



SEPTEMBER 2026 | GYNECOLOGIC CANCER & PCOS AWARENESS

BLACK WOMEN DESERVE TO BE HEARD. TRUST YOUR BODY. SEEK ANSWERS.

If bleeding, pelvic symptoms, or changes in your cycle are unusual for you, write them down and ask for an evaluation. You deserve a clear explanation and a follow-up plan.

WHY THIS MATTERS FOR BLACK WOMEN

Black women had more than twice the uterine cancer death rate of other racial and ethnic groups in an NCI analysis. In one study of patients with uterine cancer, 45.0% of Black patients versus 30.3% of White patients were diagnosed at an advanced stage. These group statistics cannot predict one person's outcome. Research also identifies a greater cardiometabolic burden among Black women with PCOS.

RACISM AFFECTS CARE

Bias, unequal access to specialists and testing, and dismissed symptoms can delay answers. Research led by gynecologic oncologist Dr. Kemi Doll found that older Black women with postmenopausal bleeding were less likely to receive guideline-concordant evaluation. These are health-system failures, not personal failures. Ask for your symptoms and plan to be documented; request a referral or another opinion when concerns persist.

HOW PCOS CAN AFFECT FERTILITY AND WEIGHT

PCOS can disrupt ovulation, so eggs are released irregularly or not at all. This can make pregnancy harder, but treatment can help many people ovulate. Insulin resistance is common in PCOS. Higher insulin can increase androgen activity and make weight management harder; weight gain may worsen insulin resistance. Not everyone with PCOS gains weight.

PCOS AND THE ENDOMETRIUM

When ovulation is infrequent, the uterine lining may be exposed to estrogen without enough progesterone. Over time, the lining can thicken, raising the risk of endometrial hyperplasia and cancer. PCOS does not mean cancer is inevitable. Ask a clinician how to manage infrequent periods and protect the lining.

WHY PROMPT EVALUATION MATTERS

SEER reports 94.9% five-year relative survival for uterine cancer diagnosed while localized. This population measure is not a promise for any individual. Report bleeding or spotting after menopause, unusual bleeding or discharge, and persistent pelvic pain or pressure. A Pap test does not screen for uterine cancer; ask what evaluation fits your symptoms.

KNOW YOUR FAMILY HEALTH HISTORY

PCOS can run in families and reflects genetic and other factors. Tell your clinician about relatives with PCOS or diabetes. Family history of uterine, colorectal, or ovarian cancer may warrant a discussion of Lynch syndrome and genetic counseling. Family history does not automatically mean you inherited a condition.

ASK FOR ANSWERS

What else could cause my symptoms? What testing or referral is appropriate? When will I get results? If my periods are infrequent, how should my uterine lining be protected? Does my family history suggest genetic counseling? Please document my symptoms and the follow-up plan.

BLACK EXPERTS LEADING CHANGE

Dr. Kemi Doll studies barriers to timely endometrial cancer evaluation for Black women. Dr. Erica Marsh has contributed research on PCOS and reproductive health disparities. Their work helps make inequities visible and informs better care.

RESOURCES & RESEARCH

NCI | Uterine cancer deaths among Black women — <https://www.cancer.gov/news-events/press-releases/2022/uterine-cancer-deaths-black-women>

Black-White differences in stage at diagnosis | PubMed — <https://pubmed.ncbi.nlm.nih.gov/38091770/>

Dr. Kemi Doll | Bleeding recognition and evaluation — <https://pubmed.ncbi.nlm.nih.gov/30291839/>

Black women and PCOS cardiometabolic risk | PubMed — <https://pubmed.ncbi.nlm.nih.gov/33316275/>

CDC | PCOS and diabetes — <https://www.cdc.gov/diabetes/risk-factors/pcos-polycystic-ovary-syndrome.html>

CDC | Uterine cancer symptoms — <https://www.cdc.gov/uterine-cancer/symptoms/>

CDC | Lynch syndrome and inherited risk — <https://www.cdc.gov/colorectal-cancer-hereditary/managing-risk/index.html>

NIH/NICHD | PCOS — <https://www.nichd.nih.gov/health/topics/factsheets/pcos>

NCI | Endometrial cancer patient information — <https://www.cancer.gov/types/uterine/patient/endometrial-treatment-pdq>

NCCN | Uterine cancer patient guidelines — <https://www.nccn.org/patients/guidelines/content/PDF/uterine-patient.pdf>

SEER | Uterine cancer survival statistics — <https://seer.cancer.gov/statfacts/html/corp.html>

Education only. This newsletter is not a diagnosis or a substitute for medical advice. Seek urgent care for severe bleeding, fainting, chest pain, or shortness of breath.