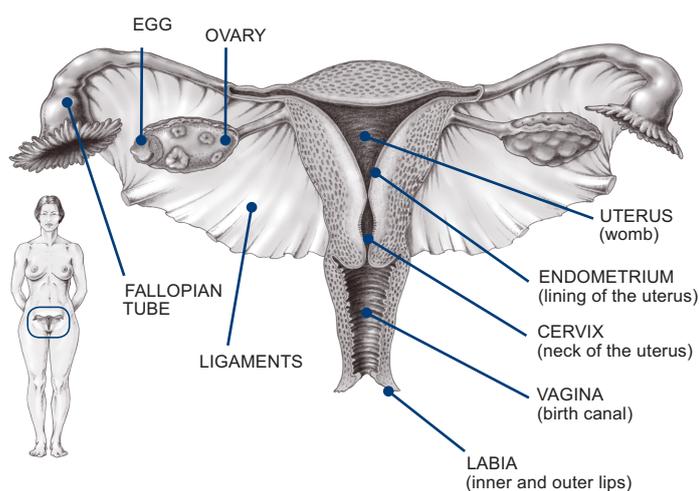




This Information Sheet has been written to provide you with information about cancer of the uterus. The Sheet has information about diagnosis, treatment, practical support and the emotional impact of cancer.

The uterus

The female reproductive system



The uterus (womb) is about the size and shape of an upside-down pear. The uterus sits quite low in the abdomen and is held there lightly by muscle. The uterus is joined to the vagina by the cervix, or neck of the womb.

Each month, in women who are able to have children, hormones are released in the body that causes ovulation and periods (menstruation).

The lining of the uterus is called the endometrium. The endometrium is made up of several layers that include skin-like cells (surface epithelium), blood vessels, tissue spaces and glands. Each month the endometrium grows thicker to prepare for pregnancy. If a woman does not become pregnant, the top layers of the endometrium are shed and flow out through the vagina in the monthly period.

Menopause is when a woman's periods stop and she is no longer able to have a baby. Her body stops releasing the hormones that cause ovulation and periods.

What is cancer of the uterus?

Cancer of the uterus is the most common gynaecological cancer affecting women. Most cancers of the uterus are cancers of the lining of the uterus (the endometrium). Cancers can also develop in the muscle layers of the uterus.

How common is cancer of the uterus?

In New Zealand, cancer of the uterus is the fifth most common cancer for women. Around 385 women are diagnosed with cancer of the uterus in New Zealand each year. It is more common in women aged over 50.

Causes of cancer of the uterus

The exact cause of cancer of the uterus is not known. Some things seem to put women at more risk:

- age
- menopause
- never having children
- endometrial hyperplasia (thickening)
- being overweight
- high blood pressure
- diabetes
- a family history of endometriosis
- breast or bowel cancer

- being on oestrogen hormone replacement without progesterone
- being on tamoxifen for treatment of breast cancer.

Cancer of the uterus is not caused by sexual activity and cannot be passed on this way.

Symptoms

The most common symptom is unusual bleeding or a watery, bloody discharge from the vagina. Sometimes, this discharge can be smelly. Other symptoms can include discomfort or pain in the abdomen, difficult or painful urination and pain during sex.

Unusual bleeding or discharge can happen before and after menopause. It is usually not due to cancer of the uterus. However, all women with unusual bleeding or discharge should see their doctor for a check-up.

How cancer of the uterus is diagnosed

A number of tests will be performed to help find out if you have cancer of the uterus. You may have some or all of the following tests.

Physical examination

Your doctor will feel your abdomen to check for swelling. Your doctor may also look at your vagina and cervix using a speculum (a bit like having a Pap test/smear).

Transvaginal ultrasound

In this test, sound waves are used to create a picture of internal organs. A small device called a 'transducer' is put into your vagina. It makes sound waves and receives echoes. A computer makes a picture of the echoes produced when the sound waves meet something dense, like an organ or a tumour.

Using the ultrasound, the doctor can look at the size of your ovaries and uterus and the thickness of the endometrium. If there is anything unusual, your doctor will suggest that you have a biopsy.

Biopsy

Biopsy means removing some tissue so it can be looked at under a microscope. The biopsy is taken by stretching the cervix open and inserting a device like a telescope (a hysteroscope).

Dilation and curettage (D&C)

Sometimes, most of the uterus lining is scraped out. This is called a D&C. This procedure does not take very long. You will probably have a light general anaesthetic. After, you may have period-like cramps and light bleeding that can last for a few days.

Computerised tomography (CT) scan or magnetic resonance imaging (MRI)

These scans give pictures of the organs and other structures (including any cancers) in your body. They are usually done at a hospital or radiology clinic.

Staging

The tests will show whether you have cancer. They can also show if the cancer has spread to other parts of your body. This helps your doctor 'stage' the disease so they can work out the best treatment for you.

Stage 1: The cancer is confined to the uterus.

Stage 2: The cancer has spread to the cervix.

Stage 3: The cancer has spread beyond the uterus/ cervix to the ovaries, fallopian tubes, vagina or nearby lymph nodes.

Stage 4: The cancer has spread further, to the inside of the bladder or rectum, throughout the abdomen or to other body parts.

Types of cancer of the uterus

Adenocarcinoma is a cancer that starts in glandular tissue. Most women (about 85 percent) who are diagnosed with cancer of the uterus have this type of cancer.

The less common types of cancer of the uterus are adenosquamous carcinoma, papillary serous carcinoma and, rarely, clear cell carcinoma or uterine sarcoma. These cancers are called high-risk cancers because they are more likely to spread.

Treatment

Cancer of the uterus is often diagnosed early, before it has spread. This means that many women will not need treatment other than surgery. If the cancer has spread beyond the uterus, then radiation treatment, hormone treatment or chemotherapy may be used in addition to surgery.

Surgery

Cancer of the uterus is usually treated by removing the uterus. The operation is called a hysterectomy. The fallopian tubes and ovaries will also be removed. If the cancer has spread into the muscle wall of the uterus, this increases the risk of spread to the abdominal lymph nodes. These nodes may also be removed during surgery. If the cancer has spread to the cervix, a small part of the upper vagina and the ligaments supporting the cervix are also removed. The surgery also causes menopause, so you are no longer able to have children.

Radiation treatment

Radiation treatment uses high-energy radiation to destroy cancer cells and may be used instead of or as well as surgery.

Internal radiation treatment (Brachytherapy)

Brachytherapy is a type of radiation treatment where the radiation source is placed close to the cancer. The implant is inserted through the vagina using special applicators. Internal radiation treatment can be done in two ways, either continuously for up to thirty hours as a low dose rate treatment, or, more commonly, as high dose rate treatment given as several short treatments.

External radiation treatment

Radiation from a large machine (a linear accelerator machine) is directed at the part of the body needing treatment. For cancer of the uterus, the lower abdominal area and pelvis are treated. The treatment is carefully planned to do as little harm as possible to your normal body tissue.

The treatment is usually given daily for five days each week, for several weeks. The length of treatment will depend on the size and type of cancer and on your general health.

Chemotherapy

This is the treatment of cancer by drugs. The aim is to destroy all cancer cells while having the least possible effect on normal cells. The drugs are usually given intravenously via a drip. Chemotherapy is a systemic treatment (treating the whole body). There are different combinations of drugs used for cancer of the uterus.

Hormone treatment

Some cancers of the uterus depend on hormones for growth. This is one of the reasons women's ovaries are removed during surgery.

Side effects of treatment

Tiredness

Many women find that tiredness is a major problem. Your tiredness may continue for quite awhile even after treatment has finished. Some women find that it takes them up to one to two years to feel really well again.

Menopause

Women who go through menopause as a result of the cancer treatment will have to adjust to the symptoms and body changes caused by no longer producing large amounts of the female hormones. You will need to discuss these with your doctor.

Bladder problems

Bladder control may change after treatment. Your doctor or nurse will be able to suggest ways to help with bladder control. These may include exercises to strengthen the muscles of your pelvic floor. You may need a referral to a physiotherapist. Some hospitals have continence nurses who can help you with bladder problems.

Bowel problems

After surgery some women have problems with their bowels for a while. You may need to make adjustments with your diet or take medication. Talk to your doctor if your bowel problems don't improve.

Lymphoedema

Lymphoedema is swelling of part of the body, usually the legs or the arms. It may occur after treatment for cancer of the uterus if you have had the lymph nodes in your abdomen removed. Removal of the nodes may prevent normal draining of the lymph fluid from the legs. As a result, fluid can build up in one or both legs causing swelling. Discuss with your doctor your potential risk of developing lymphoedema. Symptoms can be managed if treated early.

After treatment

During your treatment you will be monitored frequently. After the completion of your treatment, you may need to have regular check-ups. Your doctor will decide how often you will need these check-ups as everyone is different. Check-ups will gradually become less frequent if you have no further problems.

The Cancer Society has other resources you may find useful, such as *Cancer of the Uterus: A guide for women, their families and friends* and *Sexuality and Cancer/Hōkakatanga me te Mate Pukupuku*.

You can receive copies of both booklets at your local Cancer Society by phoning the Cancer Information Helpline **0800 CANCER (226 237)**.

Being diagnosed with cancer can be very distressing. For more information and support phone the Cancer Information Helpline: **0800 CANCER (226 237)**, or contact your local Cancer Society.