Cancer Facts for Lesbian and Bisexual Women

Some of the cancers that most often affect women are breast, colorectal, endometrial, lung, cervical, skin, and ovarian cancers. Lesbian and bisexual women may be at increased risk for breast, cervical, and ovarian cancer compared to heterosexual women. Knowing about these cancers and what you can do to help prevent them or finding them early (when the cancer is small and might be easier to treat) may help save your life.

Recognizing barriers

Studies suggest that some lesbian and bisexual women get less routine health care than other women, including breast, colorectal, and cervical cancer screening tests. Some of the reasons for this include:

• **Fear of discrimination:** Some women don’t tell their health care providers about their sexual orientation, because they don’t want discrimination to affect the quality of health care they receive. This can make it harder to have a comfortable relationship with a provider.

• **Low rates of health insurance:** Some health insurance policies don’t cover unmarried partners. This makes it harder for many lesbian and bisexual women to get quality health care.

• **Negative experiences with health care providers:** Fear of having a negative experience with a health care provider can lead some women to delay or avoid medical care, especially routine care such as early detection tests. Missing routine cancer screening tests can lead to cancer being diagnosed at a later stage, when it’s sometimes harder to treat.
The American Cancer Society can help you learn more about the cancers that women are most at risk for, as well as how to find these cancers early. Women can do things to help reduce their cancer risk and be healthy.

**Breast cancer**

**Who is at risk?**

Some risk factors for breast cancer include being a woman and getting older. A woman whose mother, sister, or daughter has or had breast cancer is at higher risk. Being overweight, especially after menopause, not being physically active, drinking alcohol, or taking birth control may add to the risk. Additionally, there may be a higher breast cancer risk for women who have used some hormone therapy after menopause. Women who haven’t had children or haven’t breast-fed, and are older when they first give birth, are also at a slightly higher risk. These factors may be more likely to affect lesbian and bisexual women.

**What you can do**

The American Cancer Society recommends the following guidelines for breast cancer early detection for women at average risk:

**Women ages 40 to 44** have the choice to start annual breast cancer screening with a mammogram if they wish to do so.

**Women age 45 to 54** should get a mammogram every year.

**Women 55 and older** can switch to a mammogram every 2 years, or can continue to get a yearly mammogram.

Screening is recommended to continue as long as a woman is in good health and is expected to live at least 10 more years.

**All women** should talk to their health care team, they are 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 they should 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 an MRI along with a mammogram every year, typically starting at age 30. Talk with a health care provider about your breast cancer risk and the best screening plan for you.

**Colorectal cancer**

**Who is at risk?**

Being older and having a personal history of colorectal polyps, or a personal or family history of colorectal cancer (sometimes called either colon cancer or rectal cancer) are risk factors for developing colorectal cancer. Being overweight, eating a diet high in red and processed meats, heavy alcohol use, smoking, and being inactive also increase risk. Studies also show having type 2 diabetes, irritable bowel syndrome, or certain hereditary syndromes can also increase a person's risk for colorectal cancer.

**What you can do**

Know your risk. Talk to your health care team about your risk factors.

Staying at a healthy weight, eating well, being active, not smoking, and limiting alcohol use might help lower your risk of colorectal cancer.

Get screened, even if you have no symptoms. Colorectal cancer often starts with a polyp – a small growth on the lining of the colon or rectum. Screening tests can often help find polyps before they become cancer. If pre-cancerous polyps are removed, and regular screening for other problems is done, colorectal cancer can be prevented. If colorectal cancer is found during regular screening, it is often at an early stage when it might be easier to treat.

For all people at average risk of colorectal cancer, the American Cancer Society recommends starting regular screening at age 45.

People who are in good health should continue regular colorectal cancer screening through the age of 75.

For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history. People over 85 should no longer get colorectal cancer screening.

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 you choose 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 colorectal 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 colorectal cancer to know when you should start screening.

**Lung cancer**

**Who is at risk?**

*Lung cancer* is the second most common cancer and a leading cause of cancer death in the US and around the world. It's important to know that anyone can get lung cancer, including people who have never smoked and don't currently use tobacco products. Still, smoking is by far the leading cause of lung cancer, and is known to be linked to 12 other types of cancer. Some evidence suggests that lesbian and bisexual women are about twice as likely to smoke compared to heterosexual women. Smoking is also linked to heart disease, bronchitis, stroke, and emphysema.

Exposure to radon, asbestos, or air pollution can put a person at higher risk for lung cancer, too. Having a personal or family history of lung cancer or previous radiation to the chest or lungs can also increase a person's risk for lung cancer.

**What you can do**
Avoid exposure to tobacco smoke and other harmful chemicals. If you don’t smoke, don’t start. It’s also important to reduce your exposure to secondhand smoke. If needed, talk to a health care provider about quitting, or call 1-800-227-2345 to find out how we can help increase the chances of quitting for good.

Think about getting screened. The American Cancer Society recommends screening for certain people at higher risk for lung cancer. 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). Talk to a health care provider about your risk of lung cancer, and about the possible benefits, limitations, and harms of getting tested for early lung cancer.

**Gynecological cancers**

**Who is at risk?**

Some common types of cancer of the female reproductive organs (gynecological cancers) are cervical, endometrial (uterine), and ovarian cancer.

*Cervical cancer* can affect any woman. It most often occurs in women who have been exposed to certain types of a virus called human papillomavirus, or HPV. HPV can be passed from one person to another by skin-to-skin contact, such as through sexual activity. There are both low-risk and high-risk types of HPV. Low-risk HPV infections don’t develop into cancer, and the body is usually able to clear most of them by itself. But, high-risk types of HPV can stay in the body and may eventually develop into cancer.

Besides infection with certain types of HPV, risk factors for cervical cancer include not getting regular cervical cancer screening, smoking, having a suppressed immune system, having a chlamydia infection, eating a diet low in fruits and vegetables, and being overweight. Some other risk factors include long-term use of oral contraceptives, intrauterine device use, being younger than 17 at first pregnancy, or having a family history of cervical cancer.

*Endometrial cancer* starts in the lining of the uterus. Hormone balance plays a part in the development of most endometrial cancers. This cancer is more likely in women who have taken estrogen therapy without progesterone, and those who are obese, have a diet high in fat, or have a history of diabetes. A personal history of ovarian cancer or breast cancer, taking or have taken tamoxifen, or having pelvic radiation can also increase risk. Women who have never been pregnant, have never taken oral contraceptives, have polycystic ovarian syndrome (PCOS), or have certain inherited
cancer syndromes or family history of endometrial cancer may have an increased risk, too.

Ovarian cancer is more likely to occur in women as they get older. Risk factors include never being pregnant; being obese; having breast cancer or a family history of breast, ovarian, or colorectal cancer; or use of estrogen therapy without progesterone.

**What you can do**

The American Cancer Society recommends routine HPV vaccination for girls and boys ages 9 to 12. However, HPV vaccination is also recommended for females 13 to 26 years old who have not been vaccinated, or who haven't gotten all their doses. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages. If you’re between the ages of 27-45, talk to your doctor to find out if HPV vaccination might benefit you.

There are currently no recommended screening tests for endometrial or ovarian cancer. But, there are screening tests for cervical cancer.

The Pap test is used to help find cervical cancer or pre-cancers; it does not find endometrial or ovarian cancer. The Pap test can help find pre-cancers by looking for changes in the cervix before they become cancer. The American Cancer Society recommends all women start getting cervical cancer screening at age 21 by getting a Pap test every 3 years. Starting at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years (co-testing). This should be done until age 65. Another reasonable option for these women ages 30-65 ages 30 to 65 is to continue to get tested every 3 years with just the Pap test.

It's important to know that screening is done on people who do not have symptoms. If you have symptoms, your testing may be different. Symptoms may include unusual vaginal discharge, spotting, or bleeding. Ovarian cancers tend to cause other more vague symptoms, such as swelling in the belly, unusual vaginal bleeding, pelvic pressure, back pain, leg pain, or digestive problems. See a health care provider if you have any of these symptoms.

**Skin cancer**

**Who is at risk?**

Anyone can get skin cancer. But people who spend a lot of time in the sun or use tanning beds have a higher risk for skin cancer. People with fair skin, especially those
with blond or red hair, are at greater risk than people with darker coloring. Those who have weakened immune systems or close family members with skin cancer are also at a higher risk for skin cancer.

What you can do

Here are some things you can do to help prevent skin cancer:

- Limit the time spent in the sun, especially from 10 a.m. to 4 p.m., when its rays are strongest.
- Protect your skin by wearing hats with wide brims, long-sleeved shirts, and wrap-around sunglasses when you are outside.
- Use broad-spectrum sunscreen with an SPF of at least 30 on all exposed skin. Always follow the label directions when applying, and be sure to reapply it. You should even wear sunscreen on cloudy or overcast days, too, because UV rays travel through clouds.
- Avoid other sources of UV light, like tanning beds and sun lamps. These can damage your skin just like the sun.
- Know your skin, and report any skin changes to a health care provider. Talk about your risk with them and think about asking for a skin exam done during your regular health check-ups.

What else you can do to help reduce your cancer risk

- Stay away from tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole grains, and that limits or avoids red/processed meats, and highly processed foods.
- It’s best not to drink alcohol. If you do drink, have no more than 1 drink per day for women.
- Protect your skin from the sun.
- Know yourself, your family history, and your risks.
- Get regular check-ups and cancer screening tests.

The most common types of cancer among women are skin, breast, lung, colorectal, endometrial (uterine), and cervical cancer. Lesbian and bisexual women may be at increased risk for some cancers, including breast, cervical, and ovarian cancer.
compared with heterosexual women.

Knowing about these cancers and what you can do to help reduce your risk for cancer or finding it early may help save your life or the life of someone you love.

**Hyperlinks**


**References**


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