Cancer Screening for Women

Cancer is a disease that can often be cured or managed when it is found early. Cancer screenings are done to check for a disease before you have any symptoms. These guidelines are from the American Cancer Society and include specific ages when screening should be done for those at normal risk. Some women have a higher risks for different cancers due to family history, lifestyle or other factors. You should talk with your health care provider about your risk factors.

If you identify as non-binary or a transgender person, talk with your health care provider about your screening needs based on your transition path. For example, transwomen taking hormones may have an increased risk of breast/chest cancer. For more information, ask for the patient education handout Breast/Chest Cancer Screening in Transgender Men. To make an appointment at The Ohio State Transgender Clinic, you may call, 614-293-5123. You may also find it helpful to visit http://equitashealthinstitute.com/yesmamm/ for LGBTQ-friendly primary care providers.

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 one of our high-risk clinics or to see a Genetic Counselor for an evaluation.

Here are common types of cancers that affect women/breast owners and some reasons that may cause a person to have a higher risk. Use this as a guide to talk to your health care provider doctor about your own health and screening needs.
### Breast

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Screening for Normal Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being female</td>
<td><strong>Between the ages of 20 to 44 a woman/breast owner should:</strong></td>
</tr>
<tr>
<td>• Age (being older)</td>
<td>• Be checked for their risk of breast cancer and learn when they</td>
</tr>
<tr>
<td>• Family or personal history of breast or ovarian cancer</td>
<td>should start having screenings for mammograms.</td>
</tr>
<tr>
<td>• Having no children, or first child after age 30</td>
<td>• Be familiar with how their breasts normally feel and report any changes right away.</td>
</tr>
<tr>
<td>• Period (menstruation) started before age 12 or stopped after age 55</td>
<td>• Talk to your health care provider about how to do a monthly breast self-exam.</td>
</tr>
<tr>
<td>• History of certain benign (non-cancer) breast conditions or dense breast tissue</td>
<td>• Have a breast exam by their health care provider at least every 3 years in their 20’s and 30’s.</td>
</tr>
<tr>
<td>• Being inactive and/or overweight after menopause</td>
<td><strong>Starting at age 45 a woman/breast owner should:</strong></td>
</tr>
<tr>
<td>• Radiation treatments to the chest area as a child or young adult</td>
<td>• Report any changes they notice in their breasts.</td>
</tr>
<tr>
<td>• Drinking 1 or more alcoholic beverages a day</td>
<td>• Have their health care provider examine their breasts every year.</td>
</tr>
<tr>
<td>• Being overweight or obese</td>
<td>• Have a mammogram every year.</td>
</tr>
<tr>
<td>• Estrogen therapy – long term use of oral contraceptives (birth control pills) or hormone therapy after menopause</td>
<td>• Some women/breast owners, due to their family history or other factors should be screened with a MRI along with a mammogram. Talk with your health care provider about your history and if you should have other tests or start screening at an earlier age.</td>
</tr>
<tr>
<td></td>
<td><strong>At age 55 and older, women/breast owners should change to having mammograms every 2 years or can continue yearly screenings.</strong></td>
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</tbody>
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Cervical

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<thead>
<tr>
<th>Risk Factors</th>
<th>Screening for Normal Risk</th>
</tr>
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</table>
| • A human papillomavirus (HPV) infection is the main risk factor for cervical cancer. HPV is a group of more than 150 related viruses that can be passed directly to others by skin-to-skin contact, most often with the mouth or genital areas. Certain HPV types are strongly linked to cancers. You are at risk if you have:  
  ▶ sexual contact, especially at a young age (before 18)  
  ▶ a high number of sexual partners  
  ▶ having one partner who is known to be high-risk  
  ▶ a weakened immune system  
• A diet low in fruits and vegetables  
• Mother took DES (diethylstilbestrol) while pregnant  
• Family history of cervical cancer  
• Smoking  
• Long term use of oral contraceptives (birth control pills)  
• Chlamydia infection  
• Multiple pregnancies | • If you are age 21 or older and have a cervix, talk with your health care provider about the cervical screening test(s) you should have done.  
• Your health care provider may recommend that you have a pap smear, HPV testing, or both done every 3 to 5 years.  
• If you are over age 65 and had regular screenings in the past 10 years with normal results and no history of cancer in the past 25 years, you do not need to be tested for cervical cancer.  
• If you have had your cervix removed for reasons not due to cancer and have no history of cervical cancer or serious pre-cancer, you do not need to be tested.  
• If you had the HPV vaccine you should follow the screening guidelines for your age group. |
### Colon or Rectal

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Screening for Normal Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Over 45 years old</td>
<td>Starting at age 45, one of the following tests may be ordered by your doctor. Talk to your doctor about which test is best for you.</td>
</tr>
<tr>
<td>• Being male</td>
<td>Tests that find polyps and cancer are:</td>
</tr>
<tr>
<td>• African Americans, American Indians and Alaska Natives have a higher rate of colon and rectal cancer compared to other racial groups</td>
<td>• Colonoscopy every 10 years</td>
</tr>
<tr>
<td>• Being inactive and/or overweight</td>
<td>• Flexible sigmoidoscopy every 5 years*</td>
</tr>
<tr>
<td>• Diet high in red/processed meat</td>
<td>• CT colonography (virtual colonoscopy) every 5 years*</td>
</tr>
<tr>
<td>• Diet low in fruits and vegetables</td>
<td>• Flexible sigmoidoscopy every 10 years combined with a yearly high-sensitivity FIT test*</td>
</tr>
<tr>
<td>• Smoking</td>
<td>Stool tests that can be done at home and mainly find cancer are:</td>
</tr>
<tr>
<td>• Heavy alcohol use</td>
<td>• High-sensitivity fecal immunochemical test (FIT) every year*</td>
</tr>
<tr>
<td>• Family history of colorectal cancer syndrome or adenomatus polyps</td>
<td>• High-sensitivity guaiac-based fecal occult blood test (gFOBT) every year*</td>
</tr>
<tr>
<td>• Type 2 diabetes</td>
<td>• Multi-targeted stool DNA test (mt-sDNA) every 3 years*</td>
</tr>
<tr>
<td>• Family history of colon or rectal cancer, colorectal polyps, or chronic inflammatory bowel disease (Crohn's Disease or Ulcerative Colitis)</td>
<td>* If the test is positive, a colonoscopy should be done.</td>
</tr>
<tr>
<td>• History of radiation to the abdomen (belly) or pelvic area to treat prior cancer</td>
<td></td>
</tr>
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</table>

* If the test is positive, a colonoscopy should be done.
## Lung

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Prevention</th>
</tr>
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<tbody>
<tr>
<td>• Smoking</td>
<td>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.</td>
</tr>
<tr>
<td>• Exposure to second hand smoke</td>
<td>• Talk with your doctor about whether you should start screening.</td>
</tr>
<tr>
<td>• Family or personal history of lung cancer</td>
<td></td>
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<tr>
<td>• Exposure to cancer-causing agents in the workplace or the environment</td>
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<tr>
<td>(asbestos, fibers, radon, some chemicals, uranium, arsenic, vinyl chloride,</td>
<td></td>
</tr>
<tr>
<td>diesel exhaust)</td>
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## Endometrial (Lining of the Uterus or Womb)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Screening for Normal Risk</th>
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<tbody>
<tr>
<td>• Being overweight</td>
<td>• At present there are no screening tests that are reliable to detect most endometrial cancers in a woman who has no symptoms.</td>
</tr>
<tr>
<td>• Eating foods high in animal fats</td>
<td>• At the time of menopause, all women should be told about the risks and symptoms of endometrial cancer.</td>
</tr>
<tr>
<td>• Family history of endometrial or colorectal cancer</td>
<td>• Report any unexpected bleeding, spotting or pelvic pain to your doctor.</td>
</tr>
<tr>
<td>• Personal history of breast or ovarian cancer</td>
<td>• Having regular pelvic exams can find some cancers, including some advanced uterine cancers.</td>
</tr>
<tr>
<td>• Having infertility or never had a baby</td>
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</tr>
<tr>
<td>• Period (menstruation) began before age 12 and stopped after age 50</td>
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<tr>
<td>• Having taken Tamoxifen or long term estrogen replacement therapy without</td>
<td></td>
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<tr>
<td>progesterone (if you still have a uterus)</td>
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<tr>
<td>• Personal or family history of a genetic colon cancer syndrome</td>
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Skin

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</thead>
<tbody>
<tr>
<td>• Exposure to ultraviolet light (UV rays) (sunlight)</td>
<td>• Tell your health care provider about any personal or family history of skin cancer.</td>
</tr>
<tr>
<td>• Sun sensitivity (skin may burn easily if you have naturally blonde or red hair)</td>
<td>• Talk with your health care provider about your need for periodic professional skin exams.</td>
</tr>
<tr>
<td>• Personal or family history of melanoma</td>
<td>• Do a monthly skin self-exam. You may need to have a family member/partner help you look for changes with your skin, freckles or moles on your head and back.</td>
</tr>
<tr>
<td>• Many moles (more than 50) that are large and irregularly shaped (bigger than a pencil eraser)</td>
<td>• Report any new moles, lesions or changes in moles or lesions to your health care provider.</td>
</tr>
<tr>
<td>• Too much exposure to sunlight and bad sunburns before age 18</td>
<td>• Have a skin exam during your regular health check-up.</td>
</tr>
<tr>
<td>• Use of tanning beds</td>
<td></td>
</tr>
<tr>
<td>• Weakened immune system</td>
<td></td>
</tr>
<tr>
<td>• Older age</td>
<td></td>
</tr>
</tbody>
</table>

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, vape or use tobacco. Ask for help to quit.
• Limit the amount of alcohol you drink.
• Limit your time in the sun and stay in the shade as much as possible.
• Wear sun protective clothing.
• Use 30 SPF sunscreen every 2 hours to all areas of your skin not covered by clothing.
• Do not use tanning beds.
Additional resources 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
- National LBGT Cancer Network at www.cancer-network.org

Other helpful Patient Education handouts:

The ABCDE's of Melanoma and Skin Self-Exam
Cancer Genetics Consultation
Colorectal Cancer Screening
Endometrial Biopsy
Laser Treatment for Gynecology
Questions and Answers About Having a Mammogram
Sun Safety for Cancer Survivors