should:</p> <ul style="list-style-type: none"> • Be familiar with how her breasts normally feel and report any changes right away. • Talk to her doctor about how to do a monthly breast self exam (BSE). • Have a breast exam by their doctor at least every 3 years in their 20's and 30's. <p>Starting at age 40 a woman should:</p> <ul style="list-style-type: none"> • Report any changes you notice in your breasts. • Have your doctor examine your breasts every year. • Have a mammogram every year. • Some women, due to their family history or other factors should be screened with a MRI along with a mammogram. Talk with your doctor about your history and if you should have other tests or start screening at an earlier age.

Cervical

Risk Factors	Screening for Normal Risk
<ul style="list-style-type: none"> • A human papillomavirus (HPV) infection is the most common risk factor. HPV is passed from person to person by direct contact, such as skin-to-skin contact, most often with the mouth or genital areas. You are at risk if you have: <ul style="list-style-type: none"> ▶ sexual contact, especially at a young age (before 17) ▶ a high number of sexual partners ▶ unprotected sex or take part in other high-risk sexual activities ▶ a weakened immune system or other health problems • Eating a diet low in fruits and vegetables • Mother took DES (diethylstilbestrol) while pregnant • Family history of cervical cancer • Smoking • Being overweight • Estrogen therapy – long term oral contraceptives (birth control pills) • Chlamydia infection • Multiple pregnancies 	<ul style="list-style-type: none"> • Women between ages 21 and 29 should have a Pap test done every 3 years. HPV testing should not be used in this age group unless 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 is okay to have a Pap test alone every 3 years. • Women over age 65 who have had regular Pap tests with normal results do not need to be tested for cervical cancer. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after the diagnosis, even if testing needs to continue after age 65. • A woman who has had her uterus removed (and also her cervix) for reasons not due to cervical cancer and has no history of cervical cancer or serious pre-cancer does not need to be tested. • A woman who had the vaccine for HPV should follow the screening guidelines for her age group. • Some women due to their health history (HIV infection, organ transplant, DES exposure, etc.) may need a different screening schedule for cervical cancer. Talk to your doctor about your history and the right screening for you.

Colon or Rectal

Risk Factors	Screening for Normal Risk
<ul style="list-style-type: none"> • Over 45 years old • Being inactive and/or overweight • Diet high in red/processed meat • Diet low in fruits and vegetables • Smoking • Heavy alcohol use • Family history of colorectal cancer syndrome or adenomatous polyps • Type 2 diabetes • History of colon or rectal cancer, colorectal polyps, or chronic inflammatory bowel disease (Crohn's Disease) • History of radiation to the abdomen (belly) or pelvic area to treat prior cancer 	<p>Starting at age 45, the following tests may be ordered by your doctor. Talk to your doctor about which test is best for you.</p> <p>Tests that find polyps and cancer are:</p> <ul style="list-style-type: none"> • Flexible sigmoidoscopy every 5 years* • Colonoscopy every 10 years • Double-contrast barium enema every 5 years* • CT colonography (virtual colonoscopy) every 5 years* <p>Tests that primarily find cancer are:</p> <ul style="list-style-type: none"> • Yearly guaiac-based fecal occult blood test (gFOBT)** • Yearly fecal immunochemical test (FIT)** • Stool DNA test (sDNA) every 3 years* <p>* If the test is positive, a colonoscopy should be done.</p> <p>** The multiple stool take-home test should be used. One test done by the doctor in the office is not enough. A colonoscopy should be done if the test is positive.</p>

Lung

Risk Factors	Prevention
<ul style="list-style-type: none">• Smoking• Exposure to second hand smoke• Family or personal history of lung cancer• Exposure to cancer-causing agents in the workplace or the environment (asbestos, fibers, radon, some chemicals, uranium, arsenic, vinyl chloride, diesel exhaust)	<p>Currently there are no tests to check for lung cancer in people who are at average risk. There are screening guidelines for those who are at high risk of lung cancer due to cigarette smoking.</p> <ul style="list-style-type: none">• Talk with your doctor about whether you should start screening.

Endometrial (Lining of the Uterus or Womb)

Risk Factors	Screening for Normal Risk
<ul style="list-style-type: none">• Being overweight• Eating foods high in animal fats• Family history of endometrial cancer• Personal history of breast or ovarian cancer• Having infertility or never had a baby• Period (menstruation) began before age 12 and stopped after age 50• Having taken Tamoxifen or long term estrogen replacement therapy without progesterone (if you still have a uterus)• Personal or family history of a genetic colon cancer syndrome	<ul style="list-style-type: none">• At present there are no screening tests that are reliable to detect most endometrial cancers in a woman who has no symptoms.• For women at high risk of Hereditary Non-Polyposis Colon Cancer annual screening with endometrial biopsy may be offered beginning at age 35.• At the time of menopause, all women should be told about the risks and symptoms of endometrial cancer.• Report any unexpected bleeding, spotting or pelvic pain to your doctor.• Some women may need to have a yearly endometrial biopsy due to their health history. Your doctor will talk with you about your health history to decide what is best for you.

Skin

Risk Factors	Screening for Normal Risk
<ul style="list-style-type: none">• Ultraviolet light exposure (sunlight)• Fair skin (light colored skin)• Family history of melanoma• Severe sunburns before age 18• Use of tanning beds• Smoking• Some workplace (coal tar, pitch, creosote, arsenic or radium)	<ul style="list-style-type: none">• Look for changes every month with your skin, freckles or moles.• Skin exam during a regular health checkup

The American Cancer Society, American Heart Association and American Diabetes Association have joined together on this advice. To lower your risk for cancer, heart (cardiovascular) disease and diabetes aim at these goals:

- Get to a healthy weight and maintain it.
- Be active - exercise at least 30 minutes 5 or more days a week.
- Eat at least 5 servings of vegetables and fruits every day.
- Do not smoke or use tobacco. Ask for help to quit.
- Limit the amount of alcohol you drink.

Here are places you may check for more information:

- JamesLine at 1-800-293-5066 or on the web at cancer.osu.edu
- American Cancer Society at 1-800-ACS-2345 or on the web at www.cancer.org
- The National Comprehensive Cancer Network at www.nccn.org
- National Cancer Institute 1-800-4 CANCEr (800-422-6237) on the web at cancer.gov

Other helpful Patient Education handouts:

[The ABCDE's of Melanoma and Skin Self-Exam](#)

[Cancer Genetics Consultation](#)

[Colorectal Cancer Screening](#)

[Endometrial Biopsy](#)

[Having a Female Pelvic Exam](#)

[Your Pap Smear Test](#)

[Irritable Bowel Syndrome](#)

[Laser Treatment for Gynecology](#)

[Questions and Answers About Having a Mammogram](#)

[Sun Safety Tips](#)