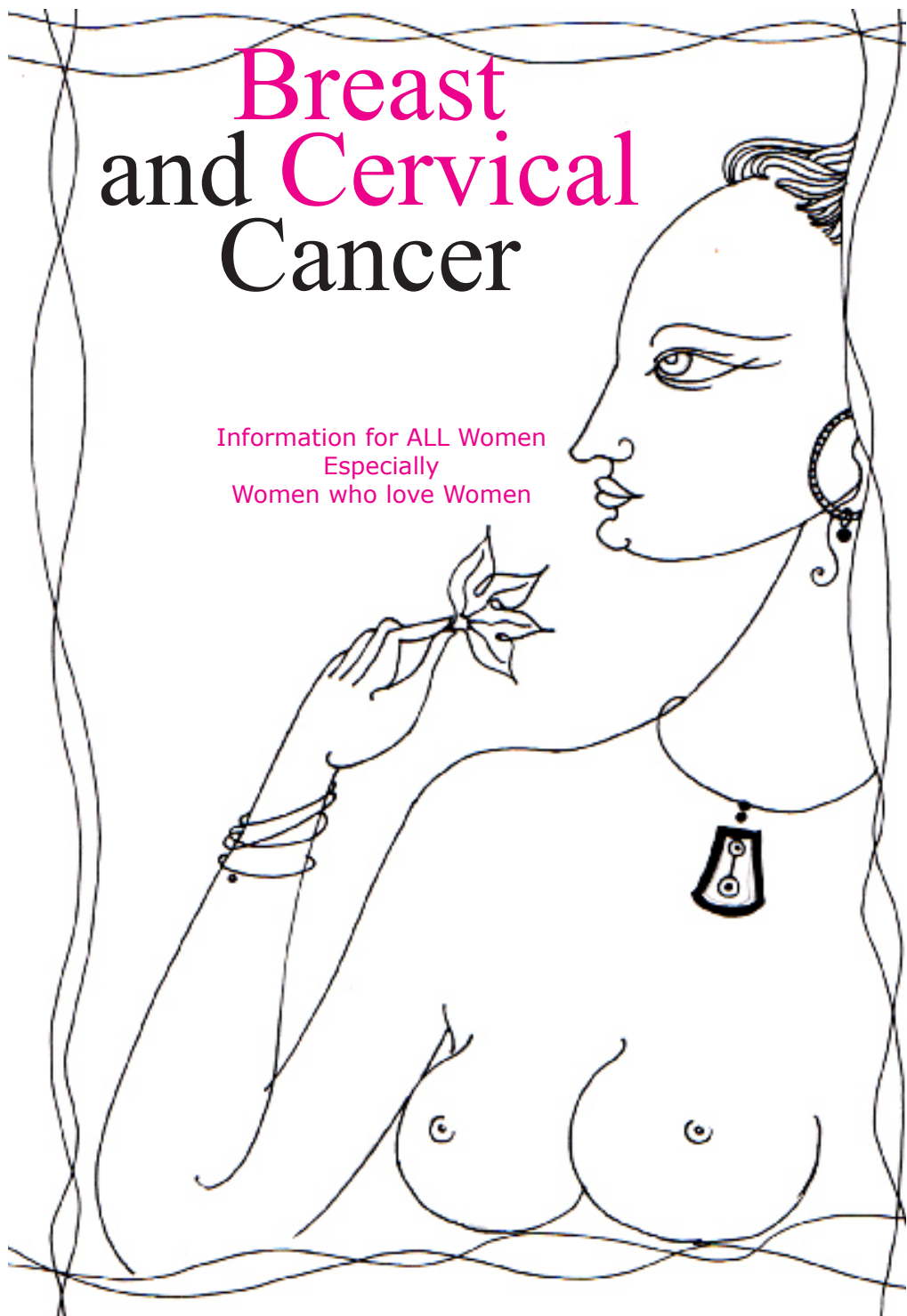


Breast and Cervical Cancer

Information for ALL Women
Especially
Women who love Women



Breast and Cervical Cancer is a publication of **EQUAL GROUND**, Colombo, Sri Lanka and may be reproduced without permission for educational use only. No reproductions may be sold for profit. Excerpted or adapted material from this publication must include full citation of the source. A written request must be submitted to **EQUAL GROUND** to reproduce for other purposes.

Text by : Emily Paul and Aindri Jayasinghe
Graphics by : Thilini Perera & A.A
Drawings by : Nihal Senarathna

EQUAL GROUND wishes to thank:

- Global Fund for Women (GFW), the American Jewish World Service (AJWS), Astraea, and individual donors for providing financial assistance to **EQUAL GROUND**
- Rosanna Flamer-Caldera for her editorial assistance
- International Lesbian and Gay Association (ILGA) and its Women's Secretariat RFSL, the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights, for sharing awareness raising information on breast and cervical cancer, specific to lesbian and bisexual women
- Sri Lanka Cancer Society, the Cancer Control Programme Centre, and doctors and nurses at the National Hospital and Maharagama Cancer Hospital for specific information relating to breast and cervical cancer in Sri Lanka
- Prof. A.H.Sheriffdeen for his contributions to this publication

FOREWORD

Breast and cervical cancers are the commonest cancers in Sri Lankan women. Statistics issued by the Cancer Institute, Maharagama reveal that over the last 20 years, the incidence of these two cancers, especially breast cancer, is increasing.

There are two types of prevention strategies used by healthcare providers. The first is **primary prevention**, where a definitely identified cause is eliminated, thus making certain that the disease does not take place. This is easy with infectious diseases where immunisation programmes are available and even with infections such as HIV where effective prevention strategies are available. The other is **secondary prevention**. Here the emphasis is on early detection so that treatment could be initiated at an early stage with the hopeful possibility of a cure.

In the case of breast and cervical cancer, primary prevention measures do help as readers of this booklet will learn.

However, secondary prevention by early detection is the key to the successful management of these two cancers. Except in a small number of cases, where the cancer is aggressive from the very beginning, the majority of breast and cervical cancers are less aggressive, amenable to successful treatment and compatible with a long and recurrence free life. The key words however are **early detection**.

Studies have shown that prevention strategies in health care systems are more effective if they are focused or targeted health care programmes. This booklet will hopefully reach many females, especially people and communities who are or who feel marginalised.

I am glad that translations of the booklet will be available in Sinhala and Tamil so that a wider section of the population can benefit.

I commend EQUAL GROUND for taking the initiative to compile and publish this important, informative and useful booklet.

A.H.Sheriffdeen FRCS, DSc(Hon)

Emeritus Professor of Surgery, University of Colombo.

TABLE OF CONTENTS

Introduction	1
Breast Cancer	4
The Five Steps of a Breast Self-Exam	10
Cervical Cancer	18
Tips to Lower Your Risk	22
Talking Openly and Honestly	26
Access to Support	30

INTRODUCTION

Discussion of cancer in Sri Lanka tends to lean towards oral and lung cancer, two prevalent cancers in the country. However, breast and cervical cancer are a reality that many women in Sri Lanka have to contend with each year.

There are measures that every woman can take towards leading a more healthy lifestyle which might help to prevent breast and cervical cancer. There are also procedures and tests available to help detect early signs of cancer which enable action to be taken to prevent the spread of and possible effects of the cancer. The information in this booklet focuses on prevention and early detection of breast and cervical cancer.

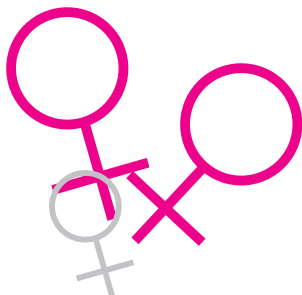
Several people interviewed while doing research for this booklet, some of whom work in the medical field, believe that women in Sri Lanka do not drink alcohol and/or that women in Sri Lanka do not smoke cigarettes. This cultural belief has meant that campaigns geared towards women's health tend to omit excessive drinking or smoking as adverse risk factors. A similar sentiment is that there are no lesbians in Sri Lanka.

We respect the role of culture and religion in the lives of women across Sri Lanka. We also recognise the need to speak to women honestly and openly about factors that might adversely affect their health. Therefore, there is a need to be more open about topics considered taboo or socially unacceptable. While it may not be the norm, there are women in Sri Lanka who drink, and there are women in Sri Lanka who use tobacco substances. Similarly, there are women who love women - whether or not they identify as lesbian or bisexual.



This booklet is written for all women, with special emphasis on women who love women as they are less likely to receive health information specific to their needs. They also have the difficult task of finding a doctor or health care professional who will treat them without judgement.

Being lesbian or bisexual does not directly influence the frequency of breast or cervical cancer, but there are certain risk factors that are particularly prevalent among women who love women. For this reason, it is important to be informed.



Loving
yourself
as a
WOMAN
means
taking
care of
yourself
and
watching
your
health!

Prevalent risk factors among lesbian and bisexual women

Women who partner with other women generally use contraception less frequently, if at all, and are therefore less likely to seek medical support for reproductive health matters. They are also less likely than other women to undergo screening examinations which would facilitate early detection of possible breast or cervical cancer.

Due to fear of homophobic reactions of doctors and nurses, lesbian and bisexual women often hesitate to talk openly about their emotional or sexual lives with health care professionals.

Arising out of social and familial pressures, lesbians and bisexual women sometimes contend with tremendous stress, feel depressed, and pay less attention to their health.

According to information provided by the International Lesbian and Gay Association (ILGA):

- studies indicate that lesbian and bisexual women may occasionally overindulge in alcohol and tobacco substances, or become overweight
- other studies have shown that they are more reluctant to regularly self-examine their breasts
- on average, lesbians and bisexual women, if they choose to have children, are less likely to do so before the age of 30

All of these factors increase the risk of breast and cervical cancer.

Lesbian and bisexual women who do not have these specific risk factors have exactly the same probability of developing cancer as heterosexual women.

Breast Cancer

Breast cancer is the growth of abnormal cells in the breast.
Any woman can get breast cancer.

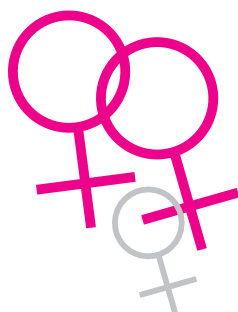
Risk factors for breast cancer

- being a woman, especially if you are over 50 years old
- having had one or more cases of breast cancer in your family
- having certain non-cancerous abnormalities in your breast
- not having a child or having had your first child after the age of 30
- menstruating before the age of 12
- going through menopause at a late age
- taking hormones for several years after going through menopause
- gaining weight after menopause
- drinking a lot of alcoholic beverages*
- having a sedentary lifestyle (little sports or physical activity...)

Remember:

Breast cancer often affects women who do not display any particular risk factors. Likewise, having one or more of these predispositions does not necessarily mean that you will automatically develop the illness!

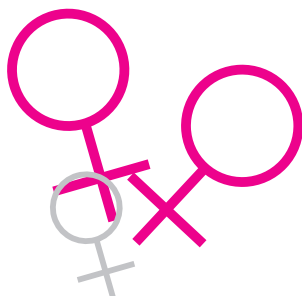
* Most literature available in Sri Lanka omits excessive intake of alcohol as an adverse risk factor for women's health because it is considered socially unacceptable and against cultural norms for women to drink



What should you do?

Every woman can
take three
complimentary
precautions

- Change your lifestyle, if necessary, by taking advantage of physical activities, avoiding smoking and obesity, and limiting your consumption of alcohol to a maximum of one glass per day, etc.
- Regularly self-examine your breasts from the age of 20
- Undergo regular screenings from the age of 30



Breast Self-Examination:

- should be carried out from the age of 20, once a month, ideally one week after menstruation when breasts are least likely to be swollen and tender. If you are no longer ovulating (having periods), choose a day that is easy to remember, such as the first day of the month
- pay attention to the look and feel of both breasts
- watch for any changes in your breasts compared to the previous month

Most women are not in the habit of doing a Breast Self-Exam and for many the experience is frustrating—you may feel things but not know what they mean. However, the more you examine your breasts, the more you will learn about them, and the easier it will become for you to identify something out of the ordinary.

If you find abnormalities, try not to panic. Most women have some lumps or lumpy areas in their breasts all the time. While an abnormality does not automatically mean you have cancer, it does make it necessary to see your doctor even if you were screened recently.

Eight out of ten breast lumps that are removed are benign or non-cancerous.

Once a year, ask your general practitioner or gynaecologist to examine your breasts (a visual and physical examination).

Studies show that regular Breast Self-Exams, combined with an annual exam by a doctor, improves the chances of detecting cancer early.

Get to know YOUR breasts

Breasts tend to have a different look or feel in different areas. The upper, outer area (near your armpit) tends to have the most prominent lumps and bumps. The lower half of your breast can feel like a sandy or pebbly beach. The area under the nipple can feel like a collection of large grains. Another part might feel like a lumpy bowl of dhal.

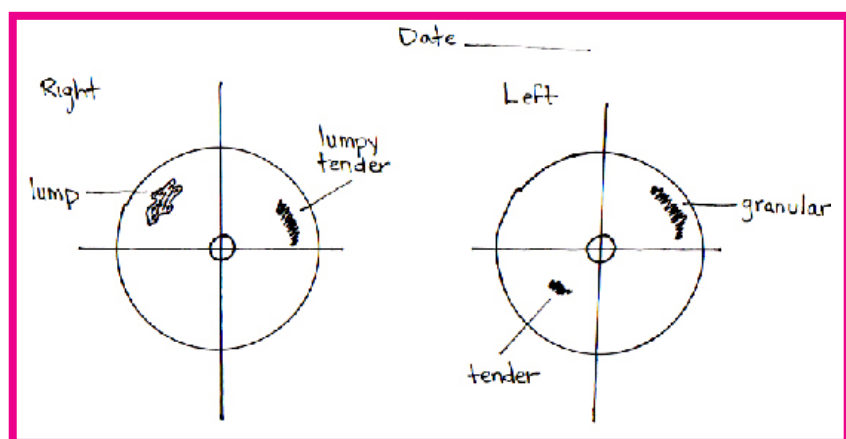
What is important is that you get to know the look and feel of the different areas of YOUR breasts. Does something stand out as different from the rest (like a rock on a sandy beach)? Has anything changed? Bring to the attention of your doctor any changes in your breasts that:

- last over a full month's cycle, OR
- seem to get worse or more obvious over time

Being familiar with how your breasts usually look and feel may help you to avoid needless biopsies, a procedure in which the doctor takes a small sample of breast tissue and examines it under a microscope.

A journal can help

Some women find it helpful to keep a record of their Breast Self-Exam on paper. This can be like a small map of your breasts, with notes about where you feel lumps or irregularities. Especially in the beginning, this may help you remember, from month to month, what is "normal" for your breasts. It is not unusual for lumps to appear at certain times of the month, and then disappear, as your body changes with its menstrual cycle. Only changes that last beyond one full cycle, or seem to get bigger or more prominent in some way, need your doctor's attention.



Sample journal entry

The Five Steps of a Breast Self-Exam

If you have the privacy of a toilet and mirror in your house, begin with Step 1. For those who do not have this facility, there is no problem omitting Steps 1 and 2 and beginning your Breast Self- Exam with Step 3.

Step 1

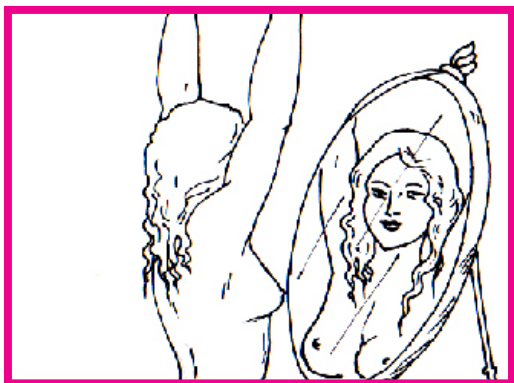
Begin by looking at your breasts in the mirror with your shoulders straight and your arms on your hips.

You should look for:

- breasts that are their usual size, shape, and colour
- breasts that are evenly shaped without visible distortion or swelling

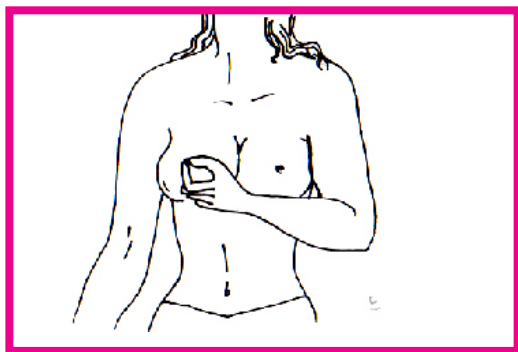
If you see any of the following changes, bring them to your doctor's attention:

- dimpling, puckering, or bulging of the skin
- a nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- redness, soreness, rash, or swelling



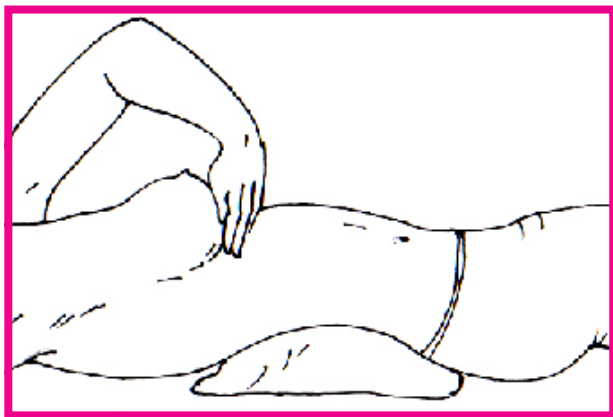
Step 2

Now, raise your arms and look for the same changes.



Step 3

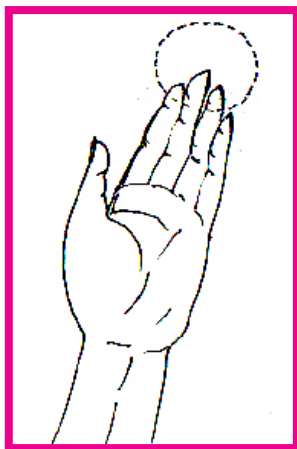
Gently squeeze each nipple between your finger and thumb and check for nipple discharge. This could be a milky or yellow fluid, or it could be blood. Blood is significant and needs the immediate attention of a doctor.

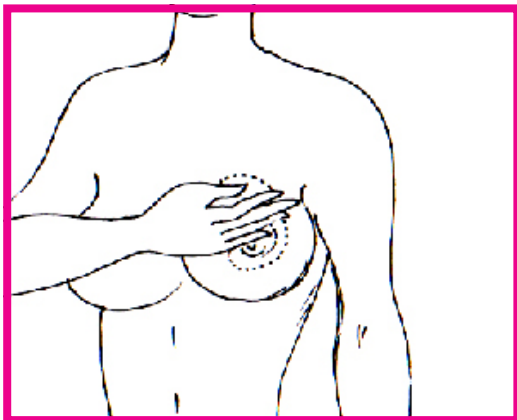


Step 4

Next, lie down on your back. For comfort, you might place a flat pillow under the shoulder blade of the side of the body of the breast you are examining.

Feel your breasts while lying down, using your right hand to feel your left breast and then your left hand to feel your right breast. Use a firm, smooth touch with the first few fingers of your hand, keeping the fingers flat and together.

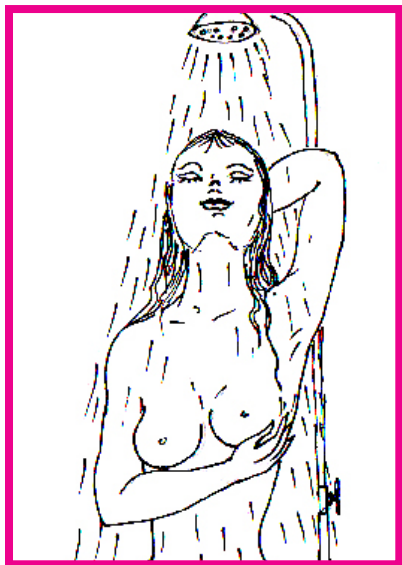




Cover the entire breast from top to bottom, and side to side - from your collarbone to the top of your abdomen, and from your armpit to your cleavage.

Follow a pattern to be sure that you cover the whole breast. You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast, or begin at the periphery and gradually approach the nipple. Use a pattern that feels most comfortable to you.

You can also move your fingers up and down vertically, in rows, as if you were weaving. Be sure to feel all the breast tissue - just beneath your skin with a soft touch and down deeper with a firmer touch. Begin examining each area with a very soft touch, and then increase pressure so that you can feel the deeper tissue, down to your ribcage.



Step 5

Finally, feel your breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower or while bathing. Cover your entire breast, using the same hand movements described in Step 4.

You should feel for:

- any thickening of the skin
- hardness or small lump beneath the skin

If you feel thickening of the skin or a hardness beneath the skin, do not panic. Remember it is not unusual for lumps to appear at certain times of the month, and then disappear, as your body changes with its menstrual cycle. Only changes that last beyond one full cycle, or seem to get bigger or more prominent in some way, need your doctor's attention.

Screening for breast cancer

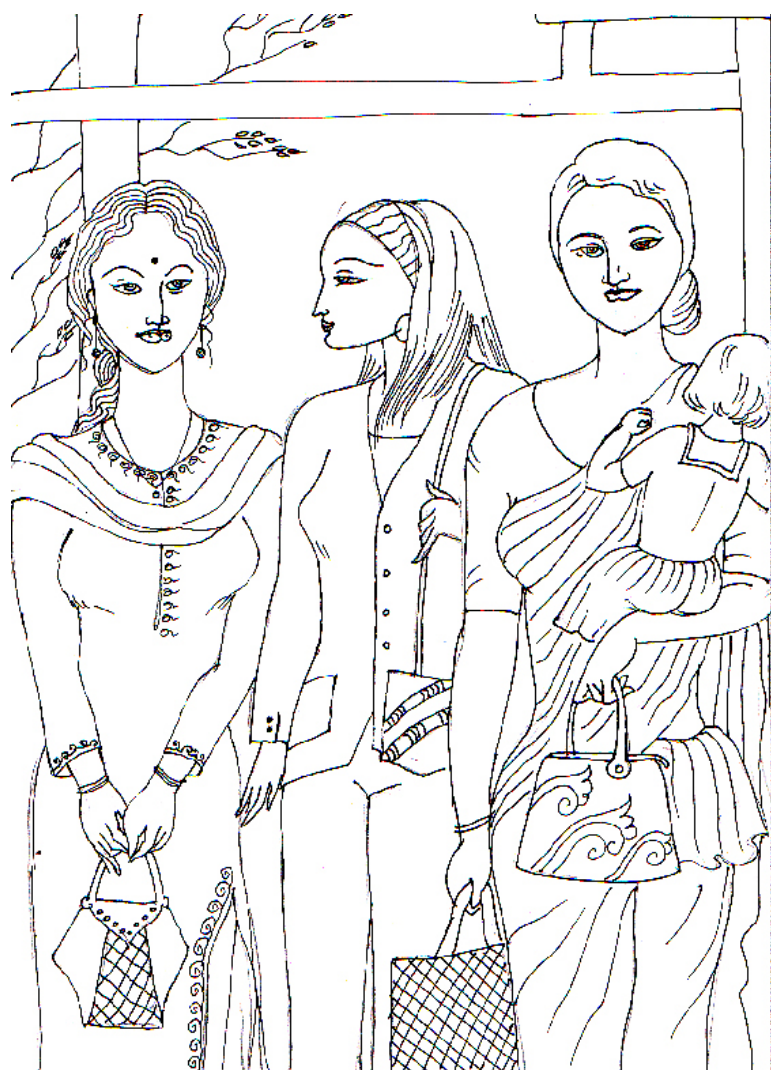
Screening is performed with a mammogram, also called a Mammotest.

This special x-ray of the breasts allows detection of potential cancers well before they become visible or palpable, and strongly increases the likelihood of treating them successfully. Discovering cancers when they are still very small also increases the likelihood that the breast can be preserved.

Those below the age of 40 years can have a screening test by ultrasound scanning, which is a simple and comparatively inexpensive test. Mammograms are usually combined with ultrasound examination as a “double check”.

Talk to your doctor about the best screening methods and regularity of testing for your particular case.*

* In the public health care sector of Sri Lanka, women are generally only encouraged to have a mammogram once an abnormality is identified and/or there is a known history of breast cancer in the family. This is in large part due to prohibitive costs of mammograms and limited number of available mammogram machines. If you have a specific concern, talk to your doctor.



Cervical Cancer

Cervical cancer is a growth of abnormal cells on the cervix.
Any woman can get cervical cancer.

Risk factors for cervical cancer

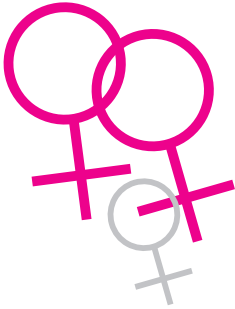
- Chronic infection by certain strains of the Human Papilloma Virus (HPV), which is transmissible through sexual contact
- The use of tobacco products*

Traces of a chronic HPV infection can be found in approximately 90% of cervical cancers.

Anyone who has been or is sexually active (homosexual or heterosexual) may be carriers of HPV. More than 50% of women “encounter” the virus over the course of their sex life.

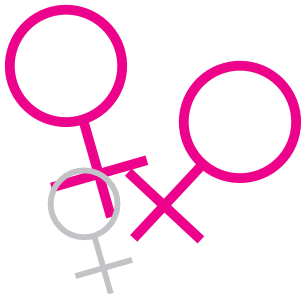
Fortunately, the majority of HPV viruses are incapable of developing into cancers. The typical mode of transmission is direct contact with the genital organs or the mouth of an infected person. Sometimes, these viruses produce warts on the genital organs, the anus, or (more rarely) on the mouth. Generally, the infection goes unnoticed and heals spontaneously within two years. Often there are no symptoms, in which case it is impossible to say exactly when a person was infected. You can carry HPV without knowing it and without ever noticing anything abnormal.

The majority of these viruses do not heighten your risk for cancer. However, if certain strains of HPV survive near the cervix, they can foster the development of cervical cancer after a number of years.



What should you do?

- Avoid or stop smoking tobacco products - it is generally beneficial for your health, and lowers your risk of developing cervical cancer
- Undergo screening tests (pap-smears)
- If you notice small amounts of bleeding from the vagina (between your periods, after menopause, or following sexual intercourse), often accompanied by painless vaginal discharge, consult your doctor



Screening for cervical cancer

The examination is done by taking a smear of the cervix. The cervix is the cone shaped opening to the womb (uterus) found inside the vagina. The doctor removes some cells from the uterine collar with a spatula or small brush, and then examines them with a microscope. The sampling is painless and is done between periods.

The screening requires the use of a speculum, as the cervix is not directly accessible during an examination of the external genital organs.

While it is sometimes recommended that women begin screening within a year of their first sexual encounter (whether with someone of the same-sex or different-sex), sources in Sri Lanka recommend pap-smears beginning at 35 years of age.*

Generally, after the first normal pap-smear, additional smears can be repeated every five years.

If an abnormality is discovered under the microscope, a second smear or another thorough examination will be conducted every six months.

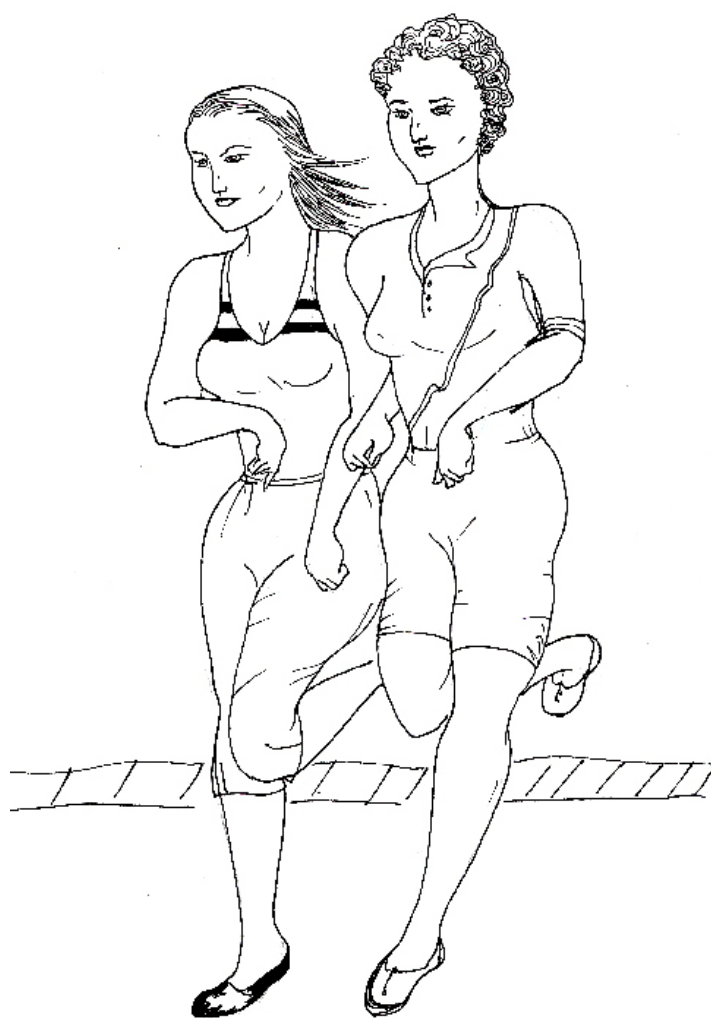
If a pre-cancerous lesion (dysplasia) is discovered during the smears, a targeted treatment makes it possible to prevent it from developing into cancer.

If the beginning of a cancer is discovered from the screening, treatment will be more effective and contained since it was detected at an early stage.

* Well Women Clinics at Ministry of Health (MOH) offices island-wide provide screening for women over the age of 35

Tips to lower your risk

of breast and cervical cancer



STOP SMOKING NOW. IF YOU DON'T SMOKE, DON'T START

Studies show smoking is linked to cervical cancer and might be linked to breast cancer. Smoking can also cause lung cancer.

IMPROVE YOUR DIET

Eat less fat. Eat more fruits and vegetables. Drink less alcohol.

EXERCISE

Choose a physical activity you like and do it daily or at least three or four times each week, for a minimum of 20 minutes. Brisk walking is the best recommended exercise.

UNDERSTAND PERSONAL AND FAMILY RISKS

Some studies show that women with certain personal and family health histories might be at higher risk of breast cancer. (See section about risk factors for breast cancer.)

GET TO KNOW THE BREAST SELF-EXAM

Familiarise yourself with how to do a Breast Self-Exam and choose a date you will remember to do the self-exam each month. Mark the date on your calendar as a reminder.

SCHEDULE A VISIT WITH YOUR DOCTOR

Make an appointment for a breast exam and pap-smear.



Talking Openly and Honestly

with your doctor or
health care professional

Is it important to be open and honest about your sexual practices?

As a woman, it is important to be open and honest with your doctor about your sexual practices. This is even more pertinent for women who have sex with women.

You cannot rely on your health care practitioner to make you feel comfortable talking about sex. Physicians receive a limited amount of instructions specific to human sexuality and your doctor may be even less comfortable than you, discussing the details of your sex life - especially if he/she sees only a few other openly lesbian, bisexual or transgendered persons.

You might visit several gynaecologists before you find one that you are comfortable with and can trust. However, it is worth doing this, as it is important to be open and honest with your doctor about your sexual practices.

Is it important to disclose your sexual orientation to your doctor?

It's up to you to determine how comfortable you feel about broaching this subject. If your doctor is aware of your sexual orientation, they may adapt their advice and the treatments that they suggest to you.

Is it important to disclose your **gender identity** to your doctor or health care professional?

If you feel your gender identity is different to your biological sex, it is up to you whether you disclose your feelings to your doctor. It may ease interactions with your doctor and enable her/him to better understand you and your specific health care needs, if you choose to trust them with this information. Unfortunately, not all doctors are readily equipped to understand your situation so you will need to be patient and might consider 'shopping around' for a doctor you feel comfortable with.

It may not be safe for you to tell your health care provider about your sexual orientation or gender identity. Think about these questions before making a decision:

- Are you able to choose your doctor or health care provider?
- Can you switch doctors if you are not happy?
- Do you have reason to believe your doctor might treat you poorly if you told them?
- How might you deal with curious, ignorant or negative responses?
- Do you have friends, family or a partner who can help you make this decision and support you through it? Could one of them come with you to your appointment?
- Do you know the doctor's confidentiality and information sharing policies? Who might see your records?
- If 'lesbian', 'bisexual' or 'transgender' were written on your chart, would your employer or family learn about it? What might be the consequences?

If it is safe for you to talk with your health care provider about your sexual orientation or gender identity, it could help you, your health care provider and your family/partner.

- It increases your health care provider's understanding of you and your life. If the provider knows about your sexual behaviour, you are more likely to get accurate medical information.
- Your partner can be respected as more than "just a friend." Your partner/family can be included in discussions and treatment plans.
- It is often stressful to be lesbian or bisexual because of society's fear and ignorance. Your health care provider needs to know about the stresses in your life in order to help diagnose any problems you might have.
- It takes a lot of energy to hide your sexual orientation or gender identity. When you are open about your life, you can focus on your health, not on hiding.

Access to Support

Where to access free breast exams and pap-smears

Free breast exams and pap-smears are available the second Sunday of every month at the Sri Lanka Cancer Society's Poly-Clinic in Colombo.* Be sure to bring your medical records to aid the examination and diagnosis by the on-site doctor.

Well Women Clinics** are conducted fortnightly or monthly by trained medical officers at Medical Officer's of Health (MOH) offices around the country. Women over the age of 35 can access screening for breast malignancies and cervical cancer at these clinics.

Where to access mammograms

Due to the prohibitive costs of procuring, maintaining, and using mammogram machines, mammogram screening is most readily available through Well-Women Clinics at private hospitals and health care facilities in the larger urban areas of Sri Lanka such as Colombo, Galle and Kandy, and at the Breast Health Centre, Department of Surgery, National Hospital of Sri Lanka.

If an abnormality is identified in the breast during a visit to a doctor affiliated with MOH Clinics around the island, they will recommend the nearest and most affordable place for mammogram testing.

* Sri Lanka Cancer Society is located at 37/25 Bullers Lane, Colombo 07

** According to statistics provided by the Cancer Control Programme there were over 397 Well Women Clinics functioning in Sri Lanka in 2005, mostly based at MOH offices

Where to access support for sexual orientation or gender identity

EQUAL GROUND (EG) is a non profit organisation seeking equitable human and political rights for the Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ) community of Sri Lanka through unity, and advocacy against all forms of discrimination based on sexual orientation, gender identity and/or gender expression.

EQUAL GROUND serves as a resource for women who love women.

If you, or someone you care about, identifies as lesbian, bisexual, or transgender, or is questioning their sexual orientation or gender identity, consider phoning the helpline at EQUAL GROUND. A volunteer or member of staff will be available to listen and offer referral services if and when appropriate.

If you know a health care professional whom you feel is sensitive to and understands the specific needs of lesbian, bisexual, or transgender persons, please call EQUAL GROUND. EQUAL GROUND strives to regularly update and expand its network of referrals.

If you are a service provider interested in better assisting lesbian, bisexual or transgender clients, please contact EQUAL GROUND to find out how we can help.

