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Health Canada's role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. A major area of concern is cancer. Health Canada's focus is to build partnerships and networks to enhance research, preventive care and treatment, professional education and information exchange on various forms of cancer.

WOMEN AND CANCER

Current Situation

Breast Cancer

- 1 in 9 women will be diagnosed with breast cancer in the course of her life. The incidence has gone up steadily in the last decades, although mortality is now constant.
- The incidence of breast cancer has risen steadily over the last decade. This may be due to women's increased use of mammogram services, changes in reproductive characteristics, and/or environmental factors.
- Mortality rates have declined since 1985 and particularly since 1980. Several factors have contributed to this decline: earlier detection through screening, improved treatment, and changes in risk or protective factors.
- However, breast cancer claims *young* lives. It is the main reason why women in the age group 30 to 39 will have a cancer death rate 1.5 times higher than that of men in the same group.
- Combined oral contraceptive use (estrogen and progesterone) was found to cause a slight increase in the risk of breast cancer in current users over time.
- Breast cancer risk has also been shown to be increased by long term use of hormone replacement therapy in post-menopausal women, however, use does substantially reduce risk for endometrial cancer.

Cervical Cancer

- In 1998, an estimated 1,400 new cases of cervical cancer were diagnosed in Canada. There were approximately 400 deaths from cervical cancer.
- Incidence rates begin to rise sharply around 40 years of age. The highest incidence and mortality rates occur in women over 65 years of age.
- Estimates predict that up to 90% of cervical cancer could be prevented by regular Pap Smear testing.

- Pap Smear utilization is not uniform across all groups of women: lower socio-economic, less educated, elderly women, rural residents, immigrants and Aboriginal women are all under-screened.
- Human papillomavirus (HPV) has recently been identified as being responsible for the large majority of cervical cancer cases.
- The nature of the HPV infection as well as a woman's reproductive and smoking history (HPV type, age at first intercourse, number of children born, oral contraceptive use, smoking etc.) are thought to be influential to the relationship.

Ovarian Cancer

- Ovarian cancer was the sixth highest among new cancer cases diagnosed and fifth in number of deaths due to cancer in Canadian women in 1998: there were an estimated 2,500 new cases of ovarian cancer diagnosed and 1,400 deaths. Ovarian cancer will strike 1-2% of women in their lifetime.
- A large portion of ovarian cancer cases can not be explained by known risk factors. Therefore there are no specific screening recommendations or prevention strategies for this type of cancer.
- Women with ovarian cancer, who have been diagnosed at stage 1 of the disease have excellent survival rates. However, there are no population based screening tools presently available.
- Most cases develop after menopause: half of all ovarian cancers are found in women over the age of 65.

Lung Cancer

- Lung cancer is the leading cancer cause of death for women in Canada. It is estimated that in 1998 there were 6,500 deaths due to this disease.
- Tobacco smoking is the leading cause of lung cancer. Cigarette smokers are ten times more likely to get lung cancer as compared to those who never smoked.

One in a series of fact sheets prepared for the



- Non-smokers who are exposed to tobacco smoke by living with a smoking partner are estimated to have a 30 to 50% increased risk of developing lung cancer themselves.
- Several occupational exposures (very high doses of asbestos, arsenic, polycyclic aromatic hydrocarbons, chromium, silica and nickel) have been identified which might elevate a woman's risk of developing the disease.
- Female lung cancer incidence and mortality rates have been rapidly rising over time; they are currently four times higher than rates from 1969.

Health Canada Initiatives

- Health Canada has allocated \$7 million per year towards the renewed Canadian Breast Cancer Initiative for research, prevention, early detection, quality screening, support to community groups and networks, access to information, public and professional education, diagnosis, care and treatment, and surveillance and monitoring of breast cancer. The Medical Research Council of Canada is contributing an additional \$10 million over the next five years for breast cancer research.
- Health Canada collaborates with provinces on their breast cancer screening programs, regulates the quality of radiation emission in mammographic testing and conducts a range of research studies on the links between the disease and chemical hazards and organochlorines.
- Perspectives on Ovarian cancer in Canada. This project involved a needs assessment using surveys of family physicians, women with ovarian cancer and alternative therapists. Health Canada was linked with: Corinne Boyer Fund, Toronto-Sunnybrook Regional Cancer Centre, College of Family Physicians of Canada, Interlink Community Nursing Service, Princess Margaret Hospital.

- Support of the Cervical Cancer Prevention Network (CCPN). This is a network of federal, provincial, territorial, and non-governmental representatives established to foster the development of provincially-based organized cervical cancer screening programs in Canada and the development of information systems to enable monitoring and evaluation of the programs. Health Canada is linked with: Society of Gynecologists and Oncologists of Canada; College of Family Physicians of Canada; Canadian Society of Cytology; The Gynecologists/Oncologists of Canada; Society of Canadian Colposcopists; Canadian Nurses Association.
- The Cancer Bureau tracks incidence and trends of women's cancers, produces projections and identifies gaps in current knowledge.

Sources:

- Canadian Cancer Statistics 1998 produced by the National Cancer Institute, Statistics Canada, Provincial/Territorial Cancer Registries and Health Canada, ISSN 0835-2976, 1998.*
- Women in Canada: A Statistical Report, 3rd ed. Statistics Canada, Cat. no. 89-503E, 1995.*
- Health Canada Inventory of Cancer Activities*
www.hc-sc.gc.ca/hpb/lcdc/bc/activ/index.html

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Our mission is
to help the people of Canada
maintain and improve their health

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Health Canada