

Non-Modifiable, Modifiable and Environmental Risk Factors for Cancer

A cancer risk factor is anything that increases a person’s risk of developing cancer. Non-modifiable cancer risk factors include genetics (e.g., genetic mutations), family history, age, gender, race and ethnicity. Modifiable cancer risk factors include health behaviors and lifestyle factors (e.g., tobacco and alcohol use, obesity). Environmental risk factors for cancer such as radiation, infectious agents and workplace exposures may be non-modifiable or modifiable. The causes of cancer vary greatly by site/type of cancer, and many risk factors have yet to be identified. It is often not just one factor that increases a person’s risk of developing cancer; rather, cancer most often results from a complex interaction of multiple factors.

The most effective way to prevent cancer is to control or change known, modifiable risk factors. The National Cancer Institute reports that 30 percent of all cancer deaths are caused by cigarette smoking. In addition, the American Cancer Society estimates that one-third of cancer deaths are linked to poor diet, physical inactivity, and overweight and obesity. Avoidance of chemicals and other substances in the environment may also reduce the risk of developing cancer. Non-modifiable, modifiable and environmental risk factors by cancer site/type are presented in the following table.

Site/Type	Non-Modifiable Risk Factors	Modifiable and Environmental Risk Factors
Brain & Other Central Nervous System (CNS)	<p>Gene mutations: Rare genetic mutations such as those causing neurofibromatosis, tuberous sclerosis, Li-Fraumeni syndrome and Von Hippel-Lindau (VHL) disease increase risk.</p> <p>Family history: A family history of brain and other CNS cancer increases risk.</p>	<p>Ionizing radiation: Radiation to the head, e.g., for treatment of ringworm or another cancer, increases risk.</p>
Bladder	<p>Personal history: People who have had bladder cancer have an increased risk of getting the disease again.</p> <p>Family history: People with family members who have had bladder cancer have a slightly increased risk.</p>	<p>Smoking: Tobacco smoking causes most cases of bladder cancer. People who smoke for many years have a higher risk than nonsmokers or those who smoke for a short time.</p> <p>Certain cancer treatments: People with cancer who have been treated with certain drugs (such as cyclophosphamide) may be at increased risk. Also, people who have had radiation therapy to the abdomen or pelvis may be at increased risk.</p> <p>Chemicals in the workplace: Some people have a higher risk of bladder cancer because of cancer-causing chemicals in their workplace. Workers in the dye, rubber, chemical, metal, textile and leather industries may be at higher risk. In addition, hairdressers, machinists, printers, painters and truck drivers may have increased risk.</p> <p>Arsenic: Arsenic is a poison that increases the risk of bladder cancer. In some areas of the world, arsenic may be found at high levels in drinking water. However, the United States has safety measures limiting the arsenic level in public drinking water.</p>

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Breast	<p>Age: 95 percent of breast cancers occur in women over age 40.</p> <p>Sex: Breast cancer is 100 times more common among women than men.</p> <p>Race: White women are slightly more likely to develop breast cancer than are black women, but black women are more likely to die of this cancer, probably because their tumors tend to be more aggressive.</p> <p>Ethnicity: Ashkenazi Jews are at increased risk.</p> <p>Genetics: A woman’s lifetime risk of developing breast cancer is greatly increased if she inherits a harmful mutation in the BRCA1 gene or the BRCA2 gene. Men with these mutations also have increased risk.</p> <p>Personal history: Women with a personal history of breast cancer, ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), benign breast disease or high breast tissue density are at greater risk.</p> <p>Family history: Risk increases if a first-degree relative (mother, sister or daughter) has had breast cancer.</p> <p>Long menstrual history: Women who started menstruating before age 12 or who went through menopause after age 55 have higher risk.</p>	<p>Combination hormone replacement therapy: Long-term use of combination hormone replacement therapy (estrogen-progestin) is associated with increased risk.</p> <p>Ionizing radiation: Radiation therapy to the chest for the treatment of cancer increases the risk of breast cancer, starting 10 years after treatment. The risk of breast cancer depends on the dose of radiation and the age at which it is given. The risk is highest if radiation treatment was used during puberty, when breasts are forming.</p> <p>Obesity: Obesity increases risk, especially in post-menopausal women.</p> <p>Alcohol: Drinking alcohol increases risk. The level of risk rises as the amount of alcohol consumed increases.</p> <p>Late pregnancy or never being pregnant: Risk is higher in women who become pregnant for the first time after age 35 or who never become pregnant.</p> <p>Diethylstilbestrol (DES): Women who were given DES during pregnancy have slightly increased risk, and their daughters may also have increased risk.</p> <p>Night-shift work: Several studies have suggested that women who work at night—for example, nurses on a night shift—may have an increased risk.</p>
Cervix	<p>Age: Cervical cancer tends to occur in midlife. Half of women who develop this cancer are ages 35–55, and more than 15 percent are diagnosed at age 65 and older. Cervical cancer rarely develops in women younger than age 20.</p> <p>Race/ethnicity: Incidence rates in Hispanic women and American Indian/Alaskan Native women are higher than in women from other racial/ethnic groups. Despite recent declines, mortality rates in black women remain higher than women of any other racial/ethnic group in the United States.</p>	<p>Human papillomavirus (HPV) infection: The most common cause of cervical cancer is infection of the cervix with HPV. HPV infections that cause cervical cancer are spread mainly through sexual contact. Women who become sexually active at a young age and who have many sexual partners are at a greater risk of HPV infection and developing cervical cancer.</p> <p>Smoking: Among women infected with HPV, those who smoke have twice the risk compared with nonsmokers.</p> <p>Multiple pregnancies: Women who have had seven or more full-term pregnancies may have increased risk.</p> <p>Oral contraceptive use: Taking birth control pills for five or more years increases risk; Taking them for 10 years or longer increases risk approximately four times compared with those who do not.</p> <p>DES: Women whose mothers were given DES during pregnancy have slightly increased risk.</p>

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Colon & Rectum	<p>Age: Most cases of colon and rectum cancer are diagnosed after age 50.</p> <p>Sex: Men have higher incidence rates of colon and rectum cancer than women.</p> <p>Race: Black men have the highest colon and rectum cancer incidence and mortality rates.</p> <p>Ethnicity: Ashkenazi Jews are at increased risk.</p> <p>Personal history: Having had colon and rectum cancer, intestinal polyps, ulcerative colitis, Crohn's disease or chronic inflammatory bowel disease increases risk.</p> <p>Family history: Having a parent, brother, sister or child with colon and rectum cancer doubles a person's risk.</p> <p>Genetics: The risk of colon and rectum cancer is increased when certain gene changes linked to familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC, also known as Lynch Syndrome) are inherited.</p>	<p>Alcohol: Drinking three or more alcoholic beverages per day increases risk. Drinking alcohol is also linked to the risk of forming large colon and rectum adenomas (benign tumors).</p> <p>Smoking: Cigarette smoking is linked to an increased risk of colon and rectum cancer and death from colon and rectum cancer. Smoking cigarettes is also linked to an increased risk of forming colon and rectum adenomas. Cigarette smokers who have had surgery to remove colon and rectum adenomas are at an increased risk for the adenomas to recur.</p> <p>Obesity: Obesity is linked to an increased risk of colon and rectum cancer and death from colon and rectum cancer.</p>
Esophagus	<p>Personal history: People who have had certain other cancers such as lung cancer, mouth cancer and throat cancer have a high risk of getting squamous cell carcinoma of the esophagus. This may be because all of these cancers can be caused by smoking.</p>	<p>Tobacco: The use of tobacco products, including cigarettes, cigars, pipes and chewing tobacco, is a major risk factor for esophageal cancer.</p> <p>Alcohol: Drinking alcohol increases risk. Combining smoking and drinking alcohol increases the risk of esophageal cancer much more than using either alone.</p> <p>Overweight or obesity: People who are overweight or obese have a higher risk of adenocarcinoma of the esophagus.</p> <p>Reflux or Barrett's esophagus: Long-term irritation of the lining of the esophagus, as happens with reflux and Barrett's esophagus, may increase risk.</p>
Hodgkin Lymphoma	<p>Age: Hodgkin lymphoma is most common in early adulthood (ages 15–40, especially in a person's 20s) and in late adulthood (after age 55).</p> <p>Sex: Hodgkin lymphoma occurs slightly more often in males than in females.</p> <p>Geography: Hodgkin lymphoma is most common in the United States, Canada and northern Europe, and is least common in Asian countries.</p> <p>Family history: Brothers and sisters of young people with this disease have a higher risk.</p>	<p>Epstein-Barr virus infection/mononucleosis: People who have had infectious mononucleosis (sometimes called mono for short), an infection caused by the Epstein-Barr virus (EBV), have increased risk.</p> <p>Human immunodeficiency virus (HIV) infection: People infected with HIV have increased risk.</p>

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Kidney & Renal Pelvis	<p>Family history: People with a family member who has had kidney cancer have a slightly increased risk of the disease.</p> <p>Von Hippel-Lindau (VHL) syndrome: VHL is a rare disease that runs in some families. It's caused by changes in the VHL <i>gene</i>. People with a changed VHL gene have increased risk.</p>	<p>Smoking: People who smoke have a higher risk than nonsmokers. The risk is higher for those who smoke more cigarettes or smoke for a longer time.</p> <p>Obesity: Being obese increases risk.</p> <p>High blood pressure: Having high blood pressure may increase risk.</p> <p>Occupational exposures: Many studies suggest that workplace exposure to certain substances increases the risk for kidney cancer. Some of these substances are cadmium, some herbicides and organic solvents, particularly trichloroethylene.</p>
Larynx	<p>Age: More than half of all people diagnosed with laryngeal cancer are age 65 or older.</p> <p>Sex: Cancer of the larynx is about four times more common in men than women.</p> <p>Race: Cancer of the larynx is more common among African Americans and whites than among Asians and Latinos.</p>	<p>Smoking: Smoking tobacco causes most laryngeal cancers. Heavy smokers who have smoked tobacco for a long time are most at risk for laryngeal cancer.</p> <p>Alcohol: People who are heavy drinkers are more likely to develop laryngeal cancer than people who don't drink alcohol. The risk increases with the amount of alcohol that a person drinks.</p> <p>Occupational exposures: Long and intense exposures to wood dust, paint fumes and certain chemicals used in the metalworking, petroleum, plastics and textile industries can increase risk. Some studies have found a possible link between asbestos exposure and laryngeal cancer.</p>
Leukemia	<p>Age: Acute lymphocytic leukemia (ALL) is most commonly diagnosed among children; whereas, acute myeloid leukemia (AML), chronic lymphocytic leukemia (CLL), and chronic myeloid leukemia (CML) occur mainly in adults.</p> <p>Sex: Leukemia is more common among men than women.</p> <p>Race: Whites have higher rates of leukemia than African Americans.</p> <p>Family history: First-degree relatives of CLL patients have increased risk of CLL.</p> <p>Inherited syndromes: Certain inherited conditions such as Down syndrome, Klinefelter syndrome, Fanconi's anemia, Wiskott-Aldrich syndrome, Bloom's syndrome, Li-Fraumeni syndrome and ataxia telangiectasia increase risk.</p> <p>Myelodysplastic syndrome: This blood disease increases risk of AML.</p>	<p>Ionizing radiation: Exposure to large amounts of ionizing radiation (e.g., from an atomic bomb explosion, nuclear reactor accident or medical treatments that use radiation) increases risk of AML, ALL and CML.</p> <p>Benzene: Long-term exposure to high levels of benzene increases risk of AML and possibly ALL.</p> <p>Chemotherapy: Certain chemotherapy drugs used to treat other cancers increase risk of AML and ALL.</p> <p>Cigarette smoking: Carcinogens in cigarette smoke, particularly benzene, increase risk of AML.</p> <p>Human T-cell lymphotropic virus (HTLV-1) infection: Infection with HTLV-1 increases risk of a rare type of leukemia known as adult T-cell leukemia.</p> <p>Chemical exposures: Certain chemical exposures such as long-term exposure to high levels of benzene increase risk of AML and ALL. Benzene is a solvent used in the rubber industry, oil refineries, chemical plants, shoe manufacturing and gasoline-related industries, and is also present in cigarette smoke, some glues, cleaning products, detergents, art supplies and paint strippers.</p>

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<p>Liver & Intrahepatic Bile Duct</p>	<p>Iron storage disease: Liver cancer may develop among people with a disease that causes the body to store too much iron in the liver and other organs.</p>	<p>Heavy alcohol use: Having more than two drinks of alcohol each day for many years increases risk.</p> <p>Obesity and diabetes: Studies have shown that obesity and diabetes may be important risk factors for liver cancer.</p> <p>Infection with hepatitis B virus (HBV) or hepatitis C virus (HCV): Liver cancer can develop after many years of infection with either of these viruses. Around the world, infections with HBV or HCV are the main cause of liver cancer.</p> <p>Aflatoxin: Liver cancer can be caused by aflatoxin, a harmful substance made by certain types of mold. Aflatoxin can form on peanuts, corn and other nuts and grains.</p> <p>Vinyl chloride: Exposure to this chemical increases the risk of angiosarcoma of the liver.</p>
<p>Lung & Bronchus</p>	<p>Age: About two out of three people diagnosed with lung and bronchus cancer are older than age 65.</p> <p>Sex: Lung and bronchus cancer is more common among men compared with women.</p> <p>Personal history: Having had lung and bronchus cancer before increases risk.</p> <p>Family history: Having parents or siblings who have had lung cancer may increase risk.</p>	<p>Smoking: Tobacco (cigarette, cigar and pipe) smoking is the most important risk factor for lung cancer. Tobacco smoking causes about nine out of 10 cases of lung cancer in men and about eight out of 10 cases of lung cancer in women. Studies have shown that smoking low tar or low nicotine cigarettes does not lower the risk of lung cancer. Studies also show that the risk of lung cancer from smoking cigarettes increases with the number of cigarettes smoked per day and the number of years smoked. People who smoke have about 20 times the risk of lung cancer compared with those who do not smoke.</p> <p>Secondhand smoke: Being exposed to secondhand tobacco smoke increases risk.</p> <p>Beta carotene supplements in heavy smokers: Taking beta carotene supplements (pills) increases the risk of lung cancer, especially in people who smoke one or more packs a day. This risk is higher in smokers who have at least one alcoholic drink every day.</p> <p>Occupational or environmental exposures: Exposure to substances such as radon, asbestos, arsenic, radioactive ores (e.g., uranium), silica, beryllium, cadmium, vinyl chloride, chromium compounds, nickel chromates, coal products, mustard gas, chloromethyl ethers and diesel exhaust increases risk.</p> <p>Air pollution: Living in areas with higher levels of air pollution increases risk.</p>

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Melanoma of the Skin	<p>Age: Melanoma is more common in older people; however, it is one of the most common cancers in people younger than age 30.</p> <p>Sex: Men are more likely to develop this cancer than women.</p> <p>Race: Risk of melanoma is more than 10 times higher for whites than for African Americans.</p> <p>Dysplastic moles: Having these abnormal moles increases risk.</p> <p>Fair skin: Melanoma occurs more frequently in people who have fair skin that burns or freckles easily, red or blond hair, or blue, green or other light-colored eyes.</p> <p>More than 50 ordinary moles: Having many moles increases risk.</p> <p>Personal history of melanoma or skin cancer: People who have had melanoma or non-melanoma skin cancer (basal cell carcinoma or squamous cell carcinoma) are at increased risk of melanoma.</p> <p>Family history: Having two or more close relatives who have had melanoma increases risk.</p> <p>Weakened immune system: People whose immune systems are weakened by certain cancers, by drugs given following organ transplantation or by HIV are at increased risk.</p>	<p>Sun and ultraviolet (UV) radiation: UV radiation from both the sun and artificial sources such as sunlamps and tanning booths increases risk.</p> <p>Severe, blistering sunburns: People who have had at least one severe, blistering sunburn as a child or teenager are at increased risk of melanoma. Sunburns in adulthood also increase risk.</p>
Multiple Myeloma	<p>Age: The risk of multiple myeloma increases as people age. Less than 1 percent of cases are diagnosed in people younger than age 35. Most people diagnosed with this cancer are at least 65 years old.</p> <p>Sex: Men are slightly more likely to develop multiple myeloma than women.</p> <p>Race: Multiple myeloma is more than twice as common in African Americans compared with white Americans. The reason is not known.</p> <p>Family history: Multiple myeloma seems to run in some families. Someone who has a sibling or parent with myeloma is four times more likely to get it than would be expected. Most patients have no affected relatives, so this accounts for only a small number of cases.</p> <p>Having other plasma cell diseases: Many people with monoclonal gammopathy of undetermined significance (MGUS) or solitary plasmacytoma will eventually develop multiple myeloma.</p>	<p>Radiation: People who were exposed to radiation from an atomic bomb blast have a higher risk of multiple myeloma. Exposure to lower levels of radiation may also increase risk. This accounts for a very small number of cases.</p>
Non-Hodgkin Lymphoma (NHL)	<p>Age: Risk increases with advancing age.</p> <p>Sex: Lymphoma is more common in men than women.</p> <p>Race: Whites are more likely to develop NHL than African Americans or Asians.</p> <p>Weakened immune system: HIV infection, inherited immunodeficiency syndromes and drugs given following organ transplants to suppress immunity increase risk. Some autoimmune diseases (e.g., rheumatoid arthritis, lupus) have been linked with an increased risk of NHL.</p>	<p>Infections: Infection with HTLV-1, HIV, <i>Helicobacter pylori</i>, hepatitis C virus or Epstein-Barr virus increases risk.</p> <p>Chemical exposures: Some studies have suggested that chemicals such as benzene and certain herbicides and insecticides (weed- and insect-killing substances) may be linked with an increased risk of NHL.</p>

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Oral Cavity & Pharynx	<p>Age: Most patients with these cancers are older than age 55. People with oral cancers linked to HPV infection tend to be younger.</p> <p>Sex: Men are more than twice as likely to develop this cancer type compared with females, likely due to higher tobacco and alcohol use.</p> <p>Personal history: People who have had oral cavity and pharynx cancer are at increased risk of developing another.</p>	<p>Tobacco use: Most patients with this cancer type use tobacco (cigarette, cigar, pipe or smokeless tobacco), and risk increases with the amount and duration of use.</p> <p>Alcohol: Drinking alcohol increases risk, especially if combined with tobacco use.</p> <p>Sun exposure: Lip cancer is more common among those who have prolonged exposure to sunlight.</p> <p>HPV infection: Being infected with a certain type of HPV virus, especially HPV type 16, increases the risk of oral cancer.</p> <p>Betel nut use: Betel nut is a type of palm seed wrapped with a betel leaf and sometimes mixed with spices, sweeteners and tobacco. Chewing betel nut, which is most common in Asia, causes oral cancer.</p>
Ovary	<p>Age: The risk of developing ovarian cancer increases with age. Ovarian cancer is rare in women younger than age 40. Most ovarian cancers develop after menopause.</p> <p>Obesity: Obese women (those with a body mass index of 30 or higher) have increased risk.</p> <p>Reproductive history: Women who had their first full-term pregnancy after age 35 or who never carry a pregnancy to term have a higher risk of ovarian cancer.</p> <p>Inherited genetic mutations: A small portion of ovarian cancers occur in women with inherited gene mutations linked to an increased risk of ovarian cancer. These include mutations in the BRCA1 and BRCA2 genes.</p>	<p>Oral contraceptives: Women who have used oral contraceptives have decreased risk.</p>
Pancreas	<p>Diabetes: People with diabetes are more likely to develop pancreatic cancer.</p> <p>Family history: Having a mother, father, sister or brother with pancreatic cancer increases the risk of developing the disease.</p> <p>Inflammation of the pancreas: Pancreatitis is a painful inflammation of the pancreas. Having pancreatitis for a long time may increase risk.</p>	<p>Smoking: Smoking tobacco is the most important risk factor for pancreatic cancer. People who smoke tobacco are more likely than nonsmokers to develop this disease. Heavy smokers are most at risk.</p> <p>Obesity: People who are overweight or obese are slightly more likely than other people to develop pancreatic cancer.</p>
Prostate	<p>Age: About two-thirds of prostate cancers are diagnosed in men over age 65.</p> <p>Race: Black men are more likely than white men to be diagnosed with this cancer.</p> <p>Family history: A man whose father, brother or son has had prostate cancer has a higher-than-average risk.</p> <p>Genetic changes: Several inherited gene changes seem to raise prostate cancer risk. Mutations in BRCA1 or BRCA2 genes may also increase prostate cancer risk in some men.</p> <p>Prostate changes: Men with abnormal prostate cells, called high-grade prostatic intraepithelial neoplasia, may have increased risk.</p>	<p>Vitamin E: The Selenium and Vitamin E Cancer Prevention Trial (SELECT) found that vitamin E taken alone increased the risk of prostate cancer. The risk continued even after the men stopped taking vitamin E.</p> <p>Folic acid: A 10-year study showed that the risk of prostate cancer was increased in men who took one milligram supplements of folic acid. However, the risk of prostate cancer was lower in men who had enough folate in their diets.</p> <p>Dairy and calcium: A diet high in dairy foods and calcium may cause a small increase in the risk of prostate cancer.</p>

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Stomach	<p>Long-term inflammation of the stomach: People who have conditions associated with long-term stomach inflammation (such as the blood disease pernicious anemia) are at increased risk of stomach cancer. Also, people who have had part of their stomach removed may have long-term stomach inflammation and increased risk of stomach cancer many years after their surgery.</p> <p>Family history: Close relatives (parents, brothers, sisters or children) of a person with a history of stomach cancer are slightly more likely to develop the disease themselves. If many close relatives have a history of stomach cancer, the risk is even greater.</p>	<p>Smoking: Smokers are more likely than nonsmokers to develop stomach cancer. Heavy smokers are most at risk.</p> <p>Poor diet: Studies suggest that people who eat a diet high in foods that are smoked, salted or pickled have an increased risk for stomach cancer. People who eat a diet high in fresh fruits and vegetables may have a lower risk of this disease.</p> <p>Lack of physical activity: A lack of physical activity may increase risk.</p> <p>Obesity: People who are obese may have an increased risk of cancer developing in the upper part of the stomach.</p> <p>Helicobacter pylori (H. pylori) infection: <i>H. pylori</i> is a bacterium that commonly infects the inner lining (the mucosa) of the stomach. Infection with <i>H. pylori</i> can cause stomach inflammation and peptic ulcers. It also increases the risk of stomach cancer, but only a small number of infected people develop stomach cancer.</p>
Testis	<p>Age: About half of testicular cancers occur in men between the ages of 20 and 34.</p> <p>Race: Risk is higher among whites than African Americans and Asian/Pacific Islanders.</p> <p>Family history: A man whose father or brother has had testicular cancer has increased risk.</p> <p>Cryptorchidism: This condition in which the testicles do not descend into the scrotum before birth increases risk.</p> <p>Personal history: A man who has developed cancer in one testicle has increased risk of developing cancer in the other.</p>	
Thyroid	<p>Sex: For unclear reasons, thyroid cancers and other diseases of the thyroid occur about three times more often in women than in men.</p> <p>Age: The risk peaks earlier for women (who are most often in their 40s or 50s when diagnosed) than for men (who are usually in their 60s or 70s).</p> <p>Hereditary conditions and family history: Several inherited conditions and family history have been linked to different types of thyroid cancer.</p>	<p>Diet low in iodine: Follicular thyroid cancers are more common in areas of the world where people's diets are low in iodine. In the United States, most people get enough iodine in their diet because it is added to table salt and other foods. A diet low in iodine may also increase the risk of papillary thyroid cancer if the person also is exposed to radioactivity.</p> <p>Ionizing radiation: Exposure to radiation is a proven risk factor for thyroid cancer. Sources of such radiation include certain medical treatments and radiation fallout from power plant accidents or nuclear weapons. Head or neck radiation treatments in childhood are also a risk factor for thyroid cancer.</p>

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Uterine Corpus and Uterine, Not Otherwise Specified	<p>Age: Most cases are diagnosed in women older than age 50.</p> <p>Race: White women are more likely than black women to develop this cancer.</p> <p>Long menstrual history: Women are at increased risk of uterine (endometrial) cancer if they had their first menstrual period before age 12 and/or went through menopause after age 55.</p> <p>Family history: Women with family members who have had uterine cancer or an inherited form of colorectal cancer known as Lynch syndrome are at increased risk.</p> <p>Abnormal overgrowth of the endometrium: An abnormal increase in the number of cells in the lining of the uterus (endometrial hyperplasia) increases risk.</p>	<p>Reproductive history: Women are at increased risk of uterine cancer if they have never had children.</p> <p>Obesity: Being overweight or obese is associated with increased risk.</p> <p>Hormone therapy: The risk of uterine cancer is higher among women who used estrogen alone (without progesterone) for menopausal hormone therapy for many years. Addition of progesterone to estrogen therapy negates this risk.</p> <p>Tamoxifen: Women who took the drug tamoxifen to prevent or treat breast cancer are at increased risk of uterine cancer.</p>

Sources: National Cancer Institute website, www.cancer.gov; American Cancer Society website, www.cancer.org.

