



What are gynecologic cancers?

Gynecologic cancers develop in female reproductive organs, including the cervix, uterus, ovaries, fallopian tubes, vulva, and vagina. Cancers affecting the cervix, uterus, and ovaries are the most common. Cancers found in the fallopian tubes, vulva, and vagina are rare. All women may be at risk for these cancers, depending on their age, family history, and lifestyle.

Learn about the risks, warning signs, early detection, and prevention for these cancers.

Cervical cancer

Cervical cancer is caused by certain types of the human papillomavirus (HPV). HPV is so common that nearly all men and women get it at some point in their lives. HPV is spread by intimate skin-to-skin contact. In most cases, HPV goes away on its own. However, if HPV persists it may change the cells of the cervix. We can treat these abnormal cells. If not treated, abnormal cells can become precancer or cancer. It typically takes about 10 to 20 years for cervical cancer to develop after HPV is present. However, cervical cancer is rare.

Routine screening is the best way to find cervical precancer early and to prevent cancer from developing. Women ages 21 to 65 should get cervical cancer screening every 3 years.

We recommend:

- A Pap test between ages 21 to 24.
- An HPV test starting at age 25.

Who's at risk?

You have a higher risk of cervical cancer if you:

- Don't have regular cervical cancer screening.
- Haven't had the HPV vaccine.
- Have had prior abnormal screening results.
- Had a previous biopsy of the cervix confirming a precancerous change.
- Smoke.

What should you look for?

Cervical cancer and precancer usually don't cause symptoms. This is why regular cervical cancer screening is so important.

Uterine cancer

Uterine cancer is also known as endometrial cancer. It occurs when the cells that line the uterus become cancerous (malignant). A surgical procedure known as a hysterectomy is the usual treatment for endometrial cancer. In most women, surgery alone cures the cancer. Some women also need radiation therapy and/or chemotherapy.

Who's at risk?

You're at higher risk of uterine cancer if you have one or more of the following risk factors:

- **Obesity.** Fat tissue produces higher than normal amounts of a hormone called estrogen. In time, this can cause endometrial cells to grow and become cancerous.
- **Estrogen therapy.** Hormone therapy should include both estrogen and a balancing hormone called progesterone. Too much estrogen can cause endometrial cells to overgrow.
- **Age.** Risk increases after menopause.
- **Tamoxifen.** This drug is used to treat or prevent breast cancer. For most women, the benefits of taking tamoxifen are greater than the risks.
- **Radiation therapy.** Radiation in the pelvic area slightly increases risk. Radiation can damage cells' DNA (genetic material).
- **Family history.** Lynch syndrome is an inherited condition that increases risk for endometrial cancer and other diseases. Most endometrial cancer is not inherited.

What should you look for?

Unusual vaginal bleeding is the most common sign of endometrial cancer and precancer.

There is no routine screening test to detect endometrial cancer before symptoms develop.

Be sure to let us know if you:

- Have unusual (heavy, prolonged, or between periods) vaginal bleeding between ages 40 to 55.
- Are older than age 55 and continue to have periods.
- Have gone through menopause and have any vaginal bleeding, even spotting or other discharge with a bit of blood.

Ovarian cancer

Ovarian cancer is a type of cancer that begins in the ovaries. The female reproductive system contains 2 ovaries, one on each side of the uterus. There are a variety of treatments for ovarian cancer. More than one kind of treatment is often used. Women with a higher risk of ovarian cancer should consider using birth control pills to help protect against ovarian cancer.

Who's at risk?

You're at higher risk of ovarian cancer if you have one or more of the following risk factors:

- **Family history.** Your risk is higher if your mother, daughter, or sister had ovarian cancer. However, the increase in risk is small if only one family member had it, and she was older than 60 when diagnosed.

- **Genetics.** If you inherited abnormalities (mutations) in the BRCA1 or BRCA2 genes, or Lynch syndrome genes, you're at higher risk for ovarian and breast cancer. Ask your Ob/Gyn practitioner about ways to reduce your risk.

- **Obesity.** This raises both the risk of developing ovarian cancer and of dying from it. Talk to your doctor about healthy changes you can make to manage your weight.

What should you look for?

Ovarian cancer symptoms are often vague. Some are similar to symptoms of other, less serious conditions. Symptoms may include:

- Pelvic or abdominal pain or discomfort.
- Bloating or abdominal swelling.
- Difficulty eating or feeling full quickly.
- Having to urinate urgently or frequently.

Many women have these symptoms from time to time. If they last a few days or less, they are usually nothing to worry about.

There is no routine screening test to identify ovarian cancer before symptoms develop.

Be sure to let us know if you have one or more of these symptoms almost every day for longer than 4 to 6 weeks,

or if genetic testing has confirmed you have inherited the abnormalities (mutations) in the BRCA1, or BRCA2 genes, or Lynch syndrome genes.

Less common gynecologic cancers

Cancers of the vulva, vagina, and fallopian tubes are rare, but they share some of the same risk factors as other types of gynecologic cancers.

Who's at risk?

You're at higher risk of developing these cancers if you:

- Have a history of gynecologic cancer, especially cervical cancer.
- Have a history of genital warts or HPV.
- Are over age 50.

What can you do to protect yourself?

Early detection

Have routine pelvic exams, along with regular cervical cancer screening every 3 years. We recommend:

- A Pap test between ages 21 to 24.
- An HPV test starting at age 25.

Report any problems, symptoms, or changes you notice to your doctor.