

Cancer Facts for Lesbian and Bisexual Women

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Some of the cancers that most often affect women are breast, lung, colorectal, cervical, endometrial, ovarian, and skin cancer. 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 lower your risk or find them early (when the cancer is small, hasn't spread, and might be easier to treat) may help save your life.

Recognizing barriers

Some lesbian and bisexual women get less routine health care than other women, including breast, colorectal, and cervical cancer screening tests. Some of the barriers to getting health care include:

- **Fear of discrimination:** Many lesbian and bisexual women avoid going to the doctor or sharing their sexual orientation and history with their health care provider out of fear of being discriminated against. Like many other lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) people, some lesbian and bisexual women have been treated poorly or even refused care altogether.
- **Lack of provider knowledge and training:** Many health care providers report not having education on the unique risk factors and recommended cancer screening tests for LGBTQIA+ people.
- **More likely to be uninsured and experience homelessness:** As an example, some health insurance policies do not cover unmarried partners. This makes it harder for many lesbian and bisexual women to get high quality health care.

Recognizing risk factors

Lesbian and bisexual women are also more likely to have certain risk factors that increase their chances of getting certain types of cancer. Some of these include:

- Tobacco use
- Excess body weight
- Alcohol and substance use
- Not having biological children or having them later in life

The combined impact of social barriers and risk factors increases the chances of being diagnosed with a more advanced cancer and possibly having a worse prognosis .

Breast cancer

[Breast cancer](#)¹ is the most common cancer in women in the US, other than skin cancer. It's also the second-leading cause of cancer death (after lung cancer). About 1 in 8 women will get invasive breast cancer in their lifetime.

It can occur at any age, but the risk goes up as you get older. Some women may have a greater chance of having breast cancer than others. But every woman should know about their [risk factors for breast cancer](#)² and what they can do to help lower their risk or to find it early.

What you can do

Get screened.

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

- **Women ages 40 to 44** should 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 they can continue to get a yearly mammogram.

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

If you're getting a mammogram for breast cancer screening, you should know:

- [What to expect](#)³
- What the test can and can't do
- What your breasts normally look and feel like so you can tell a health care provider about any changes

[Women at high risk for breast cancer](#)⁴ because of their family history, a genetic mutation, or other risk factors should be screened with breast MRI along with a mammogram, often starting at an earlier age.

Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

Lesbian and bisexual women have an increased risk of developing breast cancer compared to heterosexual women. Alcohol use, excess body weight, never having biological children, or having children later in life all increase breast cancer risk.

Colorectal cancer

[Colorectal cancer](#)⁵ (CRC) is the third most common type of cancer in women in the US. It's also one of the leading causes of cancer death in women.

Some things that increase colorectal cancer risk include physical inactivity, a diet high in red and processed meats, excess body weight, smoking, alcohol use, older age, and a personal or family history of colorectal cancer or polyps.

What you can do

Get screened.

Most colorectal cancers start with a polyp – a small growth in the colon or rectum. Screening can help find colorectal cancer early, when it's smaller, hasn't spread, and might be easier to treat. Certain screening tests can also help prevent colorectal cancer by finding and removing polyps before they turn into cancer.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

- **Everyone should start regular screening at age 45.**
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening **through age 75.**
- **For people ages 76 to 85**, the decision to be screened should be based on their preferences, life expectancy, overall health, and prior screening history.
- **People over age 85** should no longer get colorectal cancer screening.

Screening tests for colorectal cancer

Screening can be done either with a 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

- Fecal immunochemical test (FIT)* every year, **or**
- Guaiac-based fecal occult blood test (gFOBT)* every year, **or**
- 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 get screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

If you're at high risk of colorectal cancer based on family history or other factors, you may need to start testing before age 45, be screened more often, or get specific tests.

There are some [differences between these tests](#)⁶ to consider, **but the most important thing is to get screened, no matter which test you choose.** Talk to a health care provider about which tests might be good options for you, and to your insurance provider about coverage. If you don't have insurance or can't afford cancer screening, [find free and low-cost screening options](#).⁷

Lung cancer

[Lung cancer](#)⁸ is the second most common type of cancer in women in the US and the leading cause of cancer death.

What you can do

If you smoke (or used to), ask about getting screened.

The American Cancer Society recommends yearly [lung cancer screening](#)⁹ with a low-dose CT (LDCT) scan for people who:

- **Are ages 50 to 80 years** and smoke or used to smoke

AND

- **Have at least a 20 pack-year history of smoking** (A pack-year is equal to smoking 1 pack of cigarettes per day for a year. For example, a person could have a 20 pack-year history by smoking 1 pack a day for 20 years or by smoking 2 packs a day for 10 years.)

Before deciding to get screened, people should talk to their health care provider about the purpose of screening, how it's done, and the benefits, limitations, and possible harms of screening. People who still smoke should be counseled about quitting and offered resources to help them quit.

Avoid tobacco and exposures.

Not all lung cancers are preventable. But there are things you can do to lower your risk.

- If you don't smoke, don't start.
- If you smoke, call the American Cancer Society at 1-800-227-2345 or visit [Empowered to Quit](#)¹⁰ for help quitting.

While smoking tobacco is the leading cause of lung cancer, not all people who get lung cancer smoke. Other ways you can help lower your risk:

- Avoid all products with tobacco.
- Avoid breathing in other people's smoke ([secondhand smoke](#)¹¹)
- Avoid or limit exposure to cancer-causing chemicals that might be in the home or workplace.
- Consider having your home checked for [radon](#)¹².

Cervical cancer

Human papillomavirus (HPV) causes almost all [cervical cancers](#)¹³. HPV is a very common infection that can be spread during skin-to-skin contact with infected body parts, not just during sex. Most people don't know they have HPV, and their body clears the virus on its own. But some types of HPV infections might not go away, which can sometimes lead to cancer. **People of any gender or sexual orientation can get and spread HPV.**

What you can do

Get vaccinated.

HPV vaccination protects against the types of HPV that cause about 9 out of 10 cervical cancers, as well as many vaginal, vulvar, mouth, and throat cancers.

The American Cancer Society recommends all children get the HPV vaccination **between ages 9 and 12**, when the vaccine works best. But teens and young adults should still get the vaccine **up to age 26**.

While HPV vaccines can be given up to age 45, they're unlikely to be helpful in people aged 27 or older. **If you're between the ages of 27 to 45**, talk to your doctor to find out if HPV vaccination might benefit you.

Get screened.

Having regular screening tests can help find changes in the cervix that can be treated before they become cancer. The tests for cervical cancer screening are the HPV test and the Pap test. HPV tests look for types of HPV that can cause precancers and cancers of the cervix. The Pap test looks at cells taken from the cervix to find changes that might be cancer or precancer. Regular screening can help find cervical cancer early, when it's small, has not spread, and might be easier to treat.

The American Cancer Society recommends the following for people who have a cervix and are at average risk for cervical cancer:

- **Cervical cancer testing should start at age 25.** People under age 25 should not be tested.
- **People between the ages of 25 and 65** should get a primary HPV test every 5 years. A primary HPV test is an HPV test that is done by itself for screening. If you can't get a primary HPV test, get a co-test (HPV test with a Pap test) every 5 years or a just a Pap test every 3 years. The most important thing to remember is to get screened regularly, no matter which test you choose.
- **People over age 65** who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it shouldn't be restarted again. If you have a history of a serious cervical precancer, you should continue to get tested for at least 25 years after that diagnosis, even if this means testing goes past age 65.
- **People who have had a total hysterectomy** (removal of the uterus and cervix) should stop testing unless the surgery was done to treat cervical cancer or a serious precancer.

People who have been vaccinated against HPV should still follow the screening recommendations for their age group.

Some lesbian and bisexual women report being told they don't need to be screened for cervical cancer if they aren't having sex with men. This is false. **In fact, lesbian and bisexual women have an increased risk for cervical cancer compared to heterosexual women.**

Ovarian cancer

The most important risk factor for [ovarian cancer](#)¹⁴ other than age is a family history of breast or ovarian cancer, which might be linked with inherited gene changes like

BRCA1, *BRCA2*, and those related to Lynch syndrome.

What you can do

Know your risk.

Some other things that increase risk for ovarian cancer include:

- Taking hormones after menopause
- Having excess body weight
- Smoking

Currently, there are no recommended ovarian cancer screening tests for women who aren't at increased risk. This is because screening in these women hasn't been shown to prevent deaths from ovarian cancer.

If you are at high risk because of a strong family history or inherited gene changes, talk to a health care provider about whether screening might be right for you. Some women at high risk might also consider lowering their risk by having surgery to remove their ovaries.

See a doctor if you have signs or symptoms.

[Signs and symptoms of ovarian cancer](#)¹⁵ can include:

- Belly swelling or bloating
- Loss of appetite or feeling full quickly
- Belly or pelvic pain
- Feeling like you need to pee all the time

If you have any of these symptoms daily for more than a few weeks, talk to a health care provider.

Endometrial cancer

[Endometrial cancer](#)¹⁶ is a cancer of the inner lining of the uterus). The risk of endometrial cancer increases with age.

What you can do

Know your risk and the signs.

Many endometrial cancers are linked to **excess body weight** and **lack of physical activity** and therefore might be preventable.

Other things that increase risk for endometrial cancer include:

- Taking estrogen after menopause
- Having an early onset of menstrual periods or late menopause
- A personal history of infertility or not having children
- A personal or family history of Lynch syndrome (also known as hereditary non-polyposis colorectal cancer or HNPCC) or polycystic ovary syndrome (PCOS)
- A personal history of breast or ovarian cancer

The most common [symptoms of endometrial cancer](#)¹⁷ are abnormal bleeding or spotting, especially in postmenopausal women. Belly pain or pain while peeing or during sex can also be symptoms.

If you're at average risk

There are no recommended screening tests or exams to find endometrial cancer early in women who are at average risk and have no symptoms.

The American Cancer Society recommends that at the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. They should report any unusual vaginal bleeding or spotting to a health care provider.

If you're at high risk

The American Cancer Society recommends that, along with being aware of the risks and symptoms, **women who have (or may have) Lynch syndrome be offered yearly testing with an endometrial biopsy starting at age 35.**

Women should talk to a health care provider about their risk for endometrial cancer and about getting regular pelvic exams. It's important to know the Pap test can find some early endometrial cancers, but it's not a test for endometrial cancer.

Skin cancer

[Skin cancer](#)¹⁸ is the most common type of cancer in the US. Anyone of any skin tone

can get skin cancer. It's also one of the easiest cancers to prevent or find early.

Ultraviolet (UV) radiation from the sun causes most skin cancers. Tanning booths and sun lamps also expose you to UV rays that can cause cancer.

What you can do

Be safe in the sun.

[Practicing sun safety](#)¹⁹ is one of the most important things you can do to lower your risk of skin cancer.

- Limit time in the sun, especially between 10 a.m. and 4 p.m. when the sun's rays are strongest.
- If you're going to be in the sun, wear protective clothing, sunglasses that have UV protection, and a hat.
- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 30 on exposed skin. Reapply sunscreen every 2 hours or after swimming or sweating (even if it's labeled as "water resistant").
- Avoid tanning beds and sun lamps.

Check your skin.

The best way to catch skin cancer early is to [check your skin for changes](#)²⁰. Many health care providers suggest checking your skin about once a month.

- Know what all moles and spots on your skin normally look like and report any changes to a health care provider right away.
- Ask about having a skin exam done during your regular health checkups.

What else you can do to help reduce your cancer risk

Almost half of all adult cancers might be prevented by things we can do or change.

- Stay away from tobacco.
- Be as physically active as you can.
- Follow a healthy eating pattern that includes plenty of fruits, vegetables, and whole

- grains. Avoid or limit processed foods, red meat, sugary drinks, and refined grains.
- Get to a healthy weight range.
 - It's best not to drink alcohol. If you do drink, have no more than 1 drink per day.
 - Protect your skin from the sun.
 - Know yourself, your family history, and your risks.
 - Get regular checkups and recommended cancer screening tests.

Visit the [National LGBT Cancer Network website](#)²¹ to find LGBTQIA+-friendly cancer screening providers and locations near you.

Hyperlinks

1. www.cancer.org/cancer/types/breast-cancer.html
2. www.cancer.org/cancer/types/breast-cancer/risk-and-prevention.html
3. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/mammograms-what-to-know-before-you-go.html
4. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html
5. www.cancer.org/cancer/types/colon-rectal-cancer.html
6. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html
7. www.cancer.org/cancer/screening/get-screened.html
8. www.cancer.org/cancer/types/lung-cancer.html
9. www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/detection.html
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21. cancer-network.org/screening-providers/

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