Women's Health: Cancer

Introductory Remarks

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Synopsis

Women can help to control the outcome of various cancers to which they are susceptible through preventive measures and early detection. Low-fat, high-fiber diets will decrease the incidence of breast and colon cancer. Routine screening for cervical and breast cancer through Pap smears and mammography, respectively, will assist in early detection.

In looking at cancer issues related to women, we will not discuss those cancers that exclusively affect women: cancers of the cervix, ovaries, and endometrium. We will also not discuss in any detail cancer of the colon. The myth is that cancer of the colon affects primarily men, but in reality, cancer of the colon is diagnosed and causes more deaths annually in women than men. Indeed, 52,000 women are diagnosed each year and 27,000 women die from cancer of the colon annually. So this is not an insignificant health problem among women.

We will discuss two of the most common types of cancer affecting women in this country and claiming the lives of many: breast cancer and lung cancer. Breast cancer has the highest incidence, with 119,000 cases diagnosed in 1985, and it causes some 38,400 deaths. However, lung cancer, while having a lower incidence, 46,000, remains a major killer because of our inability at present to effectively treat this disease, and therefore 38,600 women die of lung cancer each year.

Some key facts to provoke further thought and interest on the subject of women and cancer:

Cancer of the cervix: Women know the value of the Pap smear and the annual, biannual, or triannual exams recommended. This test has led to decreased mortality from cervical cancer, but there is still room for improvement. Studies indicate that women in the 20-30 age group frequently follow the recommended guidelines for Pap screening. However, of women in the age range of 40-70, only 57 percent are regularly screened. Unfortunately, this is the age category in which screening may be the most important. A subset of women who need to pay particular attention to screening are women who belong to minority groups. The rate of cervical cancer in minority groups is nearly 2.5 times that in nonminority groups. From 1973 to 1977, compared with 1977 to 1981, cervical cancer among nonminority women decreased by about 20 percent, but increased about 20 percent among minority group females. We need to effectively deliver the message on routine screening for cervical cancer to this group of women.

Breast cancer and colon cancer: The major message here is that we could affect the incidence of both these diseases by something that we control: what we eat. Strong epidemiologic evidence and a growing amount of laboratory research evidence indicate that a low-fat, high-fiber diet can be effective in decreasing the incidence of these tumors. Such diets are being tested in large-scale clinical trials. However, the experts —the National Academy of Sciences, the National Cancer Institute, the American Cancer Society—based on the remarkable convergence of scientific evidence, have already made similar recommendations: decrease the fat and increase the fiber content of our diet.

This intervention may decrease the *incidence* of colon and breast cancer, but what are some of the things we can do to decrease the *mortality* of breast cancer? Early detection is the key. Data from the Health Insurance Program of New York indicate that there could be a 30-34 percent decrease in cancer mortality among women over 50 who are regularly screened for breast cancer. This study involved 60,000 women who were regularly screened for breast cancer by mammography and breast tumor palpation.

Mammography has had difficulty becoming accepted as routine medical practice: acceptance by

both patients and health providers. A 1983 survey indicated that only 15 percent of women over 50 received annual mammograms, even though 80 percent of all breast cancer occurs in women over 50.

What are some of the barriers that keep women from putting into action what they know or what health providers know to be good practice? Fear probably is one of the major barriers, and there are many subsets of fears: radiation exposure, finding the disease, treatment, and death. These are often the specific reasons why women say that they will not participate in annual screening or do not specifically request mammography.

The amount of radiation needed to give clear views of the breast is less than 1 rd, much less than the amount delivered during early breast cancer screening trials. Should a malignant mass be discovered, the treatments are far less radical and far less mutilating to the woman, thus further relieving some of these fears.

There is a second major barrier, however, and that barrier is cost. Very few insurers will pay for breast cancer screening. For women who do not feel ill, spending from $20 to as much as $200 can represent a great disincentive. We need to address this issue, because screening truly is cost effective.

We need to educate women on the need for mammography and give them the power of knowledge. Knowledge prodded women to go to their physicians to have the Pap smear done 20-25 years ago. The women of this country got the medical profession moving on that issue, and I think it will take a similar effort to get the medical profession moving on mammography. Survey data indicate that less than 15 percent of primary care physicians recommend annual mammography for their patients over the age of 50. We need education on both sides of the stethoscope on this issue.

The bottom line is that cancer is a very serious issue for women, but the good news is that many types of cancers can be prevented with reasonably simple changes in our lifestyle. Even with these changes, cancer is either going to touch our own person or touch someone we know in the immediate future, and we need to press on in our search for effective, less radical treatments for these persons.

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Women and Lung Cancer

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Synopsis

Lung cancer has now surpassed breast cancer as the leading cause of cancer deaths in American women. In 1986, 49,000 women were diagnosed as having lung cancer; only 16 percent of them will survive 5 years or more. Cigarette smoking is unquestionably the leading contributing factor.

Large numbers of women took up cigarette smoking during and after World War II. The grim aftermath has taken 20 years to surface—between 1950 and 1985, lung cancer deaths in women increased 500 percent. Even worse, statistics to the end of this century will show no improvement because of the large number of teenage girls and young women now smoking.

Unfortunately, efforts at early diagnosis have usually been ineffective. By the time a chest X-ray reveals an abnormality, the patient is usually incurable. Surgery is currently the primary treatment, but is applicable only to those few women in whom the cancer has not spread and who are otherwise acceptable surgical candidates.

Scientists are studying chemotherapy and immunotherapy for treatment, as well as exploring the possible preventive effects of various vitamins and minerals. The results of these latter studies will not be available for many years.

It is estimated that people who stop smoking must allow 15 years for their risk to return to that of nonsmokers, but if every American woman gave up smoking today, by 2017 lung cancer in women might once again be a medical rarity.
