

Women and cancer.



13 11 20
Cancer Council



How many women get cancer?

In 2019, an estimated 144,700 new cases of cancer were diagnosed in Australia. One in two people will be diagnosed with cancer before the age of 85 and in general cancer risk increases with age.

In 2017, there were 5982 new cases of cancer diagnosed and 1824 cancer deaths in Western Australian women.

Table 1: Estimated incidence and mortality of all cancers combined, 2019

	Females	Males	Total
Number of new cases diagnosed	66,632 (46%)	78,081 (54%)	144,713
Cancer deaths	21,826 (43.7%)	28,070 (56.3%)	49,896
Risk to age 85	1 in 2	1 in 2	1 in 2

Source: AIHW. Cancer in Australia: In brief 2019

The most common cancers affecting women

Breast cancer and gynaecological cancers (cancers affecting female reproductive organs) are not the only types of cancers that affect women. After breast cancer, the most common types of cancers that affect women in Western Australia are bowel cancer, melanoma, and lung cancer. More women die from lung cancer than any other cancer, followed by breast and bowel cancers.

Figure 1: New cancer cases in Western Australian women, 2017

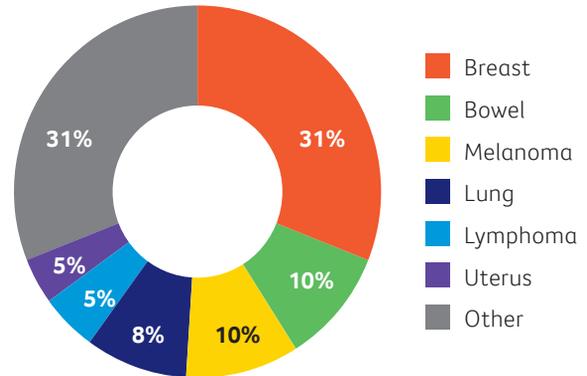
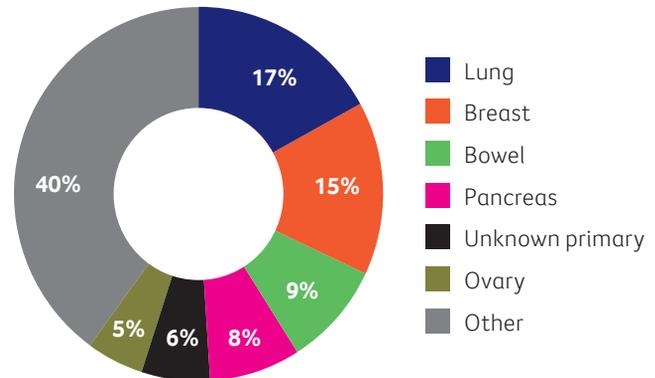


Figure 2: Cancer deaths in Western Australian women, 2017



Source: WA Cancer Registry, 2017

Breast cancer

Breast cancer is the most commonly diagnosed cancer among women. In 2017, more than 1800 women in Western Australia were diagnosed with breast cancer. Age, personal history, family history and lifestyle factors such as maintaining a healthy weight, being physically active, and avoiding or limiting alcohol are important risk factors. There is a greater chance of successful treatment when breast cancer is found early.

Bowel cancer

Bowel cancer is another common cancer in women. In WA in 2017, 605 women were diagnosed with bowel cancer and 166 died from the disease. Bowel cancer can occur at any age, but the risk is higher over the age of 50. Other risk factors include:

- **Lifestyle factors:** being above a healthy weight, doing little physical activity, a diet high in fat or processed and red meats and drinking alcohol or smoking.
- **Personal:** history of bowel cancer or polyps.
- **Some bowel diseases:** including ulcerative colitis and Crohn's disease.
- **Inherited gene disorders:** including Lynch Syndrome and Familial Adenomatous Polyposis.
- **Strong family history of bowel cancer.**

Like most cancers, bowel cancer can be treated more effectively if found early.

Skin cancer

Australia has the highest rate of skin cancer in the world. Over 970,000 skin cancers are treated in Australians every year and over 2100 people died from skin cancer in 2015. Melanoma, the

most serious form of skin cancer, is the second most common cancer in Western Australian women aged 15 to 64 years. In 2017, 593 Western Australian women were diagnosed with melanoma and 49 died from the disease.

The risk of developing skin cancer increases if you have fair skin, light hair or eyes, suffered sunburn in the past, have a large number of freckles or moles, have a family or personal history of skin cancer, work or spend a lot of time in the sun, or have used a solarium. With adequate use of sun protection, skin cancer is largely preventable and, if found early, most skin cancers can be treated successfully.

Lung cancer

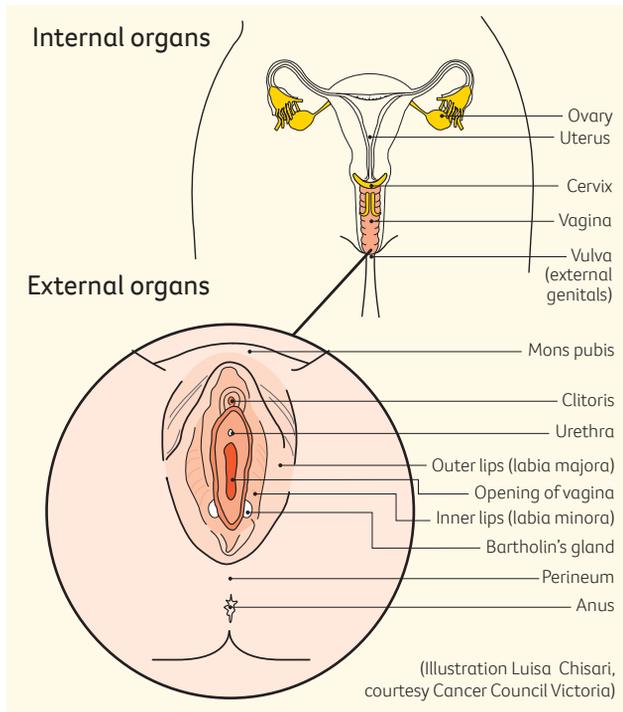
Despite being a largely preventable disease, lung cancer is one of the most commonly diagnosed cancers and the leading cause of cancer deaths among Australian women. In WA in 2017, 472 women were diagnosed with lung cancer and 306 died from the disease.

More than 70 per cent of lung cancers in Australian women are caused by tobacco smoking or exposure to secondhand smoke.



Gynaecological cancers

Female reproductive system



Cervical cancer

Cervical cancer is one of the most preventable of all cancers. Even so, in 2017 in WA, there were 88 new cases of cervical cancer and 20 deaths.

The National Cervical Screening Program (NCSP) has been important in reducing the number of new cases and deaths from this cancer. From 1991 (when the cervical cancer screening program started) the number of new cases of cervical cancer almost halved among women aged 20 to 69 in the following decade.

Incidence for women of all ages has been steady at around seven new cases per 100,000 women from 2002 to 2015.

The effect of the introduction of the National HPV (Human Papillomavirus) Vaccination Program (in 2007) on cervical cancer rates will not be evident for some time, as cervical cancer usually develops over 10 years or more. However, preliminary studies have shown a 77 per cent reduction in the HPV types responsible for 75 per cent of cervical cancers.

HPV has been found in nearly 100 per cent of cervical cancer cases. Like most cancers, cervical cancer can be treated more effectively if found early.

Ovarian cancer

Because it is difficult to detect in its early stages, there are more deaths from ovarian cancer than any other gynaecological cancer. In WA in 2017, 115 women were diagnosed with ovarian cancer and 94 died from the disease. A family history of breast, ovarian or bowel cancer may increase your risk of ovarian cancer. The amount of oestrogen you are exposed to over your lifetime can also influence your risk. Having few or no pregnancies, early age at first period and/or late menopause increases the amount of oestrogen you are exposed to, which can increase your risk of ovarian cancer.

Uterine cancer

Uterine (womb) cancer is the most common gynaecological cancer, with 268 new cases and 64 deaths in WA in 2017. Never having children, early age at first period and/or late menopause increases your lifetime exposure to oestrogen, which may in turn increase your risk of uterine cancer. Hormone replacement therapy (HRT) and tamoxifen (a drug sometimes used to treat breast cancer) have also been linked to increased risk of developing uterine cancer. Lynch syndrome, a rare type of inherited cancer, can also increase the risk of uterine cancer.

Vulval and vaginal cancer

Both of these cancers are very rare. In WA in 2017, 33 women were diagnosed with vulval cancer and five died from the disease. In the same year, there were 12 new cases and four deaths from vaginal cancer.

With less common cancers, it is often not as well known what increases a woman's risk, but it is thought that HPV may be linked to the development of both vaginal and vulval cancers.

What you can do to reduce your risk

Stop smoking

Tobacco smoking causes 16 different types of cancer, and is the most common cause of cancer overall. It is responsible for almost one in every five cancer deaths. Tobacco smoke contains more than 7000 chemicals, including 69 chemicals known to cause cancer (carcinogens).

Quitting smoking has major and immediate benefits at any age, and smokers don't have to do it alone!

Talk to your doctor, call the **Quitline 13 7848** for confidential counselling or for more information and resources to help you quit, visit makesmokinghistory.org.au

Avoid or limit alcohol

Drinking alcohol increases the risk of many different types of cancer including breast, liver, mouth, throat and bowel cancers. When it comes to cancer risk, there is no safe level of alcohol consumption. Even small amounts of alcohol increase your risk of cancer. The more you drink and the more often you drink, the greater your risk.

If you choose to drink, it is recommended that women drink no more than two standard drinks on any day to reduce your long-term harm from alcohol. One standard drink contains 10 grams of alcohol. In Australia, packaged alcoholic drinks are required to state the number of standard drinks on the label.



100mL

(one glass of wine)



285mL

(one middy of full strength beer)



30mL

(one nip of spirits)



375mL

(one can of mid-strength beer)



250mL

(one can of full-strength pre-mix spirits)

Standard drink guide

Alcohol also contains a lot of energy (kilojoules or calories), similar to the amount in soft drink, and can contribute to weight gain.

The combined effect of smoking and drinking alcohol is much greater than the individual risks from either smoking or drinking alcohol alone.

MAKE SMOKING
HISTORY®

Be SunSmart

On a typical summer weekend, 11 per cent of Australian women aged 18 to 45 years get sunburnt. Skin cancer is mainly caused by UV radiation from the sun, so it's simple to lower your risk by reducing your sun exposure.

Remember to Be SunSmart when the UV Index is 3 or higher using these five simple steps:



SLIP on sun protective clothing.



SLOP on SPF 30 or higher, broad-spectrum, water resistant sunscreen.



SLAP on a sun protective hat.



SEEK shade.



SLIDE on close fitting, wraparound sunglasses.

Stay in shape

Being above a healthy body weight is associated with an increased risk of 13 different cancers, including breast, bowel, ovarian and uterine cancers.

Body weight can be assessed using the body mass index (BMI) or waist circumference. Waist circumference is important as it tells us how much 'visceral fat' is around our waist and internal organs. This kind of fat is worse for our health than fat that is just under the skin.

Neither method is perfect but can be used together to predict our health risks. Use the formula below or an online BMI calculator like the one at livelighter.com.au/bmicalculator

BMI =

$\frac{\text{weight (kg)}}{\text{height x height}}$

$\frac{\text{height x height}}{\text{(metres)}}$

BMI	Category
< 18.5	Underweight
18.5 - 25	Healthy weight
25 - 30	Overweight
30 +	Obese

WOMEN



80cm
Increased risk

88cm
Greatly increased risk

Eating well and being active can help us to stop gaining weight, maintain a healthy weight or lose weight to reduce our risk of cancer.

These actions are great for health and will reduce our cancer risk regardless of our weight.





Move your body

Being physically active is great for health, and yet less than half of women (41 per cent) do enough to get the benefits. Being active can help us:

- Build fitness, balance and flexibility
- Maintain bone and muscle health
- Improve mental health and mood
- Sleep better
- Manage weight
- Reduce the risk of chronic diseases including some cancers

Guidelines for adults

Move more: Do at least some physical activity each week no matter your age, weight, ability or health. Include activities that incorporate fitness, strength, balance and flexibility.

Move harder: Each week aim for *two hours 30 minutes to five hours* of moderate-intensity activity or *one hour 15 minutes to two hours 30 minutes* of vigorous-intensity activity; or an equivalent combination of both.

Move stronger: Do strength exercises on at least two days each week. This can be lifting weights, but also includes body weight exercises like yoga, pilates, squats, pushups etc.

Move often: Sit less and regularly break up long periods of sitting.

Eat for health

While it is the overall pattern of eating that is key, rather than any specific foods, the research shows that **what we eat influences our cancer risk**. For the lowest risk, follow these guidelines:

- **Enjoy plenty of plant foods.** This includes vegetables, fruit, legumes, nuts and seeds. Fresh, frozen, dried and canned are all great options.
- **Choose wholegrain** cereal products to get more fibre in your diet and reduce the risk of bowel cancer. These are foods like brown rice, grainy bread, oats, wholemeal pasta, barley and quinoa.
- **Eat processed meat very sparingly** and limit red meat to 500 grams per week by including some seafood, chicken, egg, tofu and legume-based meals each week.



- **Choose nourishing foods and avoid junk.** Junk food and drinks are high in sugar, saturated fat and/or salt and don't give us any of the good things our bodies need to function well and prevent disease. A diet high in junk food can also lead to weight gain and being above a healthy weight - another risk factor for cancer.

Participate in screening

Cancer screening programs are for people who have no symptoms of disease. In Australia, we have three National Screening Programs.

Breast cancer

It is recommended that all women aged 50 to 74 years, with no history of breast cancer symptoms should have a mammogram (breast x-ray), at BreastScreen WA every two years. Women aged 50 to 74 years will receive an invitation to attend. Women aged 40 to 49 years are also eligible should they wish to participate.

Bowel cancer

It is recommended that all eligible women and men aged 50 to 74 years participate in the National Bowel Cancer Screening Program (NBCSP). The screening test is done every two years using an immunochemical faecal occult blood test (iFOBT). iFOBTs detect small traces of blood in your poo. People with a positive iFOBT result are referred to a specialist for more tests for bowel cancer. If you are not eligible for the NBCSP, talk to your doctor about screening for bowel cancer.

Cervical cancer

Cervical cancer is one of the most preventable of all cancers. In December 2017, the cervical screening test replaced the Pap smear. This test is more effective because it looks for the HPV virus that can cause the cell changes that can then progress to cancer. Women aged 25 to 74 years are invited every five years to participate in HPV testing to detect cervical cancer. Even if you have had the HPV vaccination, cervical screening is important.

Get vaccinated

Certain types of a common virus called human papillomavirus (HPV) are known to cause cervical cancer.

There are over 100 different types; most infect the skin and mucosa, producing no signs of disease. There are about 15 high-risk types that increase the risk of cancer. The types associated with warts on the skin are considered low-risk.

HPV infection usually occurs in the early years of sexual activity or with a new sexual partner. Four in five women will have HPV at some stage during their lives, making it the most common sexually transmitted infection among women.

Persistent long term infection with high-risk HPV types can result in the development of cancers. For women this includes cancer of the cervix, vulva, vagina, anus and, head and neck. HPV infections are present in nearly 100 per cent of cervical cancers and over 40 per cent of vulval and vaginal cancers.

Cancer is a rare complication of a high-risk HPV infection. It is important to remember that most people who become infected with HPV will not develop cancer. The HPV vaccine provides almost 100 per cent protection from nine HPV types and is almost 100 per cent effective at preventing cell abnormalities in the cervix caused by HPV. All girls (and boys) aged 12 to 13 years should have the HPV vaccine. People outside this age range may also benefit from the vaccine so speak to your doctor to see if this is right for you.

Even if you have received a HPV vaccination, it is important that you still have regular cervical screening.

Finding cancer early

Cancer screening is recommended for people with no symptoms, but it is very important that women be aware of any changes or unusual symptoms in their bodies so that they can find cancer early.



Breast cancer

Breast cancer is more easily and successfully treated if detected in its early stages. Learning how your breasts change and feel at different times will help you to understand what is normal for you. Most breast changes are not due to cancer, but you should see your doctor if you notice any of the following unusual changes:

- a lump, lumpiness or thickening in the breast or armpit
- dimpling, puckering or redness of the skin
- changes to the nipple (e.g. inversion, new discharge or itchy, ulcerated skin)
- change in shape, size or feel of your breast
- new persistent pain

Bowel cancer

Bowel cancer can be treated more successfully if found early. Eligible women with no symptoms should participate in the National Bowel Cancer

Screening Program (NBCSP), but if you experience any of the following symptoms, it is important to see your doctor as soon as possible:

- bleeding from the rectum or signs of blood after a poo (poo can appear red through to black if blood is present)
- persistent change in bowel habit: for example straining to go and/or looser poo
- abdominal pain or bloating
- loss of appetite or weight for no obvious reason
- unexplained tiredness, weakness or breathlessness

Skin cancer

Regular skin checks increase your chance of finding skin cancer at an early and highly treatable stage. You can and should check your whole body yourself, as skin cancers can sometimes occur on areas not exposed to the sun. Get someone to check the parts of your body that you cannot see. If you find a new spot on your skin, one that has changed in size, shape or colour, or a non-healing sore, see your doctor as soon as you can.

Cervical cancer

Cervical cancer is one of the most preventable of all cancers so all eligible women should participate in the National Cervical Screening Program (NCSP). Women should also be aware of any changes or symptoms including irregular bleeding, discomfort or bleeding during or after sexual intercourse, or unusual vaginal discharge. Pelvic pain, swollen legs, excessive tiredness or backache may all be symptoms of more advanced cancer.

Any unusual symptoms should be discussed with your doctor.

Other gynaecological cancers

There are currently no screening tests for ovarian, uterine, vaginal or vulval cancers. Your doctor may do a pelvic examination when you have a Cervical Screening Test. This involves looking at the vulva and vagina, and feeling the uterus and ovaries. Gynaecological cancers can be very difficult to detect. Being given the all clear after a pelvic examination does not guarantee that cancer is not present.

It is important to be aware of the following symptoms and talk to your doctor if you notice any abnormal changes that persist for more than three to four weeks.

Do keep in mind that these symptoms are common to many conditions, and most women who experience them will not have cancer.

- **Abnormal vaginal bleeding**
 - » For post-menopausal women:
 - any vaginal bleeding
 - » For women who still have their period including women who are peri-menopausal (transition into menopause):
 - bleeding/spotting not associated with your period
 - more frequent periods than usual
 - heavier periods than usual
- **Bleeding or spotting after sexual intercourse**
 - » This is abnormal at any age and should be investigated promptly
 - » Abnormal vaginal discharge

- **Lower abdominal (belly) discomfort**
 - » Pressure in the lower abdomen
 - » Abdominal swelling or bloating
 - » Feeling of fullness even after a light meal
- **Pain**
 - » Difficult or painful peeing
 - » Pain during sexual intercourse
- **Changes in bowel/bladder function**
 - » Constipation - straining to do a poo
 - » Diarrhoea - looser poo
 - » Urge to pee more frequently
- **Severe itchiness, a lump and/or changes to the vulva**
- **Any changes to the vulva, including:**
 - » Blood, pus or other vaginal discharge
 - » Itching, burning or soreness
 - » A lump, sore or swelling
 - » A mole on the vulva that has changed shape or colour



ONE IN THREE CANCERS CAN BE PREVENTED.



Make smoking history

- Plan and prepare to quit and stay quit.



Be SunSmart

- Protect your skin when the UV is 3 or above.



Eat more plants

- Include plenty of vegetables, legumes, fruit, wholegrains, nuts and seeds.



Be active

- Sit less and move more every day.



Avoid alcohol

- Have alcohol-free days and swap to low- or no-alcohol drinks.



Avoid excess weight gain

- Eat well and be physically active.



Make time for your health

- Participate in screening and vaccination programs.
- Visit a health care professional if you notice a change in your body.



For support and information on cancer and cancer-related issues, speak to a cancer nurse on **13 11 20**. Calls are confidential and available statewide Monday to Friday during business hours. Local call costs apply, except for mobiles.