

*Women's Health*

# What Every Woman Should Know

By Toni Rocha



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Dr. Lorraine Novas, OB/GYN at Northwest Community Hospital, consulting here with a patient, urges all women to get regular Pap smears, follow up on symptoms, and be aware of risk factors for reproductive cancers to increase early detection and treatment.

## Cancers

Reproductive system cancers are another concern for women of all ages. It seems logical to lump them all together, but the truth is, occurrence in reproductive organs is their only similarity.

Dr. Lorraine Novas, board-certified OB/GYN and chair of the Women's Health Services department at Northwest Community Hospital in Arlington Heights, says that while the uterus, cervix, ovaries and Fallopian tubes are related and appear to be part of the same network, the cancers that attack them are totally different.

"Each type has different causes, symptoms and treatments," she explains. "For example, cervical cancer



Dr. Lorraine Novas

almost always originates from the human papilloma virus, and it's almost entirely preventable, thanks to the vaccine and early detection through routine Pap smears. The vaccine is recommended for women and men ages 9 to 26. After that age bracket, insurance often won't cover it."

Often, cervical cancer has no early symptoms, although some may include unusual vaginal discharge, vaginal bleeding between periods, or heavier, longer periods.

"A Pap test reveals precancerous changes in a woman's cervix, which can be treated in the doctor's office," Novas explains. "If the cancer has progressed past the microscopic stages, it's still fully treatable and curable. Even in later stages, cervical cancer can be successfully treated with radiation."

Once the leading cause of death among women of childbearing age, cervical cancer mortality rates in the U.S. dropped by 60 percent over four decades following the introduction of the

Pap smear. According to the most recent survey by the National Institute of Health, about 12,000 women are diagnosed annually, and despite available vaccinations, early detection and successful treatments, roughly one-third – about 4,000 – still die from the disease. The most important things a woman can do are to get vaccinated, get regular Pap smears and follow up when a test indicates any kind of abnormality.

“Don’t ever be afraid of following up,” Novas says. “Cervical cancer is preventable and treatable.”

Uterine cancers also can be prevented, by taking basic health measures. Diabetes, high blood pressure and being overweight increase the chances of developing uterine cancer. Also at risk are women who have never given birth, began menstruating before age 12 or experienced menopause after age 55. However, not all women with these risk factors develop the cancer, and women with no known risk factors can develop it as well. The most common is called endometrial cancer. All should be aware of and pay attention to early warning signs, which include trouble urinating, pelvic pain and unusual vaginal discharge or bleeding.

“Women should be concerned about spotting between periods in their 40s and 50s, and any bleeding after menopause,” says Novas.

Anyone with heavy or irregular bleeding should be screened by her gynecologist, which usually involves an endometrial biopsy and/or dilation & curettage (D&C). “Usually, a hysterectomy is the most effective way to treat this type of cancer,” Novas explains. “The patient should be evaluated by her OB/GYN, because in some cases, she may need to have adjacent lymph nodes removed by a specialist.”

Fortunately, with use of the da Vinci robotic equipment in a surgical setting, the hysterectomy and lymph node removal have become minimally invasive procedures in many cases.

“Uterine cancer is entirely treatable if caught early,” Novas says. “It’s so important for a woman to continue seeing her GYN specialist on a regular basis, and especially if she experiences any bleeding or spotting.”

Unfortunately, cancers of the ovaries and fallopian tubes have no early warning signs nor any standard screening tests. Among the risk factors, the most obvious is heredity.

“Women need to be aware of their family health history,” Novas says. “If there’s a pattern of ovarian or breast cancer, a woman should consider screening for the BRCA1 and BRCA2 genes. It doesn’t necessarily mean she’ll develop cancer, but the odds are higher that she could.”

In addition, women who possess certain other hereditary conditions, fall between the ages of 50 and 80, have never had children, are overweight or taller than 5-foot-8-inches, or have taken fertility drugs or hormone therapy are also at risk. Ovarian and Fallopian cancers are most often found in women between the ages of 60 and 70 but can occur at any age.

“Women whose families have had ovarian and breast cancers in their histories, but who don’t have the BRCA genes, are at no greater risk of developing them than the rest of the population,” Novas says. ■