

Breast and Gynecological Cancer

Research shows that lesbian and bisexual women do not regularly see a gynecologist. Most may feel that visiting one is relevant only in cases of contraception and motherhood. The fear of a lesbophobic reaction from health care providers and a reluctance to share “private matters” with a stranger also play a role. Many organizations are trying to raise the awareness among lesbian and bisexual women of the importance of seeing a gynecologist, namely for prevention purposes of the types of cancer that have a higher incidence among this community: breast cancer and uterus cancer. There is no scientific unanimity on the frequency for preventative cancer screenings; and we wanted to illustrate various and sometimes diverging or even opposite opinions, from the medical to the activist point of view. But one thing seems to be unquestionable to us: the earlier cancers are detected, the higher the chance they can be cured.

GETTING THE CARE YOU DESERVE

WHAT SORT OF ROUTINE SCREENING EXAMS DO YOU NEED?

You should have the same screenings as any other woman. The problem is that we don't have the research to tell us whether you need more or less than other women. Until we can document that lesbians are at greater or lesser risk for various diseases, you should follow the same screening schedules as are indicated for heterosexual women. Your provider may require some reminding on this point; a recent study showed that unless women complained of relevant symptoms, women who partner with women were not screened for common infections such as bacterial vaginosis and chlamydia.

STD Screen :

Whenever you have a new partner, and before you and your partner discuss safe sex practices.

Pap Smears :

Begin screening at age 18 or when you become sexually active. Have yearly Paps until you've had three consecutive negatives; after discussing your risk factors with your provider, you may then be able to have Paps every 2-3 years. Keep in mind that more recent research is indicating that women may acquire new strains of Human Papiloma Virus from new partners, so a new partner may be a reason to revert to yearly Paps.

Mammograms :

Every two years starting at age 40 and yearly at age 50 and older. Get an annual breast exam by a health care provider starting at age 30. Consult your provider if you have a family history of breast cancer (mother or sisters with it), and especially if they developed the disease prior to age 50. Keep up-to-date with published lesbian research. We may find lesbians require more frequent screening.

Follow published frequencies for other exams. Remember that if you smoke or are overweight, you may need more checkups.

From University of Washington National Center of Excellence in Women's Health.

This organization aims at improving multiple aspects of women's health within the Pacific Northwest Region of the US. Their five key objectives are to improve health care delivery to underserved women by augmenting resources available to providers; educate women regarding issues relevant to underserved communities; enhance professional training in women's health; improve research coordination and opportunity within the region; foster academic women in the health sciences.

www.depts.washington.edu/uwcoe/

BREAST CANCER IS THE MOST COMMON CANCER AMONG WOMEN

Cancer is the second main cause of death in Europe, after circulatory diseases. One in three men and one in four women will be directly affected by cancer in the first 75 years of life. Colorectal cancers are most common cancer for all sectors of the population, but incidence of the most common cancers varies greatly with age and sex.

Breast cancer is the most common cancer among women. Men have a higher incidence rate for every other type of cancer.

www.europeancancerleagues.org

Code n. 9

Have a cervical smear regularly. Participate in organised screening programmes for cervical cancer. In many developing countries, the uterine cervix is one of the most prevalent sites for cancer, comprising about 25% of all female cancers. In industrialised populations, the disease is less common.

Code n. 10

Check your breasts regularly. Participate in organised breast screening programmes if you are over 50. To reduce the burden of breast cancer mortality in the European Union attention must therefore be focused on secondary prevention through early detection. The general aim of early detection is to identify breast cancers when they are smaller and at an earlier stage.

From the European Code Against Cancer - For women



WHAT CAN SELF-HELP BRING US? LET'S GET BACK TO BASICS!

In most countries around the world, 90% of women detect their tumour themselves. Far from being bad news, it is encouraging since palpation is an easy exam to perform and is cheap and harmless. However, in modern medical practice, palpation is no longer taught. Let's get back to basics: our two hands or the four-handed piano if you prefer. The self-help approach is collective. If we have to stand alone, we will soon be overwhelmed with the amplitude of the tasks and brought down by our helplessness or our dependence on medication and pharmaceutical lobbies. There wouldn't have been ecological progresses if it weren't for the powerful population movement. There wouldn't have been progress in the face of challenge of women's cancers without a new movement regrouping health, solidarity amongst health workers and women who fight for their autonomy and the quality of their lives. Lesbians have a role to play in the health of their own community and for all women.

By Rina Nissim

A WAR AGAINST WOMEN

90% OF BREAST CANCERS ARE CAUSED BY ENVIRONMENTAL FACTORS

"I have often said, shockingly, 'I don't care if you're one-breasted or no-breasted or two-breasted - this is a two-fisted fight.'" When talking of breast cancer, Rina Nissim likes to quote Bella Abzug, former president of Women's Environment and Development Organization. A naturopath and co-founder of the women's health Centre in Geneva, Rina Nissim is author of several books on women's health. She is a member of the Swiss lesbian organization Lestime.

These days most women are not suffering or dying from SARS or avian flu, but from gynecological tumors and breast cancer. After cardio-vascular illnesses, these cancers are one of the largest causes of mortality amongst women. When I started working as a nurse, then as a naturopath, breast cancer affected one woman out of thirty. Today it is one in ten who are affected in Europe, and as many as one in eight in the United States. This cruelly resembles a war against women. Today it isn't only women aged between 45 and 55 who are affected, but also younger women. Women from impoverished and emerging countries are of course also susceptible to such cancers. Western society has largely exported its unwanted

toxins, some of which are carcinogenic beyond acceptable limits. This has been the case for cigarettes, pesticides such as DDT, wastes containing dioxin and nuclear wastes. Some of the richest countries perform their nuclear tests in Polynesia, on the Marshall Islands or even in the Sahara desert without worrying about the wellbeing of the local population. These affected countries are then invited to purchase expensive medication, sold by the polluting countries, to treat their people.

An urgent need for gynecological health amongst lesbians

As lesbians, are we also concerned by these cancers? One of the reasons for the increased frequency of such illnesses is related to the prolonged use of hormones. Of course, lesbians are also concerned, because even if they don't take the contraceptive pill, they are susceptible to taking hormone substitutes during menopause. Hormones can also be found in food, such as veal and chicken, even though these are prohibited in Europe. Toxic substances can also be found in the water we drink, as well as non-bio vegetables, predominantly in the form of pesticides and xeno-estrogens. Most women, hetero- or homo-sexual, are not keen on gynecological controls. The use of contraception does however entail a more regular gynecological control of heterosexual women.

Lesbians often have a harder time finding people providing sympathetic and unconditional care, in particular as to why they do not take the pill. Finally, gynecological exams can be perceived by some as being invasive, and possibly violent. Studies on the health of lesbians would be very useful. The only one available to our knowledge has been performed by Marie Lou Baldacci at the CEL in Marseille, France. Due to the above mentioned points, lesbians are often diagnosed far too late. The only cancer that can be diagnosed in a preventive fashion is cervical cancer. Its screening, as for other cancers, is less accessible to lesbians and for women from impoverished countries. Treatments subsequently used are therefore often traumatising. The cancer industry is in full development. In addition to surgery, fortunately more and more conservative, we are now being offered overdosed and expensive medication. The wig industry has also benefited, with the forthcoming loss of hair following treatment (*), as has the prosthesis industry, in particular following breast cancer. The most ironic of all "after sales" services is breast reconstruction, where plastic surgeons propose more beautiful breasts than nature can give us, even if it hides a potential relapse. We still assist in the banalisation of violence that women have to succumb to - physical violence not only due to the illnesses, but also from the treatments and destruction of the self image (fatigue, loss of hair, loss of breast, etc). Even if anti-mitotic molecules are good, chemotherapy as a whole is a bad treatment (1). Why isn't primary chemotherapy offered more often - ie prior to surgery, to reduce the size of the tumour and, therefore, minimising future treatment and testing its efficiency? Why don't we take the time to increase the immune defence mechanisms prior to the treatment, taking into account the strengths and weaknesses which could contribute to avoiding the aggravation of pre-existing illnesses? Complementary medicines are an excellent alternative for medium to long term treatment, contrary to allopathy (modern Western medicine) which only proposes screening. Complementary therapies, such as anthroposophy, the Solomides products, as well as their founders Tubery and Belgjanski are not only unknown to most people but are often incriminated, such as in France. Their proposals are however interesting. These researchers have allowed Europe to discover

African plants such as desmodium - a stimulant of the immune system and hepatic function. They have also worked on scorpions and the plant ginkgo biloba - the only animal and plant, respectively, that survived Hiroshima and all of its carcinogenic destruction.

The importance of environmental factors

The best screening and best treatments do not ultimately replace prevention. This means that we need to seriously take into account environmental factors since it is known that 90% of breast cancers are caused by environmental factors. Instead of this, the pharmaceutical industry concentrates itself on genetic research, which is certainly more lucrative. Why do governments and foundations concentrate solely on the financing of mammographies, which only nourishes the cancer industry? It is known that mammographies are not very reliable for women under 50. It is possible to detect for small tumors early on, but it is not certain if these are malignant. For example, micro-calcifications are often a sign of a resolved process. The natural process of resolution of a tumor can also be encystion. Following autopsies on elderly people, a number of encysted tumors have been found which were not the causes of death. If these people had been diagnosed and treated, they may have died at an earlier age. Screening mammographies, performed too frequently, are also slightly carcinogenic due the X-rays. It is for this reason that the screening programmes are now proposed every two years rather than every year. Sceptical, the pharmaceutical industry proposes hormones, then the early screening, biopsies and overdoses treatments, bringing about overall fatigue to the women. Some of these women do not die of breast cancer, but due to the violence of the treatments.

Prevention

In the domain of actual prevention, it is essential to talk about the harmful effects of underwire bras, which cut the lymphatic circulation towards the armpit and prevents it from "breathing". Let's adopt soft and elastic bras, or even better no bras except for those with larger breasts. Let's avoid deodorants which block armpit pores, one of the important lymphatic drainage areas. Breast massages are highly beneficial not only for drainage of the

breast, but also because nipple stimulation for instance induces oxytocin secretion, promoting a natural stimulation. Posture also needs to be worked upon to avoid the sagging and subsequent squashing of the breasts. Singing, sports and other diverse approaches working on the posture can be very useful (see Meziere and Feldenkrais). It is not possible to talk about prevention without mentioning the importance of healthy eating. From "Dresse Kousmine" to Dr Seignalet, the principle of eating living food, in particular vegetables, has been developed (2). In a preventative approach, it is necessary to understand that the tumor even if benign already necessitates ground work. We think too often that a benign tumor is nothing and that a malignant tumour is ... well, death. All illnesses are the body's way of trying to rebalance its equilibrium when faced with stress. If we can take this into account, then we may be able to improve our health. Using naturopathy, one takes into account emotional, hormonal, feeding and environmental factors. In addition, it is essential to not live the sickness and the huge stress brought on by isolation.

Lestime : www.lestime.ch

Lestime works on the recognition of lesbians' rights at social, cultural and political levels in Switzerland. It is also a documentation centre, dealing exclusively with subjects pertaining to female homosexuality. Once a month it provides legal advice responding to any query linked to homosexuality.

- 1) Barbier Geneviève, La Société Cancérigène, Ed. La Martinière, 2004
- 2) Seignalet Jean, L'alimentation Ou La 3ème Médecine, Ed. François-Xavier De Guibert, 1999.

* In the 1990s, the main countries exporting natural hair for the production of wigs was India and Brazil

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*According to the
European Code against Cancer:*

- **Women from the age of 25 years should undergo cervical screening.**
- **Women from the age of 50 years should undergo breast screening.**

Take care of yourselves!

**This is an advice
of the Foundation
against Cancer**



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EQUAL

www.equalonline.co.uk

Smear test. Contrary to popular opinion, women who have sex with women still need to go and have a smear test. Lesbians are still at risk of cervical cancer despite assumptions of immunity or low risk. When researching the sexual health information requirements, the Equal team was surprised to find out that most lesbians thought that cervical cancer and smear testing was irrelevant for them.

LESBIANS AND BREAST CANCER PROJECT

<http://dawn.thot.net/lbcp/>

The report "Coming Out about lesbians and cancer" summarises and analyses results from the Lesbians and Breast Cancer Project, a community-based participatory study that was conducted in Ontario, Canada in 2003. Demographic information about women can be found on the last page of this report. The report, in English, can be found at <http://dawn.thot.net/lbcp/report.html>

RED INFORMATIVA DE MUJERES EN ARGENTINA

www.rimaweb.com.ar

The site promotes exchange between women, mainly from Latin America, through the use of new communication and information technologies. One of its pages, "Safo piensa", is a discussion forum and information resource for and by lesbian feminists. It is, furthermore, supporting the publication of books, namely "Educación sexual y prevención de la violencia" by Liliana Pauluzz, on sexual education and violence prevention. It offers a list of addresses and telephone lines for assistance to victims of domestic and sexual violence. The website dedicates one chapter to health issues: the description of the most common risks and illnesses in women, from basic information on the most fre-

quent types of cancer in women to information on osteoporosis and anorexia. It includes a didactic presentation, images and explanatory text, on how to carry out a breast self examination (www.rimaweb.com.ar/salud/autoexamen-senos.html), and why it is important that we perform it regularly as part of our routines.

SHERBOURNE HEALTH CENTRE

www.sherbourne.on.ca

The Canadian Sherbourne Health Centre offers comprehensive health care to diverse communities - lesbian, gay, bisexual, transgender, transsexual, two-spirited, intersex, queer, or questioning. A team of physicians, nurse practitioners, counsellors and health promoters is committed to providing sensitive and respectful services, including medical and nursing care, wellness care, counselling for individuals, couples and families, information, workshops and group support, partnerships with other organizations, community health initiatives.

"Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women"

The activities of this project include work with lesbian and bisexual women to create culturally appropriate educational resources that recognise their relationships, particular risk factors and alienation from the health care system from a lesbian and bisexual women's perspective. The project includes a support group for lesbian and bisexual women living with breast cancer and a training programme for health care providers to use to ensure that lesbian and bisexual women and their partners do not have to struggle with homophobia.

"Busting Out: Breast Health for Lesbian and Bisexual Women" is a kinky, provocative and gutsy breast health brochure and poster for lesbian and bisexual women. It answers many questions on breast cancer and is available in English and in French on the website of the

Centre. Sherbourne provides a one day training session called "Breasts are Beautiful", where naturopathic tips are given for lesbian, bisexual and queer women to promote breast health. The aim is to learn strategies to increase health and vitality and decrease cancer risks.

THE MAUTNER PROJECT FOR LESBIANS WITH CANCER

www.mautnerproject.org

The goal of the Mautner Project is to improve the health of lesbians and their families by conducting primary research about lesbian health; advocating for public and private sector research on lesbian health; promoting lesbian health advocacy and activism at the national, state and local levels; and educating policymakers, the press, and the general public about lesbian health.

The organization created a Lesbian Breast-Self-Exam Shower Cards called "Touch Yourself". With an informative and funny comic by Alison Bechdel on one side and further information and instructions on the other side, this card reminds lesbians to check their breasts monthly for lumps.

Other useful links

Lesbians and Breast Cancer Project Selected Resources - www.cbcn.ca/english/news.php?show&307

Lesbians and Breast Cancer - A Review of Refereed Literature www.safeguards.org/content/lit/breastcancer.pdf

Cancer in Women Who Have Sex With Women - www.gayhealthchannel.com/wswcancer/