

FACTS ABOUT WOMEN'S HEALTH

Disease Prevention & Early Detection

WOMEN EXPERIENCE UNIQUE HEALTH CARE CHALLENGES from pregnancy and menopause to gynecological conditions. Chronic diseases and conditions – such as HEART DISEASE, CANCER and DIABETES – are the leading causes of death in women.

TAKE CHARGE OF YOUR HEALTH:

-  MAKE healthy lifestyle choices
-  PLAN routine wellness visits
-  SCHEDULE screenings for early cancer detection



1 IN 3 WOMEN WILL DEVELOP CANCER DURING THEIR LIFETIME

Leading New Cancer Cases in the U.S.

1. Breast **32%**
2. Lung & bronchus **12%**
3. Colon & rectum **7%**
4. Uterine corpus **7%**
5. Melanoma of the skin **4%**

Source: ACS 2025 Cancer Facts & Figures

WHAT CAN YOU DO: SCORE WITH 4!

#1

GET VACCINATED FOR HPV



Human Papillomavirus (HPV) is a common virus that affects both women & men. Completion of the full HPV vaccination series protects against the virus and 90% of cancers it can cause.

When is BEST:

- > Age 9-12 years: 2 doses 6-12 months apart
- > Age 13-14 years: 2 doses 6-12 months apart
- > Age 15-26 years: 3 doses catch-up vaccination; talk with your healthcare provider

- > Age 27-45 years: Some adults who are not already vaccinated may get the HPV vaccine after consulting with your Healthcare Provider (HCP) about your risk for new HPV infection.

#2

KNOW YOUR FAMILY HISTORY



Multiple risk factors can contribute to cancer development. Some risk factors can be controlled; others cannot. Understanding how hereditary factors contribute to cancer risk and how that risk can be reduced and/or managed is CRITICAL in early detection.

Risk Factors that CAN be controlled or avoided:

- > Lifestyle and behavior factors, such as:
 - smoking
 - alcohol consumption
 - physical activity
 - sun exposure
 - nutrition & diet
- > Environmental factors
- > Obesity
- > Immunizations/vaccines to prevent certain cancers

Risk Factors that CANNOT be controlled or avoided:

- > Family history/genetics
- > Age, gender
- > Race, ethnicity
- > Previous cancer diagnosis
- > Weakened immune system

ARE YOU @ RISK? A genetic risk assessment evaluation can benefit patients and their families. Discuss your family and personal health/cancer history from BOTH sides of the family with your healthcare provider.

#3

MAKE HEALTHY LIFESTYLE CHOICES



An estimated 42% of cancer cases are attributed to potentially modifiable risk factors.

-  Stay away from tobacco.
-  Get to and stay at a healthy weight.
-  Get moving with regular physical activity.
-  It's best not to drink alcohol.

-  Eat healthy with plenty of fruits and vegetables.
-  Protect your skin from harmful UV rays.
-  Know yourself, your family history, and your risks.
-  Establish a health care "home" where you can get all of your regular check-ups and cancer screening tests.



Routine screening can help prevent cancers and/or provide early detection when treatment is often less intensive and more successful. Screening is known to reduce mortality for the following cancers:

BREAST

Recommended TEST:

Mammogram (x-ray of the breast).

When is BEST:

- > **Age 40 – 44:** Women can choose to start annual breast cancer screening (with mammogram).
- > **Age 45 – 54:** Get a mammogram every year.
- > **Age 55+:** Discuss these options with your healthcare provider:
 - A) Switch to mammograms every two years OR
 - B) Continue yearly screening
- > **Beyond:** Continue screening as long as you are in good health with a life expectancy of 10+ years.

CERVICAL

Recommended TEST:

Pap test (or Pap smear) looks for cell changes on the cervix.

HPV test looks for the human papillomavirus that can cause cell changes.

When is BEST:

- > **Age 21:** Cervical cancer screening should begin.
- > **Age 21 – 29:** Cytology (Pap test) every 3 years.
- > **Age 30 – 65:** Any of the following are acceptable:
 - Cytology every 3 years
 - HPV test every 5 years
 - Cotesting (HPV test and Pap/Cytology) every 5 years
- > **Age 65+:** No screening after adequate negative prior screening results.

NOTE: Women who have had a total hysterectomy (removal of the uterus and cervix) should stop screening unless the hysterectomy was done as a treatment for cervical cancer or serious pre-cancer. People who have had a hysterectomy without removal of the cervix should continue cervical cancer screening per guidelines above.

Speak with your HCP about the appropriate screenings and schedule that work best for you. Most screenings are covered by insurance.

LUNG

Recommended TEST:

LDCT (low-dose computed tomography) is the only recommended screening test for lung cancer. During an LDCT scan, an X-ray machine uses a low dose of radiation to make a detailed image of your lungs while you are laying on a table.

When is BEST:

- > **Age 50 to 80 years:** For those who have a 20 pack-year* smoking history, currently smoke, or have quit within the past 15 years, it is recommended that lung cancer screening with LDCT be done every year.

**A pack-year is a way to calculate how much a person has smoked in their lifetime. One pack-year is the equivalent of smoking an average of 20 cigarettes (1 pack) per day for a year.*

- > **NOTE:** Screening is no longer necessary once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.

COLORECTAL (CRC)

Recommended TEST:

Several screening tests are available; talk to your provider about which is right for you.

When is BEST:

- > **Age 45:** People of average CRC risk should follow one of these five testing schedules (as recommended by their healthcare provider):
 - Colonoscopy every 10 years
 - Guaiac-based fecal occult blood test (gFOBT) every year*
 - Fecal immunochemical test (FIT) every year*
 - Multi-targeted stool DNA test every 3 years*
 - Flexible sigmoidoscopy every 5 years*

**If test is positive, a colonoscopy should be conducted.*

- > **If you are in good health:** Continue regular screening through age 75.
- > **If you are at high risk of CRC** (based on family history or other factors): You may need to be screened on a different schedule; consult your healthcare provider.
- > **Age 76-85:** Talk with your provider about whether continued CRC screening is right for you.

For more information, visit us:



<https://www.hunterdonhealth.org/services/hunterdon-mercer-chronic-disease-coalition>

Source: CDC Cancer & Women and ACS ACOG Clinical Guidance – Cervical Screening; and ACS Breast Screening Guidelines