A photograph of three women of different ages, all dressed in white, embracing each other warmly on a porch. The woman in the center is the oldest, flanked by two younger women. They are all smiling and looking at each other. The background shows a white building with a window with blue blinds.

Protect & Detect:

WHAT WOMEN SHOULD KNOW
ABOUT CANCER



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

A Message From...

ACOG President Douglas H. Kirkpatrick, MD



Dr. Kirkpatrick has been in private practice for 33 years in Denver and is an assistant clinical professor of OB-GYN at the University of Colorado Health Sciences Center.

Too many women are dying from cancer. Today, cancer is the second leading killer of women in the US—an estimated 270,000 women will die and over 678,000 women will be diagnosed with cancer this year.

It is not surprising that cancer is one of the biggest health fears for women. Sometimes this fear can be so overwhelming that women forego screening tests that can detect cancer early, when it is most curable.

The causes of cancer are complex. We know that having a family history of cancer is a risk factor. But most cancers occur in people with no family history of the disease at all, so those without a family history of cancer cannot assume that they aren't at risk. Also complicating matters is the fact that the disease can occur without symptoms. And even if symptoms are present, they can be mistaken for a harmless health condition or they may not appear until the disease is more advanced.

While it may seem as if we have no control over cancer, there are steps a woman can take to reduce her risk. Consider this: As many as half of all cancer deaths could be prevented if people practiced simple, healthy lifestyle habits—such as not smoking, eating well, and exercising—and got recommended health screenings. This special cancer guide will help you take charge of and protect your health.

OB-GYNs are dedicated to improving women's health, and we are deeply concerned about the state of women's cancers. Our specialty recognizes the benefits of prevention and early detection efforts, and we want to share this vital message with you. Use this guide with your OB-GYN. Read it and ask questions. Your OB-GYN is your partner in helping you stay healthy!

The American College of Obstetricians and Gynecologists is the national medical organization representing over 51,000 members who provide health care for women.

Introduction

If you are like most women, when it comes to your health, cancer ranks high on your list of concerns. But few women have a true sense of their risk of developing cancer or the steps they can take to reduce that risk. For instance, while most of us are aware that more women in the US are diagnosed with breast cancer than any other kind of cancer each year, few are aware that more women die of lung cancer than breast, uterine, and ovarian cancers combined.

What's more, most women don't realize that the one doctor they see on a regular basis, their OB-GYN, can talk with them about appropriate screenings for **all** types of cancer—including lung and colorectal cancers. Your OB-GYN can also guide you in talking about what lifestyle changes you can make to reduce your risk of developing cancer and alert you to the important warning signs you should watch for that can lead to the early detection of cancer.

Did you know that early detection of cancer increases your chances of successful treatment?

There are several different tests available to you to detect the presence of breast, cervical, and colorectal cancers. If cervical, colorectal, or uterine cancer is detected early, your chances of beating it can be as high as 90%. Similarly, the five-year survival rate today for women with localized breast cancer is 97%. In the 1940s, only 72% of women diagnosed with breast cancer survived for five years.

Currently, there are no screening tests available to help detect lung, ovarian, and uterine cancers early. As a result, it's vitally important to pay close attention to how your body feels and looks, have regular yearly check-ups with your OB-GYN, and talk with your doctor about any changes that concern you.

It's also true that leading a healthy lifestyle can reduce your risk of cancer. In fact, certain female reproductive cancers share the same risk factors. The American College of Obstetricians and Gynecologists (ACOG) recommends that women focus on living a healthy lifestyle—lose excess weight, don't smoke, practice safe sex, and get daily exercise.

Protect & Detect: What Women Should Know About Cancer is a guide developed by The American College of Obstetricians and Gynecologists to encourage you, in partnership with your OB-GYN, to take charge of your health and gain an accurate understanding of your risk of developing cancer and the lifestyle changes you can make to reduce your risk. ACOG urges women to plan for the appropriate screenings at the right ages and to be aware of the physical warning signs that are a critical component to detecting cancer at its earliest stages.



What you should know about



Breast cancer is the second leading cause of cancer death in the US. One out of every eight women will develop breast cancer in her lifetime.

BREAST CANCER

What is Breast Cancer?

Breast cancer usually begins as a lump or small formation of cells in the breast, typically in the lobes or ducts of the breast. Different types of breast cancer grow at different rates.

Who is Most at Risk?

- Women with a family history of breast cancer, especially mother, daughter, or sister
- Women who carry a mutation in the BRCA1 or BRCA2 gene
- Women who went through puberty early (before age 12) or experienced a late menopause (after 55)
- Those who have not had children or had their first child after age 30
- Women over age 65
- Women who are obese

How Can I Prevent Breast Cancer?

- Exercise regularly
- Control your weight
- Eat a balanced, nutritious diet
- Limit your alcohol intake
- Discuss the use of hormone therapy and chemoprevention medications, such as tamoxifen and raloxifene, with your doctor
- Women with a significant risk of developing hereditary breast and ovarian cancer often are advised to use oral contraceptives



What Should I Know about Screening for Breast Cancer?

It is important that you do breast self-exams routinely and have a physician examine your breasts annually. Mammograms are the gold standard for detecting breast cancer and are recommended every year or two for women in their 40s and annually for women age 50 or older.

If a mammogram finds an abnormality, magnetic resonance imaging (MRI) or ultrasound may be used for further evaluation. MRI also may be recommended for women with certain risk factors. A biopsy will determine if you have cancer.

For women who carry the BRCA1 or BRCA2 gene mutation, some cancer experts recommend annual or semiannual clinical breast examinations, along with annual mammography, beginning at age 25–35 years.

What are the Warning Signs of Possible Breast Cancer?

- A lump in the breast
- Dimpling of the breast
- Changes in the skin on the breast
- Spontaneous nipple discharge

How is Breast Cancer Treated?

Breast cancer is treated with a combination of surgery, chemotherapy, radiation, and/or other drugs such as herceptin, tamoxifen, and aromatase inhibitors.

What if I Have a Strong Family History of Breast Cancer?

Genetic testing may be advised for women who have a strong family history of breast and/or ovarian cancer or who carry a BRCA gene mutation. Genetic counseling with a trained health care professional will help you understand the risks and benefits of the test and if it's right for you.

If you have a BRCA gene mutation a cancer specialist can help you decide if preventive measures, such as a mastectomy (removal of the breast) or oophorectomy (removal of the ovaries), will reduce your risk of breast cancer.



What you should know about



Cervical cancer is one of the most common cancers in women throughout the world, but has become less common in countries where women routinely get Pap tests. Today, one in 135 women in the US will develop cervical cancer in her lifetime.

CERVICAL CANCER

What is Cervical Cancer?

Almost all cervical cancers are linked to a common infection in the cervix called human papillomavirus (HPV). Of the more than 100 types of HPV, many are benign, but some are linked to cancer of the cervix.

Who is Most at Risk?

Your risk for cervical cancer depends on your sexual history, your immune system, your health, and your lifestyle. Those at highest risk of developing cancer of the cervix include:

- Women with certain strains of HPV
- Women over age 30. While it can occur in younger women, cervical cancer rarely occurs in women younger than age 21
- Women who smoke are about twice as likely as nonsmokers to develop cervical cancer
- Women who have problems with their immune system
- Women with the human immunodeficiency virus (HIV) infection
- Women who were exposed to diethylstilbestrol (DES) before birth
- Women with a previous precancer of the cervix

How Can I Prevent Cervical Cancer?

- Get regular Pap tests—they can detect cervical changes before they become cancerous
- Girls and women ages 9–26 should get the HPV vaccine. ACOG recommends the HPV vaccine be routinely given to all girls ages 11–12; however, it can be given to girls as young as 9
- Be monogamous and practice safe sex
- Don't smoke



What are the Warning Signs of Possible Cervical Cancer?

Precancer and cancer of the cervix often have no symptoms; however, some of the warning signs include:

- Abnormal vaginal bleeding
- Spotting or discharge
- Bleeding after sex
- Signs of advanced cancer include pain, problems urinating, and swollen legs

How is Cervical Cancer Treated?

- Precancers can be removed with a LEEP biopsy (loop electrosurgical excision procedure), which uses an electrified loop of wire to remove cells, cryotherapy (which freezes the cells), laser therapy (which vaporizes the cells), or a cone biopsy (in which a cone shaped wedge is removed from the cervix)
- Cervical cancer may require a radical hysterectomy and radiation with or without chemotherapy. When found early, the cure rate is more than 90%

What Should I Know about Screening for Cervical Cancer?

- The Pap test is the best way to detect abnormal cells on the cervix. Sexually active women between the ages of 21 and 29, and those younger than 21 who have been sexually active for at least three years, need an annual Pap test
- ACOG recommends that women over 30 who have had three or more normal annual Pap tests can be screened every 2–3 years
- Other options include combining a Pap test with an HPV test to see if you have a high-risk type of the virus, or continuing to be tested annually
- Slightly abnormal Pap results may be followed up by an HPV test, a repeat Pap test, or colposcopy, which uses a magnifying instrument to view and biopsy abnormal cells. Pap tests that are more abnormal require colposcopy
- Many women who have had a hysterectomy may be able to discontinue routine Pap testing. Pap testing can be discontinued if the surgery removed the cervix and was done for reasons other than cancer or precancerous changes. Women who had precancerous changes before their hysterectomy should be screened annually until they have three consecutive, normal Pap tests; then they can discontinue routine screening

What you should know about



Colorectal cancer is the No. 2 cancer killer of adults in the US and the third leading cause of cancer death among women in the US, behind lung and breast cancers. Each year, colorectal cancer takes the lives of over 26,000 women—nearly twice as many as ovarian, cervical, and uterine cancers combined. One in 18 women will develop colorectal cancer in her lifetime.

COLORECTAL CANCER

What is Colorectal Cancer?

Colorectal cancer (often referred to as colon cancer) is a slow-growing cancer that affects the cells in the colon and rectum and can spread to other parts of the body. Its exact causes are unknown.

Who is Most at Risk?

The risk of developing colorectal cancer increases with age. About 9 out of 10 people with colorectal cancer are older than 50. Obesity is also a major risk factor.

Women with the following risk factors should begin screening before age 50:

- Personal or family history of colon polyps or colorectal cancer
- Personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's disease
- Family history of colorectal cancer syndromes
- The American College of Gastroenterology recommends that African Americans begin screening at age 45

What Should I Know about Screening for Colon Cancer?

Colon cancer can be stopped before it starts if precancerous polyps are found and removed.

Screening allows the detection of early colon cancer, when it is highly curable. ACOG recommends the following colorectal cancer screening options for women age 50 and older:

Preferred method

- Colonoscopy every 10 years

Other appropriate methods

- Yearly patient-collected fecal occult blood test (FOBT) or fecal immunochemical test (FIT) or
- Flexible sigmoidoscopy (with or without annual FOBT or FIT) every five years or
- Double-contrast barium enema every five years

If abnormalities are found with these tests, diagnostic colonoscopy will be necessary. A biopsy will determine if you have cancer.

What are the Warning Signs of Possible Colon Cancer?

Colorectal cancer may have no symptoms—you can look healthy and feel healthy and not know there is a problem; therefore, ACOG urges you not to wait. Get screened before symptoms appear. As colorectal cancer progresses, a woman may experience the following symptoms:

- A persistent change in bowel habits, such as narrowing of the stool
- Bleeding from the rectum or blood in the stool
- Cramping pain in the abdomen
- Unexplained weight loss
- Fatigue

How Can I Prevent Colon Cancer?

- Control your weight
- Exercise regularly
- Stop smoking
- Limit your alcohol intake

How is Colon Cancer Treated?

Surgery is the most common treatment for colorectal cancer. Chemotherapy or radiation therapy also may be used.



Is My OB-GYN the Right Person to Talk to about Colon Cancer?

For many women, an OB-GYN is the only physician they see on a regular basis. Your OB-GYN can provide counseling and appropriate screening recommendations, including when to begin screening and the benefits, limitations, and frequency of the different testing options.

What you should know about



Lung cancer is the leading cause of cancer death in both women and men in the US. One in 17 women will develop lung cancer in her lifetime. This year alone, it is estimated that over 98,000 women will be diagnosed with lung cancer; it will kill nearly 71,000 women.

LUNG CANCER

What is Lung Cancer?

Cancers that begin in the lungs, usually in the cells lining air passages, are divided into two main types—non-small cell lung cancer and small cell lung cancer, depending on how the cells look under a microscope.

Who is Most at Risk?

- Women who smoke are 12 times more likely to get lung cancer than women who have never smoked
- Women are more susceptible to lung cancer than men
- Secondhand smoke also increases your risk of lung cancer
- More nonsmoking women are getting the disease than ever before: About 1 in 5 women who gets lung cancer never smoked

How Can I Prevent Lung Cancer?

The best way to protect yourself from lung cancer is not to smoke. ACOG urges women who smoke to seek advice on how to stop. In addition, smokers who quit can stop or reverse the damage caused by cigarettes. Heart attack risk decreases by 50% within the first year after quitting, and the chances of developing lung cancer, heart disease, and other ailments fall to nearly that of a nonsmoker in the first few years.



What are the Warning Signs of Possible Lung Cancer?

Warning signs of lung cancer often don't appear until the cancer has spread:

- A persistent cough
- Phlegm streaked with blood
- Chest pain
- Repeat bouts of pneumonia or bronchitis
- Hoarseness
- Weight loss and loss of appetite
- Shortness of breath or wheezing

Did You Know?

- A woman who smokes cigarettes shortens her life by 14.5 years
- Lung cancer is the only major cancer that's not on the decline in women
- Secondhand smoke is responsible for an estimated 3,000 lung cancer deaths among US nonsmokers each year
- Smoking can harm a woman's reproductive health. Women who smoke are at increased risk of having fertility problems, pregnancy-related complications, cervical cancer, incontinence, and earlier menopause
- Smoking during pregnancy is associated with preterm birth, low birth weight, and sudden infant death syndrome

What Should I Know about Screening for Lung Cancer?

There are currently no recommended routine screenings for lung cancer. Those that do exist have not been shown to be effective. Many tests are used to diagnose lung cancer, including blood tests, imaging tests, and biopsies.

How is Lung Cancer Treated?

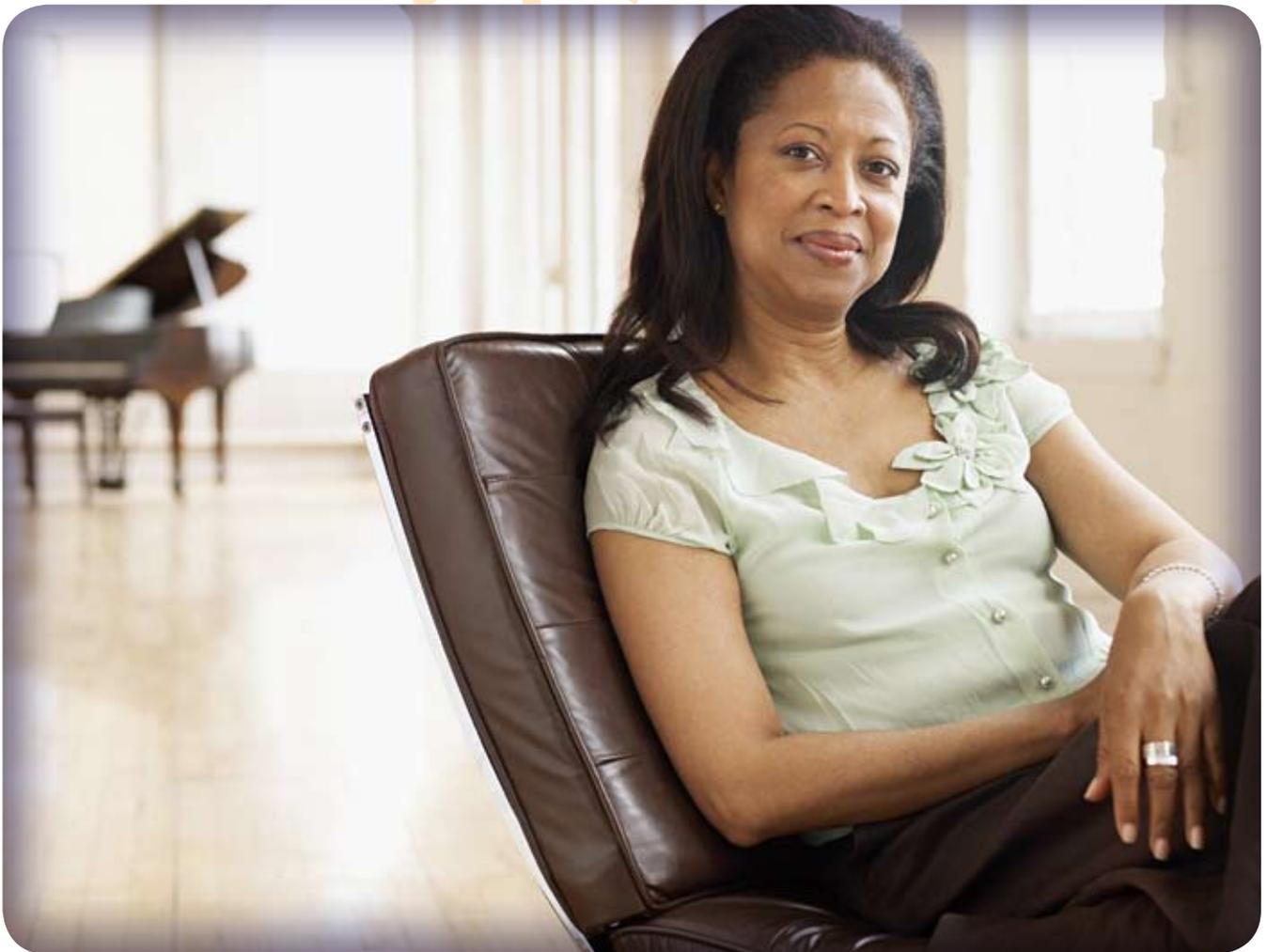
Treatment depends mainly on the type of lung cancer and its stage. Options include surgery, chemotherapy, radiation therapy, or a combination of these; they often do not cure the cancer.

Is My OB-GYN the Right Person to Talk to about Lung Cancer?

For many women, an OB-GYN is the only physician they see on a regular basis. Your OB-GYN can refer you to smoking cessation programs that can help you quit and can provide lifestyle recommendations that can decrease your risk of developing lung cancer. Your doctor also may prescribe nicotine replacement products and/or medications that can double your chances of quitting.



What you should know about



About 3% of all new cancers found in women are ovarian cancers. One in 68 women will develop **ovarian cancer** during her lifetime. Because its symptoms are so vague, ovarian cancer often isn't found until the late stage, after the cancer has spread.

OVARIAN CANCER

What is Ovarian Cancer?

There are three types of ovarian cancer:

- **Epithelial** is the most common form of ovarian cancer (85% to 90% are this type); these are the cells that cover the surface of the ovaries
- **Germ cell tumors** form on the cells in the ovary that develop into eggs
- **Sex cord-stromal tumors** occur in the connective tissue inside the ovary



Who is Most at Risk?

- Women who have never had children or who were pregnant after age 30
- Women who have never used birth control pills
- Women with a family history of breast, endometrial, ovarian, or colorectal cancers, or who carry a mutation in the BRCA1 or BRCA2 genes
- Women between ages 50 and 75
- Women who experience late menopause (after age 55)
- Women who are obese

How Can I Prevent Ovarian Cancer?

- Reducing the number of ovulations you have in your lifetime reduces your risk for ovarian cancer. Therefore, pregnancy and breastfeeding may have protective effects
- Using oral contraceptives also reduces your risk for ovarian cancer and is often recommended for women who are at high risk for developing hereditary breast and ovarian cancer
- If you have a BRCA gene mutation a cancer specialist can help you decide if preventive measures, such as surgery to remove the ovaries or a hysterectomy, are right for you
- Also, be alert to changes in your body and bring them to your doctor's attention

What are the Warning Signs of Possible Ovarian Cancer?

Symptoms of ovarian cancer often appear to be harmless gastrointestinal and abdominal problems. If you have the following symptoms on an ongoing basis, see your doctor for an evaluation:

- Unexplained bloating
- Pelvic or abdominal pain
- Back pain
- Increased abdominal size
- Difficulty eating
- Unexplained weight loss
- Urinary incontinence
- Frequent urination
- Constipation
- Fatigue
- Indigestion



How is Ovarian Cancer Treated?

Surgery is used to remove the cancer, often followed by chemotherapy or radiation. Women whose cancer is treated before it has spread have a 90% chance of living five years or more after treatment. Unfortunately, only 19% of women with ovarian cancer are diagnosed at this stage.

What Should I Know about Screening for Ovarian Cancer?

While there is no routine screening for ovarian cancer, for those who experience symptoms, have a family history, or who have a BRCA gene mutation, a pelvic exam and an ultrasound are used for evaluation. Surgery is used to diagnose ovarian cancer.

What you should know about



Uterine cancer is the most common gynecologic cancer in the US. About 2 or 3 women in 100 will develop endometrial cancer (the more common of the two forms of uterine cancer) in their lifetime.

UTERINE CANCER

What is Uterine Cancer?

There are two types of uterine cancer:

- **Endometrial** the more common form of uterine cancer; it occurs when the lining of the uterus becomes too thick
- **Sarcomas** tumors that form from muscle or other tissue; it is more aggressive than endometrial cancer and has different symptoms



Who is Most at Risk?

- Women who have passed menopause, particularly from age 65 to 70; it is rare among women younger than 40
- Women who are obese
- Women who are infertile or have menstrual problems such as irregular ovulation or frequently missed periods
- Women with a family history of uterine cancer
- Women who have never given birth
- Women who have polycystic ovary syndrome, diabetes, endometrial hyperplasia, or who have had cancer of the ovary, breast, or colon
- Women who have taken unopposed estrogen (estrogen without progesterin)
- Postmenopausal women who have taken tamoxifen
- Women who went through puberty early (before age 12) or menopause late (after age 55)

How Can I Prevent Uterine Cancer?

ACOG recommends taking the following precautions to help prevent uterine cancer:

- Avoid prolonged exposure to unopposed estrogen (estrogen without progesterin)
- Use of oral contraceptives may reduce your risk
- Lose excess weight
- Get a yearly pelvic exam

What Should I Know about Screening for Uterine Cancer?

There is no routine screening for uterine cancer, so it's crucial to be alert to early symptoms.



What are the Warning Signs of Possible Uterine Cancer?

- Unusual vaginal bleeding
- Spotting or discharge
- Heavy menstrual bleeding
- Postmenopausal bleeding or spotting
- Symptoms that come and go
- Abnormal bleeding or discharge, especially after menopause

How is Uterine Cancer Treated?

- Surgery is done to treat the disease and decide if further treatment is needed. During the surgery, the stage of disease is determined, which can affect the treatment and outcome
- Most patients have both a hysterectomy and removal of the ovaries and fallopian tubes, known as salpingo-oophorectomy, because women with uterine cancer have an increased risk of ovarian cancer
- Some cases may also require radiation; in rare cases, chemotherapy is used
- Treatment with progesterin may be tried in women who want to preserve their fertility or who are not candidates for surgery

How is Uterine Cancer Diagnosed?

- Endometrial cancer can be diagnosed only by examining tissue from the uterus: Most women with endometrial cancer have normal Pap test results
- There are various methods for examining the uterine tissue, including:
 - **Endometrial biopsy:** a test in which a small amount of the tissue lining the uterus is removed and examined under a microscope
 - **Vaginal ultrasound:** a test in which sound waves are used to check the thickness of the lining of the uterus
 - **Hysteroscopy:** a surgical procedure in which a slender, light-transmitting device is used to view the inside of the uterus or perform surgery
 - **Dilation and curettage (D&C):** a procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus

Easy Reference

CANCER SCREENING METHODS AND RECOMMENDATIONS*

The annual well-woman visit is very important for preventive health care. Sexually active adolescents younger than 18 and all women 18 or older need annual gynecologic exams, including a pelvic exam.

IF YOU ARE AGE:	YOU SHOULD SCHEDULE A:	TO DETECT:	FREQUENCY RECOMMENDATION:
20+	Breast Exam [†]	Breast Cancer	Yearly
21+	Pap Test [□]	Cervical Cancer	Yearly
30+	Pap Test	Cervical Cancer	Yearly or every 2–3 years if Pap tests have been normal
40–49	Mammography [‡]	Breast Cancer	Every 1–2 years
50+	Mammography [‡]	Breast Cancer	Yearly
50+	Colonoscopy ^{†°}	Colorectal Cancer	Every 10 years

* There are no screening tests available to detect lung, ovarian, or uterine cancer, so it's important to be aware of the warning signs and see your doctor if you experience them. Warning signs for each cancer are listed on previous fact sheet pages.

† If you have a family history of breast or colon cancer, your doctor may recommend starting screening earlier and continuing screening more frequently.

□ The Pap test is recommended for women about three years after first sexual intercourse or by age 21, whichever comes first.

° Other options for colorectal cancer screening are available, but they need to be done more often.

CANCER PREVENTION BEHAVIORS TO UNDERTAKE

TYPE OF CANCER	PREVENTION ACTIVITIES
Breast Cancer	<ul style="list-style-type: none"> ■ Exercise regularly and eat a balanced diet ■ Control your weight ■ Limit your alcohol intake ■ Discuss the use of hormone therapy, as well as tamoxifen and raloxifene, with your doctor
Cervical Cancer	<ul style="list-style-type: none"> ■ Get regular Pap tests ■ Girls and women ages 9–26 should get the HPV vaccine ■ Be monogamous and practice safe sex ■ Stop smoking
Colorectal Cancer	<ul style="list-style-type: none"> ■ Undertake colonoscopies starting at age 50 (earlier if you have risk factors) ■ Control your weight ■ Exercise regularly ■ Stop smoking ■ Limit your alcohol intake
Lung Cancer	<ul style="list-style-type: none"> ■ Stop smoking ■ Limit your exposure to secondhand smoke
Ovarian Cancer	<ul style="list-style-type: none"> ■ Be aware of symptoms ■ Consider using oral contraceptives ■ Pregnancy and breastfeeding may also have protective effects
Uterine/Endometrial Cancer	<ul style="list-style-type: none"> ■ Avoid prolonged exposure to unopposed estrogen (estrogen without progestin) ■ Consider using oral contraceptives ■ Control your weight ■ Get a yearly pelvic exam

Your Personal Cancer Risk Assessment

Following is a list of questions important for women to consider throughout the stages of their lives. Use this information to help launch meaningful discussions with your doctor at your next OB-GYN visit.



FAMILY AND PERSONAL HISTORY

Have you ever been diagnosed with any type of cancer?

Have you ever been diagnosed with benign breast disease that resulted in a breast biopsy?

Do you have a family history of cancer in a first-degree blood relative (mother, sister, daughter, or father)?

Do you have any other relatives with a history of breast, ovarian, endometrial, or colorectal cancer?

EARLY DETECTION AND SCREENING

Do you perform regular breast self-exams?

If you are 40–49, did you get a mammogram in the past two years? Or in the past year, if you are over 50?

Are you getting regular Pap tests?

Did you have a pelvic exam in the past year?

CANCER RISK-INCREASING FACTORS

Have you ever had an abnormal Pap test?

Have you ever been diagnosed with human papillomavirus (HPV)?

Do you smoke?

Have you taken tamoxifen postmenopause?

Do you carry the BRCA1 or BRCA2 genes?

Did you experience a late menopause (after age 55)?

Have you ever had ulcerative colitis or Crohn's disease?

Do you usually drink more than one alcoholic drink per day?

CANCER RISK-REDUCING FACTORS

Do you have regular periods?

Did you get your first period after age 12?

Do you practice safe sex?

Do you take birth control pills?

Have you given birth? If so, was your first pregnancy before age 30?

Do you eat fruits or vegetables often?

Do you exercise regularly?

Conclusion

The American College of Obstetricians and Gynecologists (ACOG) urges women to take charge of their health. It's important to know that there is a great deal you can do to prevent and detect cancer early, which will have a lasting impact on your life and on your family. Make sure you visit your OB-GYN for an annual exam and the screenings appropriate for your age. Be sure to discuss your family history, your specific risk of developing cancer, and the lifestyle changes that you may be able to make to reduce that risk. Also, know your body and be alert for any changes that may be warning signs.

ACOG recommends that this guide be used both to deliver the facts about cancer to women and as a vehicle for building a strong partnership with your OB-GYN. Bring this guide with you as a reference to your doctor's appointment and work together to prevent and detect cancer. Be informed, be healthy.



Glossary

Aromatase Inhibitors: A class of drugs used in the treatment of breast cancer in postmenopausal women.

Biopsy: Removal of a small piece of tissue that is then examined under a microscope in a laboratory.

BRCA1 and BRCA2: Genes that increase your risk of breast cancer and certain other types of cancer.

Colonoscopy: An exam of the entire colon using a small, lighted instrument.

Colposcopy: Viewing of the cervix, vulva, or vagina with magnification using an instrument called a colposcope.

Double-Contrast Barium Enema Test: A test during which a special solution and air are injected into the colon and X-ray images are taken to check for abnormalities in the colon.

Endometrial Hyperplasia: A condition that occurs when the lining of the uterus grows too much.

Estrogen: A female hormone produced in the ovaries that stimulates the growth of the lining of the uterus.

Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): Two similar tests for detecting blood in stool samples, which could be a sign of cancer of the colon or rectum.

Flexible Sigmoidoscopy: A test in which a slender device is placed into the rectum and lower colon to look for cancer.

Genetic Testing: An analysis of DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease.

Hormone Therapy: Treatment in which estrogen, and often progestin, is taken to help relieve some of the symptoms of menopause caused by low levels of hormones produced by the body.

Human Papillomavirus (HPV): A group of related viruses, some of which are linked to cervical changes and cervical cancer.

Human Papillomavirus (HPV) Vaccine: A vaccine that protects against the four types of HPV that cause the most cases of cervical cancer and genital warts.

Hysterectomy: Removal of the uterus.

Magnetic Resonance Imaging (MRI): A procedure that uses a strong magnetic field to view internal organs and structures of the body.

Mammography: A procedure in which X-rays of the breast are used to detect breast cancer.

Oral Contraceptives (“the Pill”): Birth control pills containing hormones that prevent ovulation and thus pregnancy.

Pap Test: A test in which cells are taken from the cervix and examined under a microscope.

Pelvic Exam: An examination of the abdomen, cervix, ovaries, pelvis, uterus, vagina, and rectum.

Progesterone: A female hormone that is produced in the ovaries and makes the lining of the uterus grow. When the level of progesterone decreases, menstruation occurs.

Raloxifene: A type of selective estrogen receptor modulator that helps strengthen the tissues of the bones and can be used to prevent breast cancer.

Tamoxifen: A synthetic estrogen pill used to prevent or treat breast cancer.

Ultrasound: A procedure that uses sound waves to create pictures of the inside of body organs or tissues.

Additional Cancer Resources

- The American College of Obstetricians and Gynecologists www.acog.org
- National Cancer Institute www.cancer.gov
- American Cancer Society www.cancer.org



THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

www.acog.org

Office of Communications

202.484.3321

communications@acog.org