



Canadian
Cancer
Society

Soci t 
canadienne
du cancer

Uterine Cancer

Understanding your diagnosis



Let's Make Cancer History

1 888 939-3333 | www.cancer.ca

Uterine Cancer

Understanding your diagnosis

When you first hear that you have cancer, you may feel alone and afraid. You may be overwhelmed by the large amount of information you will have to take in and the decisions you will need to make.

The introductory information in this brochure can help you and your family take the first step in learning about uterine cancer. A better understanding may give you a sense of control and help you work with your healthcare team to choose the best care for you.

What is cancer?

Cancer is a disease that starts in our cells. Our bodies are made up of millions of cells, grouped together to form tissues and organs such as muscles and bones, the lungs and the liver. Genes inside each cell order it to grow, work, reproduce and die. Normally, our cells obey these orders and we remain healthy.

But sometimes the instructions in some cells get mixed up, causing them to behave abnormally. These cells grow and divide uncontrollably. After a while, groups of abnormal cells form lumps, or tumours.

Tumours can be either *benign* (non-cancerous) or *malignant* (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening.

Malignant tumour cells are able to invade nearby tissues and spread to other parts of the body. Cancer cells that spread to other parts of the body are called *metastases*.

The first sign that a malignant tumour has spread (metastasized) is often swelling of nearby lymph nodes, but cancer can spread to almost any part of the body. It is important to find and treat malignant tumours as early as possible.

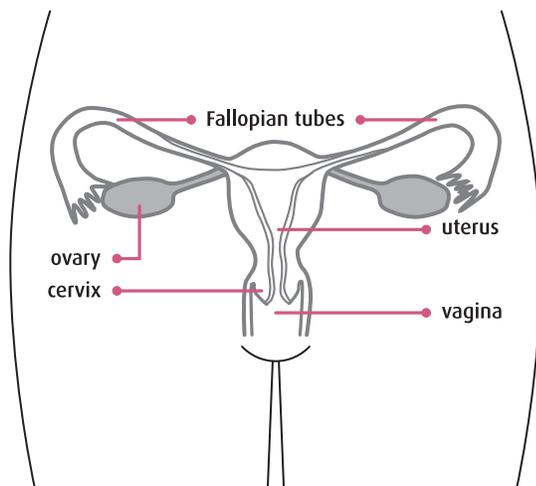
Cancers are named after the part of the body where they start. For example, cancer that starts in the uterus but spreads to the lungs is called uterine cancer with lung metastases.

What is uterine cancer?

The uterus (or *womb*) is part of a woman's reproductive system. It is the hollow, pear-shaped organ where a baby (fetus) grows before being born. The lower part of the uterus is called the *cervix*. The cervix leads into the vagina.

The uterus is mostly muscle. Uterine cancer starts in the cells lining the uterus. The lining inside the uterus is called the *endometrium*.

The endometrium is made up of tissue with many glands. This lining re-grows each month and is usually shed during your monthly menstrual period. Your periods stop temporarily during pregnancy. Normally your periods will continue until you reach menopause.



Cancer that starts in the lining inside the uterus is called *uterine cancer* (or *endometrial carcinoma*). Cancer that starts in the muscle layers of the uterus is called *uterine sarcoma*. Uterine sarcoma behaves differently from uterine cancer and is treated differently.*

Causes of uterine cancer

Most women with uterine cancer are post-menopausal and between 45 and 70 years old. There is no single cause of uterine cancer, but some factors increase the risk of developing it:

- taking estrogen replacement therapy after menopause
- obesity - being very overweight
- beginning menstruation at a young age
- reaching menopause later than average
- having had high-dose radiation to the pelvis - used to treat bleeding from the uterus caused by a non-cancerous condition
- taking the drug tamoxifen - a hormonal treatment sometimes used to treat breast cancer
- never having given birth

Some women develop uterine cancer without any of these risk factors. Also, many women who do have risk factors do not get uterine cancer.

* The information in this publication is about cancer of the lining of the uterus (endometrium). For information about uterine sarcoma or other cancers of the uterus, contact our *Cancer Information Service* at 1 888 939-3333.

Symptoms of uterine cancer

The most common signs and symptoms of uterine cancer may include:

- unusual vaginal bleeding
 - > bleeding that starts after menopause
 - > bleeding between periods in premenopausal women
 - > frequent heavy bleeding at any stage (before or after menopause)
 - > bleeding with sex
- unusual vaginal discharge (foul smelling or pus-like)
- pain during sex
- pain in the pelvic area

Other health problems can cause some of the same symptoms. Testing is needed to make a diagnosis.

Diagnosing uterine cancer

After taking your medical history and completing a physical examination, your doctor may suspect you have uterine cancer. To confirm the diagnosis, your doctor will arrange special tests. These tests may also be used to “stage” and “grade” the cancer. You may have one or more of the following tests.

Imaging studies: Imaging studies allow tissues, organs and bones to be looked at in more detail. Using x-rays, ultrasounds, CT scans or MRIs, your healthcare team can get a picture of the size of the tumour and see if it has spread. These tests are usually painless and do not require an anesthetic.

If your doctor suspects that you have uterine cancer, you may have a *transvaginal ultrasound*. A small device is gently put into your vagina. The device makes sound waves that are used to make a picture of the inside of your uterus. This may be uncomfortable but should not be painful.

Blood tests: Blood is taken and studied to see if the different types of blood cells are normal in number and appearance. The results show how well your organs are working and may suggest whether or not you have cancer. Your red blood cell count may be checked to see if you have anemia (low red blood cell count) caused by long-term bleeding from the vagina.

Hysteroscopy: A hysteroscopy is an examination that uses a thin, flexible tube (called a *hysteroscope*) with a light and a tiny camera at the end to look inside the uterus. If an abnormal area is found, the doctor can take several samples of tissue through the hysteroscope for examination under a microscope (*biopsy*). During a hysteroscopy, you will probably be given a local anesthetic (freezing). You may have period-like pain (menstrual cramps) for a day or so afterwards.

Biopsy: A biopsy is usually necessary to make a definite diagnosis of cancer. Cells are removed from the body and checked under a microscope. If the cells are cancerous, they will be studied further to see how fast they are growing. There are many ways to do a biopsy.

- For an *endometrial biopsy*, cells may be taken at your doctor's office. Gentle suction is used to remove a tissue sample through the cervix from the lining of the uterus. This causes little discomfort. An endometrial biopsy can also be done during a hysteroscopy.
- In a *dilation and curettage* (D&C), the cervix is spread open gradually so that the doctor can scrape a tissue sample from the lining of the uterus. D&C is an outpatient procedure, which means you will not stay in the hospital overnight. You may be given either a local anesthetic or a general anesthetic (you will be unconscious). You may have period-like pain for a day or so afterwards.

Further testing: If the initial tests show that you have uterine cancer, your doctor may order more tests to find out if the cancer has spread and to help plan your treatment.

Staging and grading

Once a definite diagnosis of cancer has been made and your healthcare team has the information it needs, the cancer will be given a stage and a grade.

The cancer stage describes the tumour size and tells whether it has spread beyond the place where it started to grow.

For uterine cancer, there are four stages.

Stage	Description
1	Cancer is found only in the uterus.
2	Cancer has spread from the uterus to the cervix.
3	Cancer is found either in nearby lymph nodes, nearby tissues (past the cervix, but not outside the pelvis) or both.
4	Cancer has spread beyond the pelvis to another part of the body, such as the bladder.

To find out the grade of a tumour, the biopsy sample is examined under a microscope. A grade is given based on how the cancer cells look and behave compared with normal cells. This can give your healthcare team an idea of how quickly the cancer may be growing. There are three grades.

Grade	Description
1	Low grade – slow growing, less likely to spread
2	Moderate grade
3	High grade – tend to grow quickly, more likely to spread

It is important to know the stage and grade of the cancer. This information helps you and your healthcare team choose the best treatment for you.

Treatments for uterine cancer

Your healthcare team will consider your general health and the type, stage and grade of the cancer to recommend what treatments will be best for you. You will work together with your healthcare team to make the final treatment choices. Talk to them if you have questions or concerns.

Talk to your doctor about fertility options before starting treatment

Uterine cancer usually occurs in women after menopause. However, some young women may have concerns about how treatment will affect their fertility.

If you are concerned about your fertility, talk to your doctor before your treatment starts. There may be some options available if you want to have children in the future.

Treatments affect everyone in different ways. It's hard to predict which side effects you will have. Your healthcare team will tell you what to expect with each treatment. They will also let you know which side effects you should report right away and which ones you can wait to tell them about at your next appointment. If you notice any side effects or symptoms that you did not expect, talk to a member of your healthcare team as soon as possible.

Patients often worry about the side effects of cancer treatment. However, side effects can often be well managed and even prevented. Be open with your healthcare team. Tell them your concerns and ask questions. They will help you get the care and information you need.

For uterine cancer, you might receive one or more of the following treatments.

Surgery: A decision to have surgery depends on the size of the tumour and where it is. During the operation, all or part of the tumour and some healthy tissue around the tumour are removed. Surgery is done under general anesthetic (you will be unconscious), and you will stay in the hospital for several days after the surgery.

Surgery is the main treatment for uterine cancer. Surgery to remove the uterus and the cervix is called a *hysterectomy*. Sometimes the Fallopian tubes, ovaries or lymph nodes in the pelvis are removed at the same time. Because uterine cancer is often discovered before it has spread beyond the uterus, it may be cured by a hysterectomy. Further treatment is not normally necessary.

After surgery you may have some pain or nausea, or bladder and bowel problems. These side effects are usually temporary and can be controlled.

Radiation therapy: In *external beam radiation therapy*, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages the cells in the path of the beam - normal cells as well as cancer cells. In *brachytherapy*, or internal radiation therapy, radioactive material is placed directly into or near the tumour.

Radiation side effects will be different depending on what part of the body receives

the radiation. You may feel more tired than usual, have some diarrhea or notice changes to the skin (it may be red or tender) where the treatment was given. Radiation may be used to treat uterine cancer after surgery. It can be used to relieve pain or control symptoms if the tumour cannot be removed.

Radiation therapy may make your vagina narrower. There are ways to expand the vagina, which will help make follow-up exams easier.

Hormonal therapy: Hormones are chemical substances that are produced by glands in the body or made in a laboratory. Hormonal therapy is a treatment that removes hormones from your body or blocks their action and stops cancer cells from growing.

Some uterine cancers grow in the presence of estrogen and progesterone hormones. Tissue samples are tested to check for estrogen receptors and progesterone receptors on the uterine cancer cells. If the uterine tumour has progesterone receptors, it is progesterone receptor positive (PR+) and may be treated with hormonal drug therapy.

Hormonal drugs can be given as pills, by injection or both. They usually cause few side effects. Some women have bloating (fluid retention) and increased appetite, which may cause weight gain. These effects are usually temporary.

Chemotherapy: Chemotherapy may be given as pills or by injection. Chemotherapy drugs interfere with the ability of cancer cells to grow and spread, but they also damage healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment like nausea, vomiting, loss of appetite, fatigue, hair loss and an increased risk of infection. Chemotherapy may be used after treatment with hormonal therapy or it can be used to relieve pain and control the symptoms of advanced uterine cancer.

Clinical treatment trials: Clinical treatment trials investigate new approaches to treating cancer, such as new drugs, new types of treatments or combinations of existing treatments. They are closely monitored to make sure that they are safe for the participants. Ask your doctor if there is a clinical trial suitable as a treatment option for you. You may benefit and so may future cancer patients.

Complementary therapies: Complementary therapies are used *together with* conventional treatments. More research is needed to understand if these therapies are effective and how they work.

Alternative therapies are used instead of conventional treatments. Alternative therapies haven't been tested for safety and effectiveness. It's not known whether they will harm you or be effective in the treatment of cancer.

If you are thinking about using a complementary or alternative therapy, find out as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might interfere with test results or regular treatments.

After treatment

Follow-up care helps you and your healthcare team monitor your progress and your recovery from treatment. At first, your follow-up care may be managed by one of the specialists from your healthcare team. Later on, it may be managed by your family doctor.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first year after treatment and less often after that. After treatment has ended, you should report new symptoms and symptoms that don't go away to your doctor without waiting for your next scheduled appointment.

Menopause: Menopause is the end of menstruation. It is the time in a woman's life when the ovaries produce less estrogen and progesterone, and pregnancy is no longer possible.

Some drug treatments can damage the ovaries and cause symptoms of menopause. These symptoms usually stop once treatment is over. Sometimes, depending on your age, the type of drugs or the dose you are taking, your periods may not return and menopause will

be permanent. The side effects are often more severe than those caused by natural menopause. Your healthcare team can suggest ways to cope with these side effects.

Self-image and sexuality: It's natural to worry about the effects of uterine cancer and its treatment on your sexuality. Your doctor can tell you about possible side effects, such as vaginal dryness and narrowing, and whether they are likely to be temporary or permanent. You may be worried about being intimate with your partner or that your partner may reject you. It may help to talk about these feelings with your partner, another close family member or a friend. Your doctor can also refer you to specialists and counsellors who can help you and your partner with the emotional side effects of uterine cancer treatment.

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you are worried about your treatment ending, talk to your healthcare team. They are there to help you through this transition period.

Living with cancer

There are many sources of help available for people with cancer and for their caregivers.

Your healthcare team: If you need practical help or emotional support, members of your healthcare team may be able to suggest services in your community or refer you to cancer centre staff or mental health professionals.

Family and friends: Those closest to you can be very supportive. Accept offers of help. When someone says “Let me know how I can help,” tell them what they can do. Maybe they can run errands, cook a meal or give you a ride to your doctor’s office.

People who have had a similar experience: Consider visiting a support group or talking with a cancer survivor in person, over the telephone or online. Talking with and learning from others who have had similar experiences can be helpful. Try more than one option to see which one suits you best.

Yourself: Try to stay positive. Staying positive is about figuring out how to deal with cancer in the best way that you can – and everyone will do this their own way. It doesn’t mean that you must seem happy or cheerful all the time or avoid talking or thinking about the difficulties of having cancer. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically.

The Canadian Cancer Society *Helping you understand cancer*

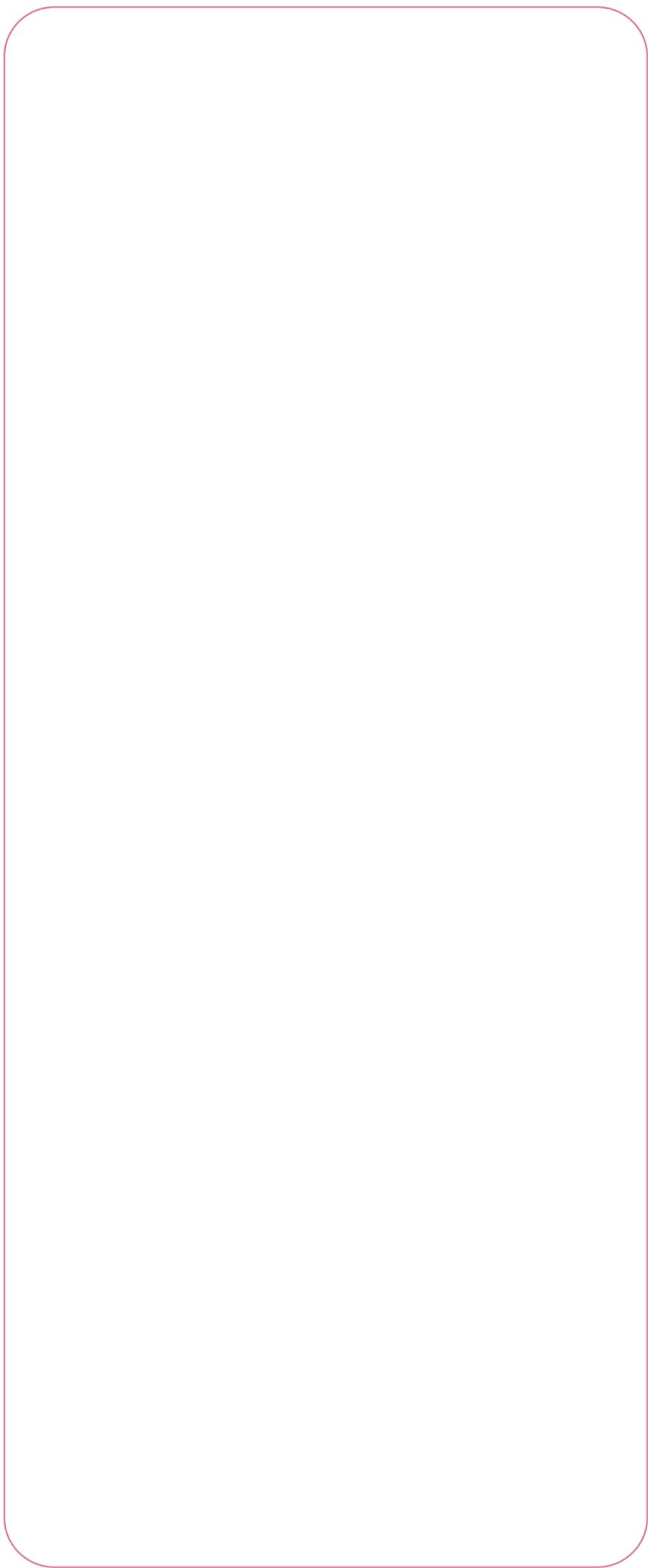
Now that you have been introduced to the basics of uterine cancer, you may want to learn more. Please contact the Canadian Cancer Society for more detailed information on uterine cancer. Our services are free and confidential.

If you would like to talk to someone who has had a similar cancer experience, we can help you connect with a trained volunteer – in person, over the phone or in a group setting.

To contact the Canadian Cancer Society:

- Call an information specialist toll-free at **1 888 939-3333** Monday to Friday 9 a.m. to 6 p.m.
- E-mail us at info@cis.cancer.ca.
- Visit our website at www.cancer.ca.
- Contact your local Canadian Cancer Society office.





What we do

Thanks to the work of our volunteers and staff, and the generosity of our donors, the Canadian Cancer Society is leading the way in the fight against cancer. The Canadian Cancer Society:

- funds excellent research for all types of cancer
- advocates for healthy public policy
- promotes healthy lifestyles to help reduce cancer risk
- provides information about cancer
- supports people living with cancer

Contact us for up-to-date information about cancer, our services, or to make a donation.



Canadian Cancer Society Société canadienne du cancer

Let's Make Cancer History

1 888 939-3333 | www.cancer.ca

This is general information developed by the Canadian Cancer Society. It is not intended to replace the advice of a qualified healthcare provider.

The material in this publication may be copied or reproduced without permission; however, the following citation must be used: *Uterine Cancer: Understanding your diagnosis*. Canadian Cancer Society 2006.