

## Uterine cancer

The uterus (womb) is part of the female reproductive system. It is shaped like an upside down pear and sits inside the pelvis. It is in the uterus that a fertilised egg grows into a baby.

More than 550 Victorian women are diagnosed with cancer of the uterus every year. Most of these women are over the age of 50 years. Cancer of the uterus is also known as cancer of the womb, uterine cancer, endometrial cancer and cancer of the lining of the womb.

### Risks and causes of uterine cancer

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

- Endometrial hyperplasia (an abnormal increase in the number of cells in the endometrium).
- Menopause, never having children or being infertile
- Being overweight
- High blood pressure and diabetes
- A family history of endometrial, breast or bowel cancer
- Being on oestrogen hormone therapy without progesterone
- Being on tamoxifen or anastrozole for treatment of breast cancer. If you are on either of these medications, you should discuss this risk with your doctor.

Uterine cancer is not caused by sexual activity and cannot be passed on this way. Remember, most women who have known risk factors do not get cancer of the uterus. Many women who do get cancer of the uterus have none of these risk factors.

### Symptoms of uterine cancer

The most common symptoms of uterine cancer are:

- Unusual bleeding
- Watery, bloody discharge from the vagina which can sometimes be smelly.

Less common symptoms include bloating and discomfort in the abdomen and pain during sex. If the cancer is very advanced, other symptoms may be present such as tiredness, loss of weight and constipation.

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.

### Different types of uterine cancer

Most cases of cancer of the uterus are cancers of the uterus lining (endometrium), though some cancers grow in the muscle layers of the uterus. The different types of uterine cancer include:

- **Adenocarcinoma of the endometrium** – around 85 per cent of women diagnosed with cancer of the uterus have this form. An adenocarcinoma is a cancer that starts in the glandular tissue.
- **High-risk cancers** – less common types of cancer (such as adenosquamous carcinoma, papillary serous carcinoma and clear cell carcinoma) are more likely than others to spread around the body.

- **Endometrial hyperplasia** – sometimes women develop a thick uterus lining which can cause heavy periods. Some types of endometrial hyperplasia may later become precancerous.

## Diagnosis of uterine cancer

The tests used to diagnose cancer of the uterus include:

- **Physical examination** – to check the abdomen for swelling.
- **Transvaginal ultrasound** – allows the doctor to look at the size of the ovaries, uterus and thickness of the endometrium.
- **Biopsy** – removing some tissue so it can be looked at under a microscope. This can be done in several ways including having a dilatation and curettage (D&C).
- **X-rays and other scans** – such as computed tomography (CT) scan or magnetic resonance imaging (MRI).
- **Blood tests** – to check your general health and help make decisions about your treatment.

Test results can take a few days to come back. It is very natural to feel anxious waiting to get your results. It can help to talk to a close friend or relative about how you are feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

## Treatment of uterine cancer

Most cancers of the uterus are diagnosed early and treated before the cancer has spread. Treatment options include:

- **Surgery** – this is the first and most important treatment for almost all women with uterine cancer. This means removing the uterus (hysterectomy), the fallopian tubes or the ovaries (or both). If cancer has invaded the muscle walls of the uterus, the lymph nodes inside the pelvis and abdomen will also be removed. If cancer has spread to the cervix (neck of the womb), a small part of the upper vagina and the cervix must be taken out as well
- **Radiotherapy** – this might be external (using a machine to direct x-rays at the part of the body needing treatment) or internal (a radioactive implant is put inside the body close to the cancer). Radiotherapy may be given alone, or before or after surgery.
- **Hormone therapy** – since cancer of the uterus is sensitive to hormones, oestrogen-blocking drugs might be used as a treatment if the cancer comes back or has spread.
- **Chemotherapy** – involves anti-cancer drugs being injected into the veins, which kill cancer cells by stopping them from multiplying. This is sometimes given to help control advanced-stage uterine cancers.
- **Complementary and alternative therapies** – some people choose to use complementary and alternative therapies. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. It is important to tell all your health care professionals about any complementary medicines you are taking and never stop taking your conventional treatment without consulting your doctor first. Details of the Cancer Council Victoria's booklet *Complementary and alternative cancer therapies* are in the **Where to get help** section.

All treatments can have side effects. Your medical team will discuss these with you before you begin treatment.

## When a cure isn't possible

If uterine cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms (this is called 'palliative' treatment). Medications can be used to relieve pain, nausea and vomiting.

## Your sexuality and uterine cancer

Having uterine cancer and its treatment can affect your fertility, how you feel about your body, your relationships, the way you express yourself sexually and your sexual feelings (your 'sexuality'). These changes can be very upsetting.

Your medical team should discuss these issues with you before and during your treatment. If you feel you would like to discuss things further, ask your doctor for a referral to a counsellor.

## Caring for someone with cancer

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with uterine cancer they may find it helpful to download and read some of the Cancer Council Victoria information booklets.

## Where to get help

- Your doctor
- Specialist gynaecologist
- Cancer Council Helpline Tel. 13 11 20
- Multilingual Cancer Information Line, Victoria Tel. (03) 9209 0169
- Cancer Council Victoria's booklet *Complementary and alternative cancer therapies..*

## Things to remember

- Cancer of the uterus (womb) is one of the most common gynaecological cancers in women.
- Cancer of the uterus lining (endometrium) is the most common form.
- Cancer of the uterus has a very high cure rate.

**This page has been produced in consultation with, and approved by:**

Cancer Council Victoria

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