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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, has not spread, 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](#)¹ 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 using certain types of 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 women who are older than 30 when they first give birth, are also at a slightly higher risk.

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 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 can continue to get a yearly mammogram.

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

All women should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do. They should also be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.

Women at high risk for breast cancer – because of their family history, a genetic mutation, or other risk factors – should be screened with MRI along with a mammogram. Talk with a healthcare provider about your risk for breast cancer and the

best screening plan for you.

Colorectal cancer

Who is at risk?

Being older, having a personal history of colorectal polyps, or having a personal or family history of [colorectal cancer](#)² (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 not being physically active 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.

Getting to and staying at a healthy weight, following a healthy eating pattern, being active, not smoking, and avoiding alcohol might help lower your risk of colorectal cancer.

Regular colorectal cancer screening is one of the most powerful weapons against colorectal cancer. Colorectal cancers often start with a polyp – a small growth on the lining of 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 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:

Men and women 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 through 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.

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT) * every year, or
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) * every year, 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, be screened more often, or get specific tests. Talk to a health care provider about your risk for colorectal cancer to know when you should start screening.

There are some differences between these tests 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.

Lung cancer

Who is at risk?

[Lung cancer](#)³ 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, and avoid breathing in other people's smoke. If you or your loved ones smoke, call the American Cancer Society at **1-800-227-2345** for help quitting.

The American Cancer Society recommends screening for certain people at higher risk for lung cancer. If you smoke or did smoke, are between **ages 50 to 80** and in fairly good health, you might benefit from screening for lung cancer with a yearly low-dose CT scan. If you still smoke, talk to a health care provider about your risk for lung cancer, how you can quit smoking, the possible benefits, limits, and harms of lung cancer screening, and where you can get screened.

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](#)⁴ can affect any person with a cervix. It most often occurs in people 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 weakened 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 birth control, intrauterine device use, being younger than 17 at first pregnancy, or having a family history of cervical cancer.

[Endometrial cancer](#)⁵ 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 having taken tamoxifen, or having had 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](#)⁶ is more likely to occur in women as they get older. Risk factors include never being pregnant; being overweight or 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

HPV vaccination is recommended for the prevention of cervical and other cancers. HPV vaccination is recommended for boys and girls between **ages 9 and 12**. Children and young adults ages **13 through 26** who haven't gotten all their doses, should get the vaccine as soon as possible. Vaccination at the recommended ages will help prevent more cancers than vaccination at older ages. If you're between the ages of **27 through 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.

Having regular cervical cancer 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. The HPV test looks for infections from types of HPV that can cause precancers and cancers of the cervix. The Pap test looks at the 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. Cervical cancer is rare in this age group.

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 cannot get a primary HPV test, get a co-test (an HPV test with a Pap test) every 5 years or a Pap test every 3 years.

The most important thing to remember is to get screened regularly, no matter which test you get.

People over age 65 who have had regular cervical cancer testing in the past 10 years with normal (or "negative") results should not be tested for cervical cancer. Your most recent test should be within the past 3 to 5 years. Those with a history of serious cervical precancer should continue to be tested for at least 25 years after that diagnosis, even if 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.

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](#)⁷. 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

1. www.cancer.org/cancer/breast-cancer.html
2. www.cancer.org/cancer/colon-rectal-cancer.html
3. www.cancer.org/cancer/lung-cancer.html
4. www.cancer.org/cancer/cervical-cancer.html
5. www.cancer.org/cancer/endometrial-cancer.html

6. www.cancer.org/cancer/ovarian-cancer.html
7. www.cancer.org/cancer/skin-cancer.html

References

American Cancer Society. *Cancer Facts & Figures 2019*. Atlanta, GA: American Cancer Society; 2019.

Blosnich JR, Farmer GW, Lee JG, Silenzio VM, Bowen DJ. Health inequalities among sexual minority adults: Evidence from ten U.S. states, 2010. *Am J Prev Med*. 2014;46(4):337-349.

Ceres M, Quinn GP, Loscalzo M, Rice D. Cancer screening considerations and cancer screening uptake for Lesbian, Gay, Bisexual, and Transgender persons. *Seminars in oncology nursing*.2018;34(1):37-51.

Fontham ETH, Wolf AMD, Church TR, et al. Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society. *CA Cancer J Clin*. 2020. <https://doi.org/10.3322/caac.21628>

Quinn GP, Sanchez JA, Sutton SK, et al. Cancer and Lesbian, Gay, Bisexual, Transgender/Transsexual, and Queer/Questioning (LGBTQ) Populations. *CA Cancer J Clin*. 2015;65:384-400.

Saslow D, Andrews KS, Manassaram-Baptiste D, et al. Human papillomavirus vaccination 2020 guideline update: American Cancer Society guideline adaptation. *CA Cancer J Clin*. 2020; DOI: 10.3322/caac.21616.

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