



There are cancers that are very specific to women (gynaecological cancers) and cancers that affect far greater numbers of women than men (such as breast cancer). Both require gender specific programs.

Compared with ovarian cancer, breast cancer affects more women overall but ovarian cancer is a much deadlier disease. Two thirds of women diagnosed with ovarian cancer will die within five years, whereas the same proportion of women diagnosed with breast cancer will be alive after five years.

For cancers that are common to both women and men, there may be gender differences in the rate of diagnosis, treatment outcomes and support needs.²

Sex differences

Breast cancer is 100 times more prevalent in women than in men, and, before the age of 75 years, Victorian women have a lifetime risk of breast cancer of 1 in 11.³

- Ovarian cancer cases have increased by 47% between 1982 and 2006, this will continue to increase as the population ages.¹⁶ Prognosis is steadily improving but remains poor compared with testicular cancer.^{14,15} The human papilloma virus (HPV) is the most common of all sexually transmitted infection. Compared to heterosexual men, women are at higher risk of developing disease from HPV-most notably, cervical cancer.
- For women, only 65% of lung cancer is smoking-related.⁴
- Women are more likely to be diagnosed with a particular lung cancer called lung adenocarcinoma. This kind of lung cancer is most commonly diagnosed in young people and those who have never

smoked.⁵ This may be connected to passive smoking exposure and other environmental factors.

- Fewer women than men show signs of poor lung function when newly diagnosed with lung cancer, which could mean that they are missed in screening for the disease.⁶
- There are significant psycho-sexual needs that need to be addressed when looking after women with breast or gynaecological issues.

Gender influences

The tobacco industry targets young women via a number of discreet marketing campaigns.^{7,8}

- Women are more likely to have used a solarium than men, and the group to use solariums most frequently are women between the ages of 25 and 44 years.¹⁰ Solarium use increases exposure to UV rays and increases the risk of skin cancer.¹¹
- Obesity is a significant risk factor for endometrial cancer.¹⁷

- Women generally have lower socioeconomic status than men, and greater responsibility for caring for family. This may be a factor that precludes them from accessing screening services.
- Women caring for someone with cancer often report more distress, more unmet needs, and higher levels of anxiety and depression than men in the same situation.

Implications for the future

Efforts to address cancer in women have led to significant gains, including;

- high levels of public awareness of cancer risk factors
- high screening
- the proliferation of comprehensive cancer support services and groups
- the empowerment of women to participate in their treatment and choose its direction.

It is important that efforts are maintained, particularly in the area of screening, where the recent introduction of the HPV vaccination may lead to fewer women having Pap screens.

Research is also crucial for ensuring that there is an increased understanding of women specific cancers. Finally services that are women focussed are more likely to recognise symptoms, order appropriate tests and to be more effective in treating women for cancer.

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