

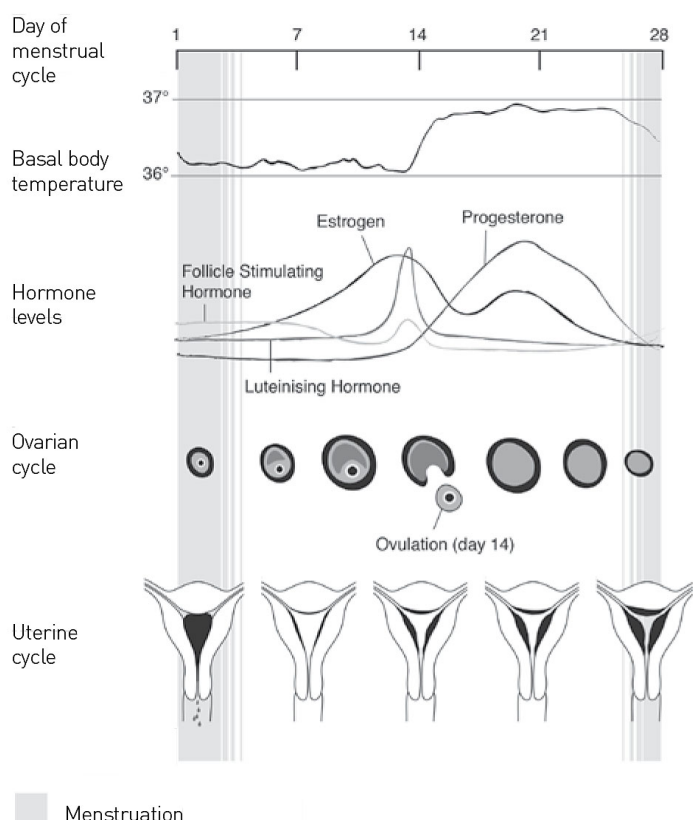


ENDOMETRIAL CANCER

This fact sheet is for women who have been told they have endometrial cancer or are worried they do. It explains what endometrial cancer is, some of its symptoms and ways to treat it.

If you are concerned about symptoms it is important that you see your nurse, doctor or gynaecologist (specialist in women's health). It is more likely that your symptoms are not related to cancer but it is important to have all symptoms checked.

The endometrium is the lining of the uterus or womb. It gets thicker when you are ovulating and then the top layers come out during your period, if you have not become pregnant.



Around four per cent of Australian women who have cancer will have this kind of cancer. Each year, about 1900 Australian women find out they have endometrial cancer.

What causes endometrial cancer?

Usually it's not possible to say what causes cancer in a particular woman. There are things that women with endometrial cancer have in common though. These are known as risk factors and they suggest that you are more likely to develop endometrial cancer if:

- you are overweight or obese
- you are over 50 years old and have gone through menopause
- your endometrium grows too thick (a condition known as **endometrial hyperplasia**)
- one or more people in your family have had endometrial, bowel, breast or ovarian cancer, or Lynch syndrome (hereditary non-polyposis colorectal cancer – HNPCC)
- you take an oestrogen hormone replacement that does not have progesterone
- you are taking the drug tamoxifen (which is used to treat breast cancer)
- you have high blood pressure (**hypertension**) and diabetes
- you have never had children
- you have had pelvic radiation in the past to treat another cancer
- you have a tumour in one of your ovaries
- you have polycystic ovary syndrome (PCOS).

Endometrial cancer is rising in incidence and is most likely due to the rising incidence of obesity.

What are the symptoms of endometrial cancer?

Symptoms of endometrial cancer include:

- bleeding after you've been through menopause
- unusually heavy periods and bleeding in between your periods
- unusual fluid or discharge from your vagina which is watery, bloody or smelly.

Less commonly you may experience:

- pain in your belly or abdomen
- trouble going to the toilet or pain when you do go.

See your doctor if you any of these symptoms persist and/or are unusual for you.

What should I do if I think I have endometrial cancer?

- See your doctor, nurse or gynaecologist.
- Talk to them about any changes to your body that you have noticed.
- Let them know if you or anyone in your family has had cancer and if you are taking any medicine or have any conditions that may mean you are more likely to have endometrial cancer.

They will most likely:

- ask you questions about the history of your health
- examine you
- do a blood test
- examine your vagina and cervix using a speculum, like that used in cervical screening, to open your vagina
- do an ultrasound of your uterus by putting
- a small wand (called a transducer) into your vagina (this takes a picture of your cervix, uterus, endometrium and ovaries).

They may also need to take and test a sample or biopsy of your endometrium. This can be done without anaesthetic in a day clinic with a thin tube (or pipelle) which is put into your uterus (through your vagina) and gently sucks up a small sample of cells. Sometimes you will be given an injection of medicine or anaesthetic to put you to sleep so that they can scrape part of your endometrium (known as a **dilation and curettage or D&C**).

Cervical screening tests do not check for endometrial cancer. They check for cervical cancer.

How is endometrial cancer treated?

The kind of treatment you have will depend on:

- the size of the cancer and where it is in your body (stage of cancer)
- how quickly it is growing (grade of cancer)
- where in the endometrium it started (type of cancer)
- your age, health and medical history.

At the Women's a team of specialists will discuss these things and determine the best possible treatment for your particular cancer, lifestyle and wishes. They will recommend one or more of these treatment options:

- **Surgery** to remove your uterus and cervix (known as a **total hysterectomy**), your fallopian tubes (**salpingectomy**) and ovaries (known as an **oophorectomy**) is the standard treatment. If the cancer has spread to other parts of your body, you may have surgery to remove these other cancers.
- **Radiotherapy** to control or kill the cancer If you have external radiation, you will sit or lie near a machine that directs radiation beams at your cancer. If you have internal radiotherapy (known as **brachytherapy**), a small radioactive device will be put inside or next to the cancer in your uterus. This is usually given after surgery.

In some patients treatment options may include:

- **Chemotherapy** drugs to control or kill the cancer. This involves being connected to an IV or drip for a couple of hours so the drugs can be released slowly into your body.
- **Hormonal therapy** drugs to stop hormones, which help your cancer to grow, from being made or reaching your cancer.

Who can I talk to?

The word 'cancer' causes a great deal of fear in people. It can help to get support to manage the fear. Close friends and family may be a good starting place but there are also professional counsellors who can support you through the cancer journey.

If you are a patient at the Women's, the gynaecology team (which includes nurses, doctors, psychologists and social workers) will provide counselling and practical support. If you are not a patient at the Women's, BreaCan and the Victorian Cancer Council can put you in touch with experts in this area and other women who have also had cancer.

Things to remember

- If you notice any changes to your body, talk to your nurse, doctor or gynaecologist.
- Your treatment and its success will depend on the stage and grade of your cancer as well as your health.
- You are not alone – it is normal to feel many different things including fear and anger.

Questions to ask your nurse, doctor or gynaecologist

- How big is my cancer and where exactly is it?
- Can you tell from a cervical screening test if you have endometrial cancer?
- Is my daughter more likely to have endometrial cancer if I have?
- What if I still want to have children?
- Is there a risk that any children I have after being treated will get cancer?
- What are the side effects of the treatment you're recommending?
- Why is the treatment you are recommending best for me?
- Will I have all my treatment at this hospital?
- How often will I need to have check-ups?
- Will treatment stop my periods and start menopause?
- Will I still be able to have sex?
- Can you write down what you have told me so that I can read it again later?

For more information or support

If you are a patient at the Women's

Gynaecological Oncology Unit

Royal Women's Hospital

T: (03) 8345 3566

For women in Victoria

Cancer Council Helpline

T: 13 11 20

W: www.cancervic.org.au

Counterpart

T: 1300 781 500

W: www.counterpart.org.au

Related fact sheets

- Cancer of the Endometrium:
- Hormone Treatment using a progestogen IUD
- Hysteroscopy

References

Understanding Cancer of the Uterus – A guide for women with cancer, their families and friends, Cancer Council Victoria, www.cancervic.org.au

Cancer Australia, www.canceraustralia.gov.au

National Cancer Institute, www.cancer.gov