



**Why should you read this brochure?**

- Lesbians and bisexual women fear homophobic reactions, or use contraception less frequently, and therefore are less likely to see medical professionals and often hesitate to talk about their emotional or sexual lives. They are also less likely than other women to undergo screening examinations (mammograms or pap smears) that would allow early detection of possible breast or cervical cancer.
- Because of social and family pressures, lesbians and bisexual women can sometimes feel depressed and pay less attention to their health.
- Some studies have shown that lesbians and bisexual women are more reluctant to regularly self-examine their breasts.
- On average, lesbians and bisexual women are less likely to have children before the age of 30, which increases the risk of breast cancer.
- Certain studies indicate that lesbians or bisexual women can occasionally overindulge in alcohol and tobacco. They may also become overweight. This increases the risk of breast cancer or cervical cancer.

**Lesbian and bisexual women who do not struggle with these specific risk factors have exactly the same probability of developing cancer as heterosexual women.**

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ILGA is also supported by



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For all women who love women...

**... are you at higher risk of developing**

breast or cervical cancer?

Being lesbian or bisexual does not directly influence the frequency of these cancers. But there are certain risk factors that are particularly prevalent among women who love women. For that reason, it's important to be informed.

Loving yourself as a lesbian or bisexual woman also means taking care of yourself and watching your health!

# Breast Cancer

## Risk Factors

- Being a woman, especially if you are over 50 years old.
- Having had one or more cases of breast cancer in your family.
- Having certain non-cancerous abnormalities in your breasts.
- Not having a child or having had your first child after the age of 30.
- Menstruating before the age of 12.
- Going through menopause after the age of 52.
- Taking hormones for several years after going through menopause.
- Drinking a lot of alcoholic beverages.
- Gaining weight after menopause.
- Having a sedentary lifestyle (with little sports or physical activity).

**But remember: Breast cancer often affects women who do not display any particular risk factors. Likewise, having one or more of these predispositions does not mean that you will automatically develop the disease!**

## What should you do?

Every woman can take three complementary precautions:

- Change your lifestyle if necessary (take advantage of physical activities, avoid obesity, limit your consumption of alcohol to a maximum of one glass per day).
- Regularly self-examine your breasts from the age of 25.
- Undergo screenings with mammograms from the age of 50.

## Self-Examination

- From the age of 25, each month, ideally one week after menstruation.
- Pay attention to the look of both breasts.
- Watch for any changes in your breasts compared to the previous month.

If you find abnormalities, it does not automatically mean that you have cancer, but it is still necessary to see your doctor even if you were screened recently.

Once a year, ask your general practitioner or gynecologist to examine your breasts (a visual and physical examination).



Image by Sara Winnes

## Screening

Screening is performed with a mammogram, also called a Mammotest.

This x-ray of the breasts allows detection of potential cancers well before they become visible or palpable, which strongly increases the likelihood of treating them successfully.

Another advantage is that discovering cancers when they are still very small increases the likelihood that the breast can be preserved.

In some countries, the screening is free for women from the age of 50.



Image by Annis Balcus, ILGA-Europe

# Cervical Cancer

## Risk Factors

- A chronic infection by certain strains of the Human Papilloma Virus (HPV), which is transmissible through sexual contact between women.
- The use of tobacco.

Traces of a chronic HPV infection can be found in approximately 90% of cervical cancers.

**Whoever has (or has had) sexual contact with other persons, regardless of their sex, may be a carrier of HPV. More than 50% of women “encounter” the virus over the course of their sex life.**

Fortunately, the majority of HPV viruses are incapable of developing into cancers. The typical mode of transmission is direct contact with the genital organs or the mouth of an infected person. Sometimes, these viruses produce warts on the genital organs, the anus, or (more rarely) on the mouth. But generally, the infection goes unnoticed and spontaneously heals within two years. Since there are often no symptoms, it is impossible to say exactly when a person was infected. You can carry HPV without knowing it and without ever noticing anything abnormal.

The majority of these viruses do not heighten your risk for cancer. But if certain strains of HPV survive near the cervix, they can foster the development of cervical cancer after a number of years.

## What should you do?

- Avoid smoke or stop smoking. It is generally beneficial for your health and lowers your risk of developing cervical cancer.
- Undergo screenings.
- If you notice small amounts of blood by the vagina (between your periods, after menopause, or following sexual intercourse), often accompanied by painless vaginal discharge, consult your doctor.

## Most Important: Screening Examinations

The examination is done by taking a smear of the cervix. The doctor removes some cells from the uterine collar with a spatula or small brush, then examines them with a microscope. The sampling is painless and is done between periods.

The screening requires the use of a speculum (the cervix is not directly accessible during an examination of the external genital organs).

- All women should begin screenings within a year of their first sexual encounter (whether with a man or a woman).
- After the first normal pap smear, a second smear will be done to confirm results one year later.
- If the second pap smear is also normal, additional smears will be repeated every three years, until at least the age of 65. If the routine is interrupted, it is repeated from the beginning. If an abnormality is discovered under the microscope, a second smear or another thorough examination is immediately conducted to confirm the results.

If a pre-cancerous lesion (dysplasia) is discovered during the smears, a targeted treatment makes it possible to prevent it from developing into cancer.

If the beginning of a cancer is discovered thanks to the screening, the treatment will be more effective and contained since the illness has been detected at an early stage.



Image by Annis Balcus, ILGA-Europe

## Is it important to disclose your sexual orientation to your doctor?

It's up to you to determine how comfortable you feel about broaching this question. Your sexuality will not directly cause any cancers, but it could have an indirect influence. If your doctor is aware of that information, she may adapt her advice and the treatments that she suggests to you.