

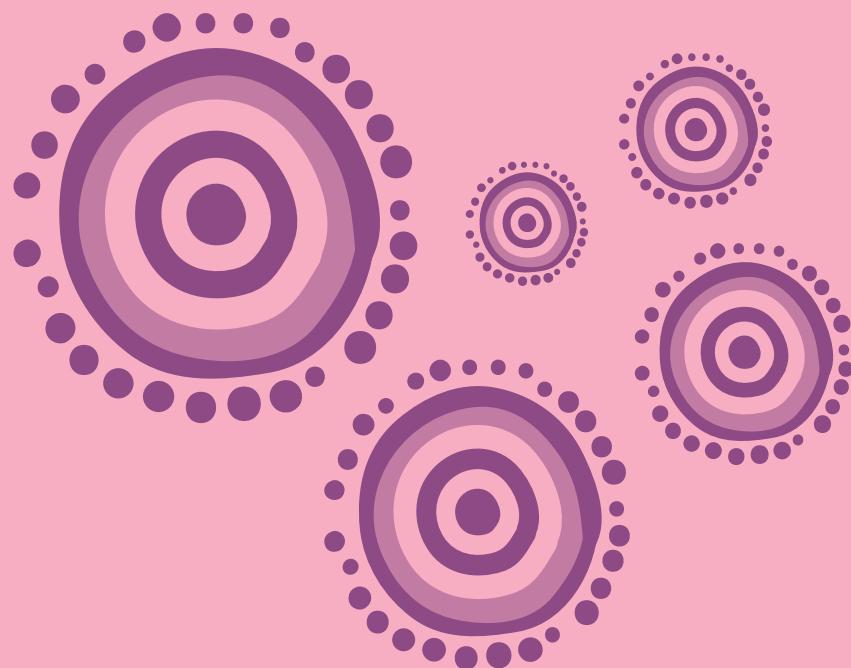


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WOMEN'S BUSINESS WORKSHOP

Community Education Resource



Breast and gynaecological cancers
awareness workshop for Aboriginal and
Torres Strait Islander women.





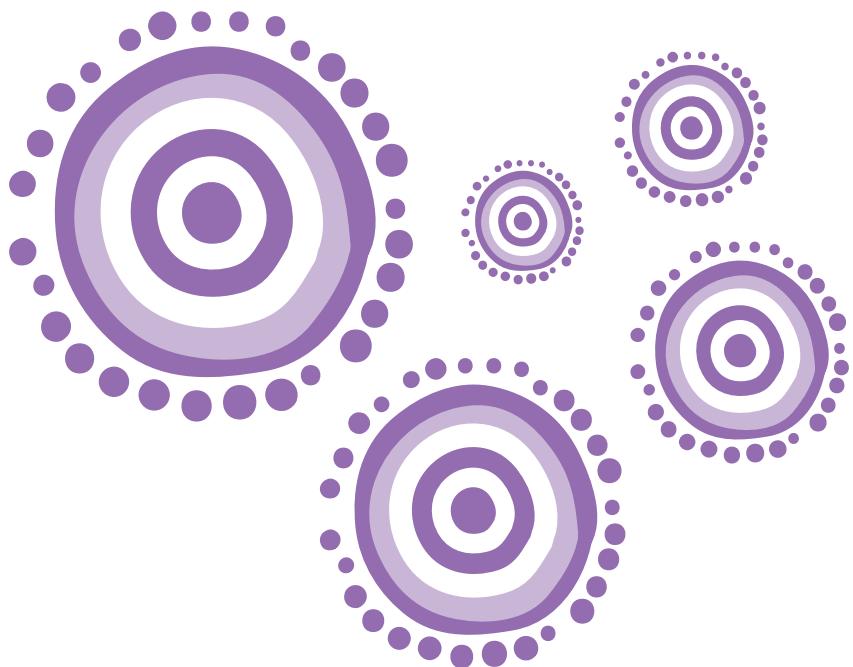
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Breast and gynaecological cancers
awareness workshop for Aboriginal and
Torres Strait Islander women

When you order this resource, a USB will be included which contains:

- presenters notes
- a Powerpoint presentation
- workshop poster
- anatomy cards
- Breast cancer DL Flyer
- Cervical cancer DL Flyer
- evaluation forms

Acknowledgement of country and cultural diversity

Cancer Australia acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Cancer Australia recognises that 'Aboriginal and Torres Strait Islander people' is the preferred term for referring to Aboriginal peoples and Torres Strait Islanders collectively. This term recognises the distinct cultures, languages and homelands of Australia's Indigenous communities.

In this document 'Indigenous Australians' may be used in place of 'Aboriginal and Torres Strait Islander people' when presenting information in tables or graphs or comparing cancer statistics with other groups such as non-Indigenous Australians so that the key information provided in the document is clearly presented.

In this document 'Indigenous Australians' refers to Aboriginal and Torres Strait Islander peoples from Australia, and does not include Indigenous people from other countries.

Information from the 2011 Census suggests that 3% of the Australian population identified as being of Aboriginal and/or Torres Strait Islander origin.

Women's Business Workshop community education resource

Women's Business Workshop community education resource was prepared and produced by:

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Contents

| | |
|---|----|
| Introduction | 2 |
| Did you know | 3 |
| Did you know about women's cancer..... | 3 |
| Organiser checklist and suggested timeline | 5 |
| Women's Business Workshop Objectives..... | 7 |
| Key messages | 7 |
| Workshop format..... | 9 |
| Facilitator's notes | 11 |
| Welcome and Acknowledgement of Country | 11 |
| Session 1 – What do we already know?..... | 13 |
| Session 2 – Breast cancer..... | 15 |
| Session 3 – Cervical cancer screening..... | 18 |
| Session 4 – Gynaecological cancers | 21 |
| Session 5- Lifestyle changes | 23 |
| Session 6 – What have we learnt? | 25 |
| Help with planning a workshop | 27 |
| Additional resources..... | 28 |
| Screening contacts..... | 28 |
| Frequently Asked Questions | 29 |
| Feedback..... | 34 |
| Evaluation Form A: Women's Business Workshop – Participant..... | 35 |
| Evaluation Form B: Women's Business Workshop – Facilitator/Organiser..... | 37 |
| Acknowledgements | 39 |
| Glossary | 40 |
| Notes | 43 |

Introduction



This community education resource has been developed for Aboriginal and Torres Strait Islander Health Workers and health professionals working with Aboriginal and Torres Strait Islander communities to conduct a Women's Business Workshop. The workshop promotes the importance of awareness and early detection of breast and gynaecological cancers.

Aboriginal and Torres Strait Islander Health Workers are in an ideal position to promote strategies which decrease the incidence and improve the survival for cancer. Women's Business Workshops specifically aim to increase understanding among Aboriginal and Torres Strait Islander women of screening for breast cancer and cervical cancer and awareness of changes in their body which could be due to breast cancer or gynaecological cancers.

This resource will provide all the tools necessary to plan and conduct a Women's Business Workshop. This involves a story telling, face-to-face approach to delivering important awareness and early detection messages about breast and gynaecological cancers to Aboriginal and Torres Strait Islander women.

The resource includes the following information, some of which is provided on a USB:



- Women's Business Workshop Facilitator's notes
- PowerPoint presentation
- Poster showing women's business body parts, with labels for different parts so that women can easily identify the areas discussed
- Template for workshop promotional poster and invitation
- Take home flyers about breast and cervical cancer screening
- A glossary of terms is included at the end of this document. It is acknowledged that the language in each community will be different. It is important that this workshop is presented using the local terms.

Additional resources are also included to provide you with more information on breast and gynaecological cancers among Aboriginal and Torres Strait Islander women.

Did you know

- On average, around two Aboriginal or Torres Strait Islander people are diagnosed with cancer every day - that's about 840 people each year
- On average, one Aboriginal and Torres Strait Islander person dies from cancer every day
- Cancer survival is significantly lower for Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians
- Aboriginal and Torres Strait Islander people have higher rates of some lifestyle factors such as smoking which can be modified to help reduce the risk of cancer.

Did you know about women's cancer

Breast Cancer

- Breast cancer is the most common cancer in Aboriginal and Torres Strait Islander women, and is the second leading cause of cancer death for Indigenous women (after lung cancer)
- Aboriginal and Torres Strait Islander women are approximately 10% more likely to die due to breast cancer than non-Indigenous women.

Gynaecological cancers

In comparison with non-Indigenous women, Aboriginal and Torres Strait Islander women are:

- 70% more likely to be diagnosed with gynaecological cancers than non-Indigenous women
- 2.3 times more likely to be diagnosed with cervical cancer than non-Indigenous women
- 60% more likely to be diagnosed with uterine cancer than non-Indigenous women
- approximately 3.4 times more likely to die due to cervical cancer than non-Indigenous women
- approximately 60% more likely to die due to uterine cancer than non-Indigenous women.

It's also important to know:

- through improved prevention to address the higher levels of risk factors there is the potential for significant health gains for Indigenous women
- if cancer is found earlier and treated earlier there is a greater chance of survival
- It's important to talk to your mob about cancer through yarning or story telling and to share knowledge and information about cancer
- screening tests can help find cancer earlier (breast screening and Pap smear tests for cervical cancer) and Pap smear tests can also prevent cervical cancer
- it's important to know your own body and see your Aboriginal and Torres Strait Islander Health Worker, nurse or doctor if you notice any changes
- support from family that understands what is going on can help a person cope with cancer better
- there are organisations and health professionals that can help with:
 - transport and accommodation
 - costs and expenses
 - family commitments
 - what to expect in hospital
 - where to find support people such as Aboriginal and Torres Strait Islander liaison officers.

(see page 28 – Screening Contacts for more information)

Organiser checklist and suggested timeline

Checklist and suggested timeline Tick

Initially

Organise a facilitator.

We suggest that you have two people to co-present the workshop:

- an Aboriginal or Torres Strait Islander Health Worker/Practitioner; and
- a doctor or nurse with clinical knowledge to help answer questions.

You also might like to invite the following people to the workshop:

- a local female Elder or respected Aboriginal or Torres Strait Islander person who has had breast, cervical or another gynaecological cancer to share their story at the workshop
- a Health Promotion Officer or nurse from the BreastScreen service (optional)
- a social worker or counsellor to be on stand-by should any participants feel the need for support during the workshop.

Set workshop date and time.

Based on facilitators availability and other community events. For example, it might be helpful to schedule the workshop a few weeks before the BreastScreen van is coming to town, or as part of a regular meeting of Aboriginal and Torres Strait Islander women.

Book the venue

4 weeks before workshop

You may want to organise an activity for the participants during or at the end of the workshop, such as singing, dancing, arts/crafts or cooking. This is optional.

Prepare the promotional flyer and poster and distribute among the community.

Keep a written record of the people who are going to attend.

Organise any travel required for presenters, Elders and participants.

Provide a copy of the Facilitator's Notes in this resource to the facilitator/s and discuss what each person will do on the day.

You may want to organise take-home packs for the women. This may include flyers or a small gift.

Organise supporting materials. These may include:

- a physical model of a breast showing a lump in the breast
- the torso of a woman
- information on how to check your breasts – Cancer Australia resource “Cheeky Check-up”
- “Body Talk” – multilingual body chart from Family Planning NSW
- a model of uterus
- a speculum for cervical cancer Pap smear test.

Order any copies of brochures that you intend to have as resources for participants to take home. For example, Breast and Cervical Cancer brochures and pamphlets can promote the local BreastScreen service or van visit.

If providing food, organise catering for the day.

2 weeks before workshop day

Organise audio visual material such as laptop computer, data projector and screen, or DVD player and TV and access to power extension cords.

Organise white board, butchers paper, markers etc.

Confirm travel details with facilitator.

Remind community members about the date and time and confirm they will be attending.

1 week before workshop

If providing food, confirm catering.

Print workshop documents such as evaluation forms, registration forms, name tags and attendance list.

Workshop day

Set up registration table with registration forms, pens, paper, name tags, workshop program, evaluation forms and attendance list. Set up a table with additional resources for people to take home.

Check all equipment (e.g. laptop computers) and make sure it works.

Hand out Evaluation Form A to all participants at completion of the workshop and ask them to fill it in and give it back to you.

Complete Evaluation Form B.

1 week after workshop

Send feedback forms to Cancer Australia.

Thank workshop facilitator/s.

Women's Business Workshop Objectives



The Women's Business Workshop aims to increase community awareness of the risk factors and symptoms of breast and gynaecological cancers, and the importance of regular breast screening and Pap smear tests for cervical cancer to help detect cancer earlier.

Learning objectives

After attending the Women's Business Workshop, participants will be able to:

- understand the risk factors for breast cancer and gynaecological cancers
- identify the symptoms of breast cancer and gynaecological cancers
- understand the role and importance of breast screening and early detection of breast cancer
- understand the role and importance of the human papillomavirus (HPV) vaccination in the prevention of cervical cancer and Pap smear tests for early detection of cervical cancer
- identify who they can talk to if they have symptoms that might be related to breast cancer or gynaecological cancers.

Key Messages

You can find breast cancer early and survive

Women of all ages should get to know the normal look and feel of their breasts.

Have a free breast screen every 2 years for women over 50.

You can prevent cervical cancer

Having a Pap smear test for cervical cancer every 2 years from age 18-69 can reduce your risk of being diagnosed with cervical cancer.

A HPV vaccine is available for girls and women aged 9-45 and is free through the school vaccination program to girls and boys aged 12-13.

Talk to your doctor or health professional

Most changes are not due to cancer but if you notice a change that's something new or unusual for your body, visit your local Health Centre, Health Worker or doctor without delay to get it checked out.

You can make some lifestyle changes to reduce your risk of getting women's business cancers

There are some lifestyle changes you can make to reduce your risk of getting women's business cancers. These include:

- Maintain a healthy weight
- Drink less alcohol (grog)
- Don't smoke
- Be active.

Share information with your family

Sharing what you learn in the Women's Business Workshop can help your family and friends to prevent women's business cancers or to find them early.

Tip: These statements could be displayed around the room on a whiteboard or on posters.

Workshop format



This workshop can be run over two hours with a break. It is designed to be interactive, using the Facilitator's Notes and resources provided. The facilitator is encouraged to present the workshop in a way that they feel comfortable with and best suits the needs of the community.

The workshop is best run with breast screen and Pap smear tests for cervical cancer available or with appointments available very soon after the workshop. For example, if there is no permanent local BreastScreen service it is a good idea to run the workshop in the lead up to a BreastScreen van visiting the community.

Here is a suggested workshop program:

| Time | Activity | Presenter |
|--------|---|----------------------------|
| | Registration (coffee/tea on arrival) | Health centre staff |
| 10 min | Welcome | |
| | Welcome to Country | Elder/Workshop facilitator |
| | Introduction of presenter | Workshop facilitator |
| | Participant introductions | Participants |
| | Overview of workshop | Health Worker |
| 15 min | Session 1 | |
| | What do we already know? | Health Worker |
| 25 min | Session 2 | |
| | Breast cancer screening | BreastScreen officer/nurse |
| 15 min | Session 3 | Health Worker |
| | Cervical cancer screening | |
| | Break (morning tea / lunch / afternoon tea) | |
| 20 min | Session 4 | Doctor or nurse |
| | Talk to your doctor or health professional | |

| | | |
|-------------------|---|---------------|
| 15 min | Session 5 | Health Worker |
| Lifestyle changes | | |
| 10 min | What are the take home messages? | Health Worker |
| 10 min | Evaluation of Workshop Thank you and close | Health Worker |

Tips: 1. The workshop should be presented in the women's local language.
2. You could print this program out for participants or put it up around the room.

Facilitator's Notes: Welcome and Acknowledgement of Country



Purpose: To welcome the participants and encourage participation in the workshop.

Welcome to Country

Introduce the person who will be performing the Welcome to Country.

Welcome everyone to the workshop

SLIDE 1

Welcome participants to the workshop.

Introduce yourself (including background and experience).

Explain that the workshop is informal and encourage participants to ask questions throughout the workshop.

Explain that the material covered in the workshop may be sensitive, and some participants may feel emotional.

If available, introduce the counsellor or social worker and let the participants know that support is available.

Participant introductions

Ask participants to introduce themselves to the entire group or ask participants to turn to the person next to them and introduce themselves.

This provides an opportunity for participants to get to know each other.

Purpose of the workshop

Explain that the workshop today will increase our understanding of breast cancer and gynaecological cancers symptoms, risk factors and the importance of screening and early detection.

Overview of the workshop

SLIDE 2

Give the participants a brief overview of the workshop:

There are 6 sessions with a break for morning tea, lunch or afternoon tea.

Session 1 - What do we already know?

We will find out what we already know about cancer and women's business body parts.

Session 2 - Breast cancer

We will learn about breast cancer screening and why it is important to attend and what changes to your breasts to look out for.

Session 3 - Cervical cancer screening

We will learn about cervical cancer, and the importance of early detection and having a Pap smear test for cervical cancer every 2 years.

Session 4 - Gynaecological cancer

We will learn about the symptoms of gynaecological cancers and who to talk to if you have symptoms that might be women's business cancers.

Session 5 - Lifestyle changes

We will learn to identify things that can increase your risk of getting women's business cancers and to discuss lifestyle changes we can make.

Session 6 - What have we learnt?

We will go over what we have learnt during the workshop and the key messages we need to remember and share with our families.

Session 1 - What do we already know?



SLIDE 3

Purpose: To find out what participants already know about different types of cancer, and women's business cancers.

Women's business cancers SLIDE 4

Tip: Many women may feel shame about women's business cancers. You may want to explain that cancer is a sickness and not a punishment or something shameful.

Breast cancer is the most common cancer in Aboriginal and Torres Strait Islander women.

Between 2004 and 2008, Aboriginal and Torres Strait Islander women were 70% more likely to be diagnosed with gynaecological cancers than non-Indigenous women.

Aboriginal and Torres Strait Islander women experience poorer breast and gynaecological cancers outcomes compared to non-Indigenous women. Lower participation in national screening programs (BreastScreen and Pap smear tests for cervical cancer) and later stage diagnosis where treatment is not as effective may contribute to the poorer outcomes. We will discuss the importance of screening programs today.

What is cancer? SLIDE 4

Let's start by talking about what cancer is. Cancer is a disease of the cells which are the body's basic building blocks. Cancer cells are bad (damaged) cells that just keep growing. They form lumps of tissue called tumours in the body that can make you very sick.

Cancer cells can spread to other parts of the body.

Most cancers are named after the body part they start to grow in – for example cancer that begins in the cervix is called cervical cancer, or cancer that begins in the breast is called breast cancer.

Types of cancer - group activity SLIDE 5

We are going to look at some of the cancer types that occur in the body.

In groups of 2 or 3 talk about different types of cancer that have affected women in your family and community. Ask the groups what they have come up with.

Some possible answers the groups might come up with are:

| | | |
|----------|----------|---------------|
| Lung | Breast | Liver |
| Bowel | Cervical | Head and neck |
| Skin | Ovarian | Prostate |
| Pancreas | Uterine | Vulval |
| Stomach | Vaginal | |

List the above types of cancer.

It is important that the women know the parts of the body we are discussing.

The workshop resource includes a large poster of a female with body parts that can be placed on the appropriate areas of the poster. Use this to identify each body part.

Ask the group to name the body parts. As each part is named, place the corresponding label on the correct area. Use local terms wherever possible e.g. "baby bag" or womb for uterus, or baby making and birthing area for the reproductive system.

Tip: Be aware that some participants may have lost family members or friends to cancer and might find the activity difficult. Participants may wish to talk about a personal cancer story.

Session 2 - Breast cancer



SLIDE 6

Purpose: To provide information about breast awareness and early detection.

How can I find breast cancer early?

Tip: You can use the pictures in the PowerPoint presentation, diagrams or a model of a breast to demonstrate breast self-examination and what changes look like.

Explain to participants that it is important that Aboriginal and Torres Strait Islander women are ‘breast aware’ and know what they can do to help find breast cancer early. Finding breast cancer early means there are more treatment options and chance of survival is much better – you can find breast cancer early and survive – that is why this is so important.

There are two things that we women can do to increase our chance of finding breast cancer early.

1) Get to know the normal look and feel of our breasts

SLIDE 7

This will help you notice any new changes. You do not need to be an expert or know a special way to check your breasts.

How can we get to know the normal look and feel of our breasts?

You can do this as part of everyday activities such as dressing, looking in the mirror, or showering.

All women should do this regularly; daughters, mothers, aunties and grandmothers.

What changes should we look out for and get checked by a doctor?

SLIDE 8

Answers should include:

- A new lump or lumpiness, especially if it is only in one breast.
 - for younger women – if it is not related to your normal monthly cycle and remains after your period
 - for women of all ages – if it is a new change in one breast only.
- A change in the size or shape of your breast – this might be either the breast getting bigger or smaller in size.

- A change to the nipple, such as a change in shape, getting crusty, a sore or an ulcer, redness or turning inwards of the nipple
- Discharge from the nipples - if this is from one nipple and is bloodstained, or occurs without squeezing, not related to breast feeding
- A change in the skin of your breast such as any puckering or dimpling of the skin, unusual redness or other colour change
- Any unusual pain - if this is not related to your normal monthly cycle, remains after your period and occurs in one breast only.

Reassure participants that most changes are not due to cancer, however if women find a change that is unusual they should see their doctor or Health Worker straight away to make sure.

2) Have a free breast screen every 2 years, for women between 50 and 74

Breast screening among Aboriginal and Torres Strait Islander women is lower than among non-Indigenous women. Only 38% of Aboriginal and Torres Strait Islander women in Australia have their breasts screened, compared with 54% of non-Indigenous women.

SLIDE 9

Lower participation in mammographic screening may mean that Aboriginal and Torres Strait Islander women are diagnosed with breast cancer when the disease is more advanced. This may contribute to the poorer survival rates in our women.

Breast screening tests are also called mammograms. Mammograms are x-rays of the breast that are used to look for signs of breast cancer.

- Screening mammograms can find cancer in the breast if it is already there
- Screening mammograms do not cause cancer.

Where do I go to have a breast screen?

SLIDE 10

It is important to tell the women how they can have a breast screen in their area as this varies from place to place. BreastScreen Australia provides a free mammographic (breast) screening program for breast cancer and has branches in all states and territories. [You can fill in the details of upcoming screening sessions on Slide 10]

Tip: You could invite someone from BreastScreen to talk at the Women's Business Workshop to explain the process of having a mammogram or have the mobile BreastScreen service attend the workshop so participants can have a mammogram on the day.

What are some of the reasons that we or other women in our community haven't had a breast screen?

SLIDE 11

Go through each topic one by one, talk about the reason and what the women can do to help each other. For example:

| Reason | Talking points |
|--|---|
| Not aware | Some women may not know that they should have a breast screen every two years, this is why it's important to share what we are learning today |
| Fear | It can help to find out what really happens in the test, does it hurt etc |
| Forget | Put your name on the register for Breast screens. A reminder letter will be sent to you when you are due for your next breast screen |
| Shame /embarrassment | Go to a women's clinic, support each other, go with a friend etc. Cancer is an illness and there is nothing to be ashamed of |
| Access and costs (transport) | BreastScreen Australia provides a free breast screening program for breast cancer and has branches in all states and territories |
| Fear of death if diagnosed so prefer not to know | You can find breast cancer early and survive |

How can we encourage women to go and have a breast screen?

Discuss any ideas women have, for example:

- It might be useful to organise a breast screening event
- Arranging to attend breast screening as a group may decrease the embarrassment and fear of going.

Sharing stories about breast cancer

SLIDE 12

Encourage participants to talk about their personal experiences with breast cancer. If there is a local community member available to share their story with the group invite them to speak. Alternatively show a DVD or video and invite participants to have a yarn about what they thought of the video and the key messages. Thank the local community member for being brave in sharing their personal story with everyone.

Tip: Participants may feel emotional about the stories they hear during the workshop. Let the women know that there is a trained counsellor/social worker available to provide support.

SLIDE 13

Remember: You can find breast cancer early and survive!

Session 3 - Cervical cancer screening



SLIDE 14

Purpose: To provide information about how to prevent cervical cancer or find it early through having a Pap smear test for cervical cancer every 2 years.

Aboriginal and Torres Strait Islander women are over three times more likely to die from cervical cancer than non-Indigenous women. This suggests that Aboriginal and Torres Strait Islander women are less likely to have regular Pap smear tests which can prevent cervical cancer.

Why is cervical cancer screening important?

SLIDE 15

Cervical screening, also known as a Pap smear test for cervical cancer, can pick up early warning signs which can be treated before cervical cancer develops. Participating in regular cervical screening can reduce your risk of being diagnosed with cervical cancer.

Who should have a Pap smear test for cervical cancer?

If you are over 18 and have ever had sex, you should have regular Pap smear tests for cervical cancer every 2 years.

Where can I have my Pap smear test for cervical cancer?

You can make an appointment with your doctor or nurse to have a Pap smear test for cervical cancer. You can ask for a female doctor or nurse and it is also fine if you want to take a friend or family member with you.

What are some of the reasons that our women don't have regular Pap smear tests for cervical cancer?

SLIDE 16

Go through each topic one by one, talk about the reason and what the women can do to help each other. For example:

| Reason | Talking points |
|--|--|
| Not aware | Some women may not know that they should have a Pap smear test for cervical cancer every 2 years, this is why it's important to share what we are learning today |
| Fear | It can help to find out what really happens in the test, does it hurt etc |
| Forget | Tell participants that each state and territory has a register where the results of your Pap smear test for cervical cancer are recorded. A reminder letter will be sent to you when you are overdue for your next Pap smear test for cervical cancer or follow-up treatment |
| Shame /embarrassment | Go to a women's clinic. Go with a friend to support each other. You can also talk about the importance of sharing your stories and experience of having a Pap smear test for cervical cancer to your family and friends |
| Access and costs | A Pap smear test for cervical cancer can be bulk billed and has no cost. Speak to your health clinic or Aboriginal and Torres Strait Islander Health Worker for more information |
| Fear of death if diagnosed so prefer not to know | Having a Pap smear test for cervical cancer can prevent cervical cancer |

What is human papillomavirus?

SLIDE 17

- The most common cause of cervical cancer is the human papillomavirus (HPV)
- This virus is spread from person to person through sexual activity
- It is very common and four out of five women will have HPV at some point in their lives
- Most people with HPV do not realise they are infected or that they are passing the virus on to a sex partner
- If left undetected and the virus persists, HPV can cause cervical and other cancers including cancer of the vulva & vagina. It can take many years to develop.

“What else can I do to prevent HPV”?

SLIDE 18

- The HPV vaccine is provided free in schools to all boys and girls aged 12-13 years under the National HPV Vaccination Program. The vaccine is given as three injections over a period of six months by qualified immunisation providers. The HPV vaccine protects against most types of HPV however the vaccine does not protect people who are already infected with HPV
- Regular Pap smear tests for cervical cancer are still essential even if you have the HPV vaccine.

Ask the participants if they have had their vaccine, and if their daughters or sons have had it through the school program. Remind the group it is still important to have a Pap smear test every 2 years even if they have had a vaccine.

Sharing stories about cervical cancer

SLIDE 19

Encourage participants to talk about their personal experiences with cervical cancer. If there is a local community member available to share their story with the group invite them to speak. Alternatively show a DVD or video and invite participants to have a yarn about what they thought of the video and the key messages. Thank the local community member for being brave in sharing their personal story with everyone.

Tip: Participants may feel emotional about the stories they hear during the workshop. Let the women know that there is a trained counsellor/social worker available to provide support.

SLIDE 20

Remember: You can prevent cervical cancer!

Session 4 - Gynaecological cancers



SLIDE 22

Purpose: For participants to understand the symptoms of gynaecological cancers and who they can talk to.

What are gynaecological cancers? SLIDE 23

Explain that there are a number of different types of gynaecological cancers:

SLIDE 24

Use the poster and body parts to explain where each women's business cancer is:

- uterine cancer – this begins in the uterus or womb (where our babies grow)
- cervical cancer – this begins at the neck of the uterus or womb
- ovarian cancer - this begins in the ovaries
- vaginal cancer – this begins in the birth canal (where our babies come out)
- vulval cancer - this begins in the outer part of the female reproductive system.

SLIDE 25

What are some symptoms or changes that you should see your doctor about?

The key symptoms for women's business cancers are listed below.

Cervical cancer symptoms SLIDE 26

- Unusual bleeding from the vagina such as bleeding between periods, during or after sex, or after menopause
- Pain during sex
- Unusual discharge which may smell.

Uterine cancer symptoms SLIDE 27

- Unusual vaginal bleeding, particularly if it occurs after your monthly bleeding has stopped (menopause)
- Unusual discharge from the vagina, which may smell
- Discomfort or pain in the abdomen (belly)
- Difficult or painful urination (when you pee)
- Pain during sex.

Ovarian cancer symptoms SLIDE 28

- Belly or back pain
- Bloating of belly
- Not hungry or feeling full quickly
- Changes in toilet habits (bladder or bowel)
- Unexplained weight loss or weight gain
- Indigestion or heartburn
- Feeling tired.

Some women who get women's business cancers have no symptoms. It is important to know your own body and see a doctor or Health Worker if you notice any changes or anything unusual for you.

Even when we notice changes what are some of the reasons we don't go and get checked out at the doctor?

SLIDE 29

Encourage women to share reasons that they may not go and get women's business cancers symptoms checked out.

- Sometimes it can be embarrassing or we can feel shame going to the clinic to discuss women's business
- But seeing a doctor and having treatment early if you need it can increase our chance of surviving
- You can always take a family member or friend along for some extra support.

SLIDE 30

Remember: No one knows your body like you do! If you notice any change - see your doctor or health professional without delay!

Session 5 - Lifestyle changes



SLIDE 31

Purpose: For participants to identify risk factors of women's business cancers and to discuss lifestyle changes they can make.

You can make some lifestyle changes to reduce your risk of getting women's business cancers.

SLIDE 32

Definition: A risk factor is anything that can increase someone's chances of getting a certain condition, such as cancer. Some risk factors can be changed, such as lifestyle or environmental risk factors. Other risk factors cannot be changed, such as family history and age.

There are some lifestyle changes you can make to reduce your risk of getting women's business cancers. These include:

- Maintain a healthy weight
- Drink less alcohol (grog)
- Don't smoke
- Be active
- Have a Pap smear test.

In session 3 we learnt that having a Pap smear test for cervical cancer every 2 years can prevent cervical cancer and that having the human papillomavirus (HPV) vaccine is also important to reduce your chance of getting cervical cancer.

Why should I make these changes?

Prevention is really important and by making these changes you can reduce your risk of getting women's business cancers as well as other diseases including cardiovascular disease and diabetes.

How can I make these changes?

You can talk to your Health Worker for some help to make these changes. You can also talk to your family and friends and work together to make some healthy changes to your lifestyle.

We have spoken about things we can change to reduce your risk of getting women's business cancers. There are other risk factors that we can't control but it is important that we are aware of.

This table includes the main risk factors associated with the four most common women's business cancers:

Breast cancer risk factors SLIDE 33

- Being a woman
- Growing older – more common in women over 50
- Having a number of blood relatives with breast or ovarian cancer
- Being overweight
- Drinking alcohol
- Being inactive
- Not having children
- If you start monthly bleeding early (before age 12) or if you stop bleeding at an older age (late onset menopause).

Cervical cancer risk factors SLIDE 34

- Human papillomavirus (HPV) - this virus is transmitted by sexual activity
- Smoking
- Not having a regular Pap smear test for cervical cancer every 2 years
- Growing older- more common in women over 35
- Using contraceptive pills for a long time
- Having many children.

Uterine cancer risk factors SLIDE 35

- Growing older – more common in women over 60
- Being overweight - often with diabetes and hypertension
- Being inactive (sedentary lifestyle)
- Having a number of blood relatives with uterine cancer or some other cancers such as ovarian or bowel cancer
- Not having children or being infertile
- If you start monthly bleeding early (before age 12) or if you stop bleeding at an older age (late onset menopause).

Ovarian cancer risk factors SLIDE 36

- Having a number of relatives with ovarian cancer or breast cancer
- Growing older – more common in women over 50
- Smoking
- Being overweight
- Not having children, or having children when you are over the age of 30.

So you can see there are a lot of things that increase your chance of getting women's business cancers that we can't control. But there are a few key things that we should do to reduce our chances, these are:

- Maintain a healthy weight
- Drink less alcohol (grog)
- Don't smoke
- Be active
- Have a Pap smear test.

SLIDE 37

Remember: Making some lifestyle changes can reduce your risk of getting women's business cancers

Session 6 - What have we learnt?



SLIDE 38

Purpose: To review the information presented during the workshop and highlight the key take-home messages about breast and gynaecological cancers awareness and early detection.

What have we learnt?

Today we have talked about women's business cancers so that we are more aware of what to look out for, what to do if we notice anything different, how we can find them early and reduce our chances of getting them. So what are the important take home messages we have learnt today?

What action should we take to reduce the risk of breast cancer and gynaecological cancers? SLIDE 39

- Maintain a healthy weight
- Drink less alcohol (grog)
- Don't smoke
- Be active
- Have a Pap smear test.

What screening should I have done? SLIDE 40

- You can find breast cancer early and survive. So make sure you have a breast screen every two years (over 50 years of age)
- Cervical cancer can be prevented or found early through screening. Make sure you have a Pap smear test for cervical cancer every two years.

Who should you talk to if you think you have symptoms? SLIDE 41

- If you find a change in your body, visit your local Health Centre, Health Worker or doctor without delay.

What should we look out for? SLIDE 42

Breast cancer

- Look for any change in your breast or nipple, including:
 - Any new lump or lumpiness, especially if it's only in one breast
 - A change in the size or shape of your breast
 - A change to the nipple, such as a change in shape, getting crusty, a sore or an ulcer, redness or turning inwards of the nipple
 - Discharge from the nipple that occurs without squeezing
 - A change in the skin of your breast
 - Any unusual pain.

Gynaecological cancers

- Look for any changes such as:
 - Unusual bleeding from the vagina such as bleeding between periods, during or after sex or after menopause
 - Pain during sex
 - Unusual vaginal discharge
 - Pain or swelling in the belly
 - Change in toilet habits (bladder or bowel).

The most important thing is to know your own body and if you notice anything different get it checked out.

A few more important points to finish with SLIDE 43

- You can make changes to reduce cancer risk
- No one knows your body like you do
- Find it early and survive!
- Share what you have learnt here today with your family and friends.

Evaluation, thank you and close SLIDE 44

Thank everyone for participating in the workshop.

Hand out Evaluation Form A and ask the participants to fill it out.

Explain that the evaluation form is not to test participants knowledge. It is to help Cancer Australia improve its resources. You don't have to answer yes to questions if you are unsure or if you feel the response is no.

Encourage everyone to take the information and resources provided.

Tip: You may want to set up a table with additional resources for people to take home.

Help with planning a workshop



This workshop is designed to be run over two hours (including a break) and with the option to run an activity during or at the end of the workshop. A suggested workshop organiser's checklist, timeline and workshop program is included in this manual. The workshop is designed to be flexible and interactive. If the participants are interested in more information about the topic, there is a 'frequently asked questions' section in this resource.

Promotion

Promotion of the Women's Business Workshop to local Aboriginal and Torres Strait Islander women is important. This will ensure the community knows about the workshop and are encouraged to attend.

Below are some ways to promote the workshop in your community:

- consult and involve female Elders in the community
- place promotional posters in the main places in the community (e.g. health clinic, shops, schools and preschools)
- promote at community meetings
- hand out or mail invitation flyers to local Aboriginal and Torres Strait Islander women
- contact local radio/community radio, TV or newspapers, social media (Twitter or Facebook)
- use local networks to encourage Aboriginal or Torres Strait Islander women to attend.

Activity

The workshop organiser may also choose to arrange an activity for participants to take part in during or at the end of the workshop. Providing an activity for participants allows them to get to know each other, to talk about what they have learnt and ask questions, as well as discuss health issues in a relaxed and non-threatening environment.

Activities could include:

- singing
- dancing
- arts/crafts
- cooking.

Additional Resources



Participants of the workshop may ask questions about breast and gynaecological cancers and possible treatments. It is important to answer by saying that any questions about specific symptoms or tests should be discussed with their doctor, nurse or Health Worker. It is not appropriate in a workshop setting to provide specific advice to individuals.

For further information on breast and gynaecological cancers and cancer in Aboriginal and Torres Strait Islander people please have a look at the following useful links and resources.

Cancer Australia

www.canceraustralia.gov.au

Cancer Council Helpline

ph: 131120

www.cancer.org.au

Australia Indigenous CancerInfoNet

www.healthinfonet.ecu.edu.au/chronic-conditions/cancer

Screening Contacts



Each state and territory has breast and cervical cancer screening services that participants can utilise.

For up to date information please see www.cancerscreening.gov.au.

On this website there are Aboriginal and Torres Strait Islander peoples brochures you could print out and give to participants.

Frequently Asked Questions



Below are some potential questions that may be asked and appropriate answers.

Do Aboriginal and Torres Strait Islander women get breast or gynaecological cancers?

Yes. Breast cancer is the most common cancer diagnosed in Aboriginal and Torres Strait Islander women and the second leading cause of cancer death.

Compared to the rest of the population, cervical cancer is 2.3 times more common in Aboriginal and Torres Strait Islander women and uterine cancer is 1.6 times more common.

When should I be referred to a specialist?

Your local doctor is responsible for your overall routine care. Each individual situation is different. Your GP will be able to let you know if you need to visit a specialist.

What treatment would I have for breast or gynaecological cancers?

Participants may ask questions about breast or gynaecological cancer treatment.

Remind participants that today's workshop is about early detection and breast awareness and if they have any specific questions about treatment for breast or gynaecological cancers that they can talk to their local doctor.

What is radiotherapy and what does it do?

The main aim of radiotherapy is to destroy any cancer cells that may be left behind. It is similar to having an x-ray and is usually done each day (Monday – Friday) for several weeks. If a woman is diagnosed with breast or a gynaecological cancer, her doctor will let her know if she needs to have radiotherapy.

What is chemotherapy and what does it do?

Chemotherapy uses drugs to kill cancer cells. Cells grow by dividing. Chemotherapy works by damaging cancer cells that are dividing. It travels around the body in the blood stream, attacking cells.

If a woman is diagnosed with breast or a gynaecological cancer, her doctor will let her know if she needs to have chemotherapy.

What is hormonal therapy and what does it do?

Hormonal therapies are treatments for women who have hormone receptors on their breast cancer cells. Hormonal therapies lower the level of female hormones in the body or change the way the body responds to female hormones.

If a woman is diagnosed with breast cancer, her doctor will let her know if she needs to have hormonal therapy.

What is the significance of a family history of breast cancer?

Women with a family history of breast cancer or ovarian cancer may be at increased risk of developing these cancers. The risk increases the more relatives affected (with breast and/or ovarian cancer) on one side of the family.

Despite the importance of family history as a risk factor, 8 out of 9 women who develop breast cancer do not have an affected mother, sister or daughter.

How safe is the contraceptive pill?

The contraceptive pill is safe to use. Prolonged, uninterrupted exposure (5-10+ years) may slightly increase a woman's risk of breast cancer whilst she is taking the pill. Talk to your GP if you have any questions or concerns.

How safe is Hormone Replacement Therapy?

Hormone replacement therapy (HRT) may carry an increased risk of breast cancer with risk increasing with the length of time a woman is taking HRT. Short periods of HRT for relief of menopausal symptoms increase risk only slightly and the increase reverses after HRT is stopped. Talk to your doctor if you are worried about the risks associated with HRT.

Will the use of antiperspirants cause breast cancer?

There have been claims that using antiperspirant deodorant can cause breast cancer. Some people worry about chemicals contained in deodorants getting into the body through the skin and travelling to the

breasts. There is no quality evidence which shows the use of antiperspirant deodorants is associated with or causes breast cancer.

Does a blow or injury to the breast cause breast cancer?

A blow or injury to the breast does not cause breast cancer, but it can draw attention to a pre-existing lump. If you have breast pain as a result of a blow or otherwise, see your doctor without delay.

What is a breast screen test or mammogram?

Mammograms are X-rays of the breast and they are used to look for signs of breast cancer. Mammograms can be used to investigate breast changes.

Mammograms are also used to look for signs of breast cancer in women who do not have breast changes. This is called a "screening mammogram".

I am under 40 years of age, should I be having a regular mammogram?

Regular mammograms are not recommended for women under 40. Young women's breasts are different to older women's breasts. The density of the breast tissue changes with age. Younger women have denser breasts than older women, which means it is much harder to see any signs of early breast cancer on a mammogram. As women get older, the breast tissue appearance on a mammogram becomes more transparent.

Younger women's breasts look more like cotton wool on a mammogram. Trying to look for something small and white against a white cotton wool background in a young

woman's breast is very difficult. Therefore mammograms are not effective in finding breast cancer early in women less than 40 years of age.

How often should I have a mammogram?

Every two years for women in the target screening age of 50-74.

Will a mammogram harm my breasts?

A mammogram should not be painful. It may be a little uncomfortable. Mammograms can find cancer if it is already there. Mammograms do not cause cancer.

At what age can I receive a free mammogram from BreastScreen?

BreastScreen Australia is targeted specifically at women aged 50-74 years with no breast changes. Women aged 40-49 and 75 years and older, who have no breast cancer symptoms or signs, are also eligible for a free breast screen.

Do silicone breast implants cause cancer?

Silicone breast implants are not linked to breast cancer risk. A large study on the long-term effects followed women with silicone breast implants for more than 10 years and showed no increased risk. The guidelines for breast health and screening also apply to women with breast implants.

How common is breast cancer in younger Aboriginal and Torres Strait Islander women?

Between 2004 and 2008, breast cancer was the most commonly diagnosed cancer in Aboriginal and Torres Strait Islander women (23% of all cancers diagnosed in Aboriginal and Torres Strait Islander women). Of the 438 Aboriginal and Torres Strait Islander women diagnosed with breast cancer in Australia between 2004 and 2008, 92 of these women were aged under 45 (21% of all new breast cancers diagnosed in Aboriginal and Torres Strait Islander women).

An Aboriginal and Torres Strait woman's risk of developing breast cancer increases as she becomes older with more than three quarters of breast cancers diagnosed in women aged 45 years and over.

What are the survival rates for younger women with breast cancer?

The most recent crude survival data from 1999 to 2007 shows that up to 75% of women aged between 50 and 69 years at diagnosis will be alive five years after their diagnosis.

Between 1999 and 2007, the 5-year crude survival estimates for breast cancer was 70% for Aboriginal and Torres Strait Islander women, significantly lower (14%) than that for non-Indigenous women at 81%.

For women younger than 50, the 5-year crude survival estimates for breast cancer was 74.9% for Aboriginal and Torres Strait Islander women, 15% lower than that for non-Indigenous women at 88.3%.

Do men get breast cancer and is their treatment the same as treatment for women with breast cancer?

Men do get breast cancer. Men receive the same treatment as women including surgery, radiotherapy, chemotherapy and hormonal therapy.

How common are gynaecological cancers in younger women?

In 2008 the incidence of gynaecological cancers combined increased with age. Most of the ovarian (61%) and uterine cancers (63%) were diagnosed in women aged 60 years and over. For cervical cancers, about 70% of cases were diagnosed in women under the age of 60.

What are the survival rates for younger women with gynaecological cancers?

Between 2006-2010 for all gynaecological cancers combined, survival decreased with increasing age. Survival rates generally decreased with increasing age for ovarian and cervical cancers. For uterine cancer, survival rates were similar for women under 60 years of age, but decreased for women in the older age groups.

Where in the body do gynaecological cancers develop?

Gynaecological cancers develop in the female reproductive tract. The main areas are:

- Ovaries: women usually have two ovaries, one on each side of the uterus (womb). The ovaries are solid, oval-shaped organs linked to the uterus (or womb) by two tubes called the fallopian

tubes. Inside the ovaries are cells that release female hormones and cells that will mature into eggs. If the egg is fertilised a baby will grow.

- Fallopian tubes: the fallopian tubes connect the upper, outer-most part of the uterus with the ovary and provides a path for the egg. In women of reproductive age, an egg is released from one of the ovaries into the adjacent fallopian tube once each month during ovulation. The tube helps to move the egg along its journey to the uterus with small hair-like projections called cilia, which line the tube's insides.
- Uterus: is also called the womb. It is a hollow organ about the size and shape of an upside-down pear. The uterus is where the baby grows when a woman is pregnant. If there is no baby, the lining of the uterus is shed. This is the monthly bleed (menstruation).
- Cervix: the cervix is the lower part of the uterus that connects to the vagina. It is sometimes called the neck of the uterus. The cervix opens during labour to let the baby through.
- Vagina: a tubular passage through which menstrual blood flows, sexual intercourse occurs, and a baby is born. It extends from the opening of the uterus (called the cervix) to the external part of a woman's sex organs (the vulva). The vagina is also called the birth canal.
- Vulva: the vulva is the external part of a woman's sex organs. It includes the opening of the vagina, the inner and outer lips (also called labia minora and labia majora), the clitoris and the mons pubis (soft, fatty mound of tissue, above the labia).

What is a Pap smear test for cervical cancer?

A Pap smear test for cervical cancer (or Pap smear) is a simple and safe test to check for unhealthy cells of the cervix. Cells are collected from your cervix (entrance of the womb) and sent to a laboratory where they are checked under a microscope.

The unhealthy changes can be treated if found early before they turn into cancer.

The Pap smear test for cervical cancer may be a little uncomfortable but it should not hurt.

If your results are not normal it does not mean you have cancer. Your doctor or nurse will talk to you about the results and discuss what the next steps are and if you require treatment.

When should I have a Pap smear test for cervical cancer?

It is recommended that all women between the ages of 18 and 70 who have ever been sexually active should have a Pap smear test for cervical cancer every two years.

In the early stages of cervical cancer there are usually no symptoms. This is why it is important to have a Pap smear test for cervical cancer every two years.

I am embarrassed. Do I really need this test?

Yes. You have made a wise decision to protect your health. There is no need to be embarrassed. You should be proud of taking steps to make sure you are healthy. If you are worried about having the test you could talk to a Health Worker, nurse or health professional about what is involved and for support.

Does a positive Pap smear test for cervical cancer result mean I have cancer?

Probably not. If your doctor sees that there have been some changes on the cervix, this means that you might have a problem that needs treatment.

Should I have the human papillomavirus (HPV) vaccine?

Most abnormal Pap smear test for cervical cancer results are caused by the Human papillomavirus (HPV). In rare cases if left undetected and the virus persists it can lead to cervical cancer.

The HPV vaccine protects against most types of HPV. It is best given to young people before they are sexually active. It is available free through the school vaccination program to girls and boys aged 12–13.

Feedback



Your feedback is important to us and will help improve the quality of our resources. When you have used the resource to run a workshop, please forward a copy of your evaluation forms and any other comments to:

Indigenous and Rural Program

Cancer Australia

Locked Bag 3

Strawberry Hills NSW 2012.

Thank you for your assistance.

Evaluation Form A: Women's Business Workshops – Participant



The following questions will help us to understand if the workshop has helped you to learn about breast and gynaecological cancers. For each question please tick the answer that best reflects your thoughts and feelings.

Date of the workshop: / / Workshop location: _____

Age of participant: Under 40 years 40+ years

Type of participant: Community Member Health Professional
 Indigenous Liaison Officer

1. Will you talk to your female friends and family about the information you heard today?

Yes No Unsure

2. How easy was it to understand the information and stories you heard today?

Easy Hard Unsure

3. What are the most important things you learnt today?

4. Now that you have attended this workshop, do you know:

Why it is important to get to know the normal look and feel of your body?

Yes No Unsure

Why it is important to have a BreastScreen every two years (if you are between 50 and 74 years old)?

Yes No Unsure

Why is it important to have a Pap smear test for cervical cancer every two years?

Yes No Unsure

What the symptoms of women's business cancers are?

Yes No Unsure

Why is it important for boys and girls to have a HPV vaccine?

Yes No Unsure

Why is it important to see a Health Worker or doctor if you notice any changes to your body?

Yes No Unsure

5. After today's workshop do you think you will do anything different to reduce you or your family's chance of getting women's business cancers?

Yes No Unsure

6. What changes will you make?

Evaluation Form B – Women's Business Workshops – Facilitator/Organiser



This evaluation form is designed to capture the organiser's experience in running the workshop, including the usefulness of the community education resource and how much they think that participant's understanding of breast and gynaecological cancer has improved.

Date of workshop: _____

Workshop location: _____

Facilitator or Organiser: _____

Occupation: _____

1. Please provide three things you think contributed to making the workshop successful/unsuccessful today:

1. _____
2. _____
3. _____

2. Which of the following people presented or came along to the workshop?

- Local Elder
- Aboriginal or Torres Strait Islander Health Worker
- Aboriginal or Torres Strait Islander person to share their story about women's business cancers
- Social worker or counsellor
- Doctor
- Nurse
- Other health professional

3. Did the Community Education Resource provided adequate information

a. about women's business cancers for you to present the workshop?

Yes No

If you answered 'No', what extra information would you have liked?

b. about women's business cancers for you to organise the workshop?

Yes No

If you answered 'No', what extra information would you have liked?

4. Would you organise another Women's Business Workshop?

Yes No Unsure

5. If you used a co-facilitator, how helpful did you find it?

Helpful Unsure Not helpful Not applicable

Please comment:

6. Do you have any other comments about the workshop or the resources included?

Acknowledgements



Cancer Australia would like to acknowledge the Aboriginal and Torres Strait Islander women who participated in the pilot workshops, Communio and Central Australian Aboriginal Congress for their contributions to the development of this community education resource. We would also like to thank Durri Aboriginal Corporation, Kalwun Development Corporation and Central Australian Aboriginal Congress for their work in focus testing the community education resource with Aboriginal and Torres Strait Islander women across Australia.

This material has been informed by previous resources developed by Cancer Australia, in particular the Well Women Workshop and Our Lungs Our Mob Workshop resources.

The following Cancer Australia staff were involved in the development of this resource:

- Ms Isabella Wallington, Manager Indigenous and Rural
- Dr Vivienne Milch, Manager, Breast and Gynaecological Cancers
- Ms Lauren Kinsella, Senior Project Officer

Contact us

If you have any queries about the community education resource or about conducting the workshop please contact Cancer Australia on +612 9357 9400.

www.canceraustralia.gov.au

Glossary



B.

| | |
|--------------|---|
| BreastScreen | BreastScreen is a free two yearly breast x-ray (mammogram) program to find early breast cancer. Free mammograms are available to women aged 50-74 years who do not show signs of having breast cancer. Women aged 40-49 and 75 years and older, who have no breast cancer symptoms or signs, are also eligible for free screening mammograms. Research has shown that screening has the greatest potential to prevent mortality from breast cancer. Women whose mammogram shows a possible abnormality are further assessed with other tests. |
|--------------|---|

C.

| | |
|--------|---|
| Cancer | Cancer is a disease of the cells which are the body's basic building blocks. Cancer cells are bad (damaged) cells that just keep growing. They form lumps of tissue called tumours in the body that can make you very sick. Cancer cells can spread to other parts of the body. Most cancers are named after the body part they start to grow in – for example cancer that begins in the cervix is called cervical cancer, or cancer that begins in the breast is called breast cancer. |
|--------|---|

| | |
|--------|--|
| Cervix | The cervix is the lower part of the uterus that connects to the vagina. It is sometimes called the neck of the uterus. |
|--------|--|

| | |
|--------------|--|
| Chemotherapy | Chemotherapy is the use of anti-cancer drugs to destroy cancer cells. In combination chemotherapy a number of drugs may be given at the same time. Sometimes only one drug is used. Chemotherapy may be used before or after surgery or radiation therapy, or together with radiation therapy. |
|--------------|--|

F.

| | |
|-----------------|---|
| Fallopian tubes | The fallopian tubes connect the upper, outer-most part of the uterus with the ovary. In women of reproductive age, an egg is released from one of the ovaries into the adjacent fallopian tube once each month during ovulation. The tube helps to move the egg along its journey to the uterus with small hair-like projections called cilia, which line the tube's insides. |
|-----------------|---|

M.

| | |
|--------------|---|
| Mammogram | <p>Breast screening tests are called mammograms. Mammograms are x-rays of the breast that are used to look for signs of breast cancer. When mammograms are used to look for signs of breast cancer in women who do not have breast changes they are called “screening mammograms”.</p> <ul style="list-style-type: none"> • Screening mammograms can find cancer in the breast if it is already there. • Screening mammograms do not cause cancer. |
| Menopause | <p>Menopause, also known as ‘the change of life’, marks the end of the monthly cycle of menstruation (or bleeding) in a woman’s life. It is a natural occurrence and marks the end of the reproductive years. You will know that menopause has taken place if you have not had any bleeding for 12 months. Most women reach menopause between the ages of 45 and 55, the average being around 51. Menopause before the age of 40 is called ‘premature menopause’ and before the age of 45 it is called ‘early menopause’.</p> |
| Menstruation | <p>Menstruation is a woman’s monthly bleeding (or period). When you menstruate, your body sheds the lining of the uterus (womb). Menstrual blood flows from the uterus through the small opening in the cervix and passes out of the body through the vagina.</p> |

O.

| | |
|---------|---|
| Ovaries | <p>Women usually have two ovaries, one on each side of the uterus (womb). The ovaries are solid, oval-shaped organs linked to the uterus (or womb) by two tubes called the fallopian tubes. Inside the ovaries are cells that release female hormones and cells that will mature into eggs.</p> |
|---------|---|

P.

| | |
|------------------------------------|---|
| Pap smear test for cervical cancer | <p>A Pap smear test for cervical cancer (Pap smear) is a quick and simple test to check for unhealthy changes to the cells of the cervix. The Pap smear test does not test for cervical cancer, but looks for changes in the cervix, which if left untreated may progress to cancer. Repeating the test every two years is the best way to protect yourself from cervical cancer.</p> |
|------------------------------------|---|

R.

Radiotherapy

Radiotherapy is the use of precisely targeted x-rays to destroy cancer cells while reducing the impact of radiation on healthy cells. The length of treatment varies depending on factors such as the location, type and stage of the cancer, and whether or not the radiotherapy is combined with other treatments, such as chemotherapy or surgery. Radiotherapy can be used to treat cancer in many sites of the body.

U.

Uterus

is also called the womb. It is a hollow organ about the size and shape of an upside-down pear. The uterus is where the baby grows when a woman is pregnant.

V.

Vagina

a tubular passage through which menstrual blood flows, sexual intercourse occurs, and a baby is born. It extends from the opening of the uterus (called the cervix) to the external part of a woman's sex organs (the vulva). The vagina is also called the birth canal.

Vulva

The vulva is the external part of a woman's sex organs. It includes the opening of the vagina, the inner and outer lips (also called labia minora and labia majora), the clitoris and the mons pubis (soft, fatty mound of tissue, above the labia).

Notes



Notes



Notes





The artwork 'Our Journeys' represents the experience of Aboriginal and Torres Strait Islander people with cancer. The white dots are the journey of each individual; the patterned areas are the different landscapes and regions of Australia; and the colours are the different cancer types. Cancer Australia, as the leading agency shaping cancer control in Australia, is depicted by the central ochre meeting place which draws stakeholders together to share ways to improve cancer outcomes. The kangaroo prints and the fish leading to and from the meeting place represent the flow of information and engagement between Cancer Australia and Aboriginal and Torres Strait Islander people.

Artist: Jordan Lovegrove, Ngarrindjeri, Dreamtime Public Relations, www.dreamtimepr.com