
Uterine cancer

Summary

- 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.
-

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 688 Victorian women were diagnosed with cancer of the uterus in 2013. Incidence rates are increasing by one per cent each year. Though this cancer occurs predominantly in women aged over 50 (90 per cent of diagnoses), rates are increasing more steeply in younger women. The obesity epidemic is thought to be a major factor in this increase.

Uterine cancer is also known as cancer of the womb, cancer of the uterus, endometrial cancer and cancer of the lining of the womb.

Causes of uterine cancer

The exact cause of uterine cancer is not known. However, some things appear to put women at more risk, including:

- age – it is more common in women aged over 60
- being postmenopausal – cancer of the uterus is most common in women who have been through menopause
- endometrial hyperplasia, a benign condition that occurs when the endometrium grows too thick
- never having children or being infertile
- starting periods early (before age 12)
- high blood pressure (hypertension) and diabetes
- being overweight
- a family history of ovarian, endometrial, breast or bowel cancer
- previous pelvic radiation for cancer
- ovarian tumours or polycystic ovary syndrome
- taking oestrogen hormone replacement without progesterone
- using the drug tamoxifen for the treatment of breast cancer.

While using tamoxifen increases the risk of uterine cancer, its benefits in treating breast cancer usually outweigh the risk. If you are concerned, discuss this risk with your doctor.

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

Symptoms of uterine cancer

The most common symptom of cancer of the uterus is unusual vaginal bleeding, particularly if it occurs after menopause. Some women experience a watery discharge, which may have an offensive smell. Abnormal bleeding or discharge can happen for other reasons, but it is best to check with your doctor.

Other symptoms can include discomfort or pain in the abdomen, difficult or painful urination, and pain during sex. Your doctor will examine you and refer you for tests to see if you have cancer.

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 two types of uterine cancer are endometrial cancer and uterine sarcomas.

Most (about three quarters) uterine cancers begin in the endometrium and include:

- adenocarcinoma
- adenosquamous carcinoma, serous carcinoma and clear cell carcinoma – these three types grow more rapidly and are typically more aggressive than adenocarcinoma.

Uterine sarcomas develop in the muscle of the uterus (myometrium) or the connective tissue supporting the endometrium, which is called the stroma. There are three types of uterine sarcomas – endometrial stromal sarcoma, Müllerian sarcoma or carcinosarcoma, and leiomyosarcoma. These types are rare, and they are more likely to spread rapidly to other parts of the body.

Diagnosis of uterine cancer

The tests used to diagnose cancer of the uterus include:

- physical examination – to check the abdomen for swelling
- transvaginal ultrasound – 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 while you are 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 may 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 may 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 – when used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve your quality of life. Others may not be so helpful and in some cases may be harmful. The Cancer Council Victoria booklet called **Understanding complementary therapies (pdf)** can be a useful resource.

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

Your sexuality and uterine cancer

Having uterine cancer and its treatment can affect the way you feel about your body, who you are, your

relationships, the way you express yourself sexually and your sexual feelings (your sexuality). These changes can be very upsetting. You may also be very concerned about the effect it may have on your personal relationships.

You may find it difficult or embarrassing to talk about cancer and sexuality. However, most doctors and nurses are very understanding, and even if they're unable to help, they can refer you to a doctor or therapist who specialises in sexual problems.

If you have a partner, it helps to be as open as possible with them about how you are feeling. If you feel you would like to discuss things further, ask your doctor for a referral to a counsellor, or call the Cancer Council Helpline on 13 11 20. The Cancer Council Victoria booklet called *Sexuality, intimacy and cancer* may also be helpful to read.

Research into uterine cancer

Early detection and better treatment have improved survival for people with uterine cancer. Research for uterine cancer is ongoing. Clinical trials can test the effectiveness of promising new treatments or new ways of combining cancer treatments. Always discuss treatment options with your doctor.

Caring for someone with uterine cancer

Caring for someone with uterine cancer can be a difficult and emotional time. If you or someone you know is caring for someone with uterine cancer, there is support available. The Cancer Council Victoria booklet called *Caring for someone with cancer* may also be helpful to read.

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).

You may be given chemotherapy, radiotherapy and surgery to help with this. You may also have medication to relieve pain, nausea and vomiting. The Cancer Council Victoria booklet called *Living with advanced cancer* may be helpful to read.

Where to get help

- Your doctor
- Specialist gynaecologist
- Cancer Council Helpline Tel. 13 11 20
- Multilingual Cancer Information Line, Victoria Tel. 13 14 50

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

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2019 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.