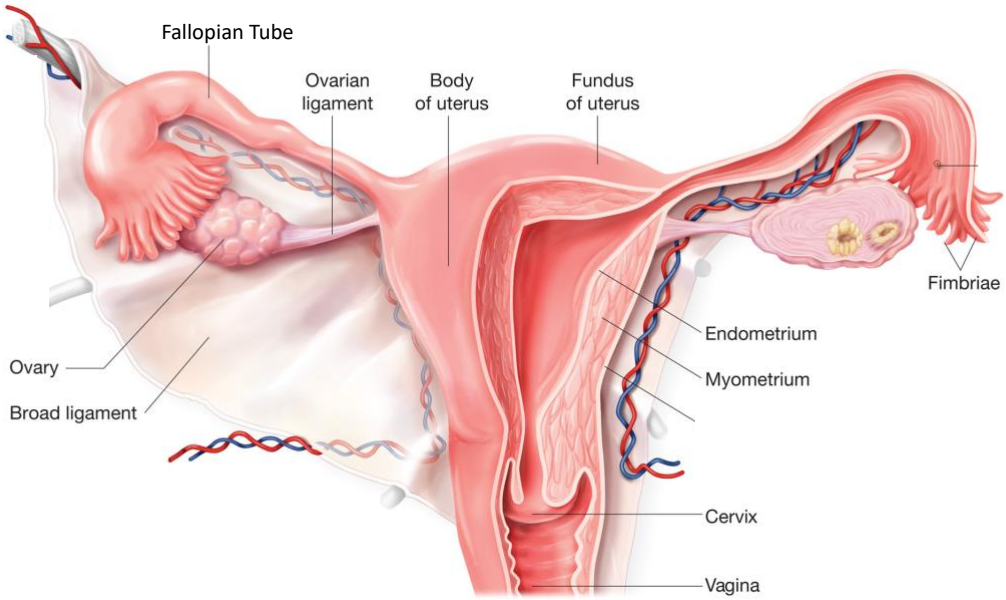
UTERINE (WOMB) CANCER

The Facts

About 460 women are diagnosed with uterine (womb) cancer every year in Ireland. It is now the most common type of gynaecological cancer in the developed world.

The majority of uterine cancers arise from the lining of the uterus/womb known as the endometrium. The term endometrial cancer is often used in these cases.



Symptoms

The most common symptom of uterine cancer is abnormal bleeding from the vagina, especially in women who have stopped having periods (post-menopausal women).

Abnormal bleeding can be:

- *vaginal bleeding after the menopause*
- *bleeding that is unusually heavy or happens between periods*
- *vaginal discharge – this can range from pink and watery to dark and foul smelling*

About 9 out of 10 womb cancers (90%) are picked up because of post-menopausal or irregular vaginal bleeding. This is why womb cancer is often diagnosed early.

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Risk Factors

Certain factors appear to increase your risk of developing womb cancer, including:

- **Age**: It is more common in women after the menopause between the ages of 50 and 64. However, it can still occur in women prior to the menopause.
- **Being Overweight**: If you are overweight, your risk of womb cancer is increased.
- **Hormone replacement therapy (HRT)**: If you are taking oestrogen-only HRT for a long time after the menopause, your risk of womb cancer is increased.
- **Family history**: In a small number of families, a faulty gene can be inherited and cause a condition called Lynch Syndrome (hereditary nonpolyposis colorectal cancer or HNPCC). This means a higher risk of developing certain cancers which include uterine, bowel and ovarian cancer.
- **No pregnancies**: If you have not had children or never been pregnant, your risk of womb cancer is slightly increased.
- **Polycystic Ovaries**: If you have polycystic ovaries, your risk is slightly increased. This is a condition where small follicles/cysts grow in the ovaries. Often periods are very irregular.
- **Menstrual history**: If you started your periods early in life and / or go through your menopause later, your risk is slightly increased.

Having a risk factor doesn't mean you will definitely get cancer. Being aware of these, however, may help make important lifestyle changes which could prevent cancer happening or in the case of family history prompt referral to the genetic screening service.

Diagnosis

There are certain tests that will be carried out when you present in order to confirm the diagnosis and then to assess if the cancer has spread from the womb. These tests can include:

- **Transvaginal Ultrasound**: A small device called a probe is gently put into your vagina. It uses sound waves to build up a picture of the tissues in your womb. This test is not painful but may be a little uncomfortable.

- **Hysteroscopy**: A thin tube with a light at the end (a hysteroscope) is passed through your vagina and into your womb. This allows your doctor to look inside your womb and take tissue samples or a biopsy. You may be given a local anaesthetic or a general anaesthetic for this test.

- **Biopsy**: Your doctor can take small amounts of tissue samples from your womb during the hysteroscopy or using a soft fine plastic device called a Pipelle. Biopsies are sent to a laboratory and looked at under a microscope to find out if cancer cells are present.

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- **CT Scan**: This is often a scan to assess your chest, abdomen and pelvis. It is performed in the X-Ray department and involves passing through a circular or "donut" shaped scanner.

- **MRI Scan**: This is a very useful scan to assess the muscle layer of the womb and also the lymph nodes in the pelvis. It involves passing into a tunnel and some people find more difficult but the procedure will be explained and the scan will aim to assess the pelvis only.

You will attend a clinic appointment with a consultant Gynaecological Oncology Surgeon and will be introduced to a Clinical Nurse Specialist. At this meeting there is often another discussion about your symptoms and general health. We may also ask permission to examine you again. The main part of the appointment will, however, focus on discussing results and a treatment plan.

All of our patients are discussed at an MDT (multi-disciplinary meeting) with all the members of our extended team. Therefore, each decision for treatment is made by an expert group and is personalised for each patient. Often, we may see you at clinic on the morning before this meeting. You will be given a treatment plan at that visit, however in 1 in 10 cases this plan will be changed at the MDT meeting and we may contact you after this to confirm the treatment plan.

Types of Uterine (Womb) Cancer

There are two main types of womb cancer: endometrial cancer and sarcoma of the womb.

Endometrial cancer

Endometrial cancer is the most common type of womb cancer. It accounts for 95% of all cases. The term 'endometrium' refers to the lining of the womb. The most common type of endometrial cancer is adenocarcinoma.

Other less common types are endometrial cancers include:

- Clear cell carcinoma
- Serous carcinoma
- Carcinosarcoma – also referred to as MMMT – is a mix of carcinoma and sarcoma

Sarcoma of the womb

This cancer affects the muscle layers of the womb rather than the lining. The most common type is leiomyosarcoma. It is far less common that endometrial cancer.

Your Consultant or specialist nurse will explain the type of womb cancer that you have. The different types of womb cancers can behave differently and knowing this will help plan your treatment pathway.

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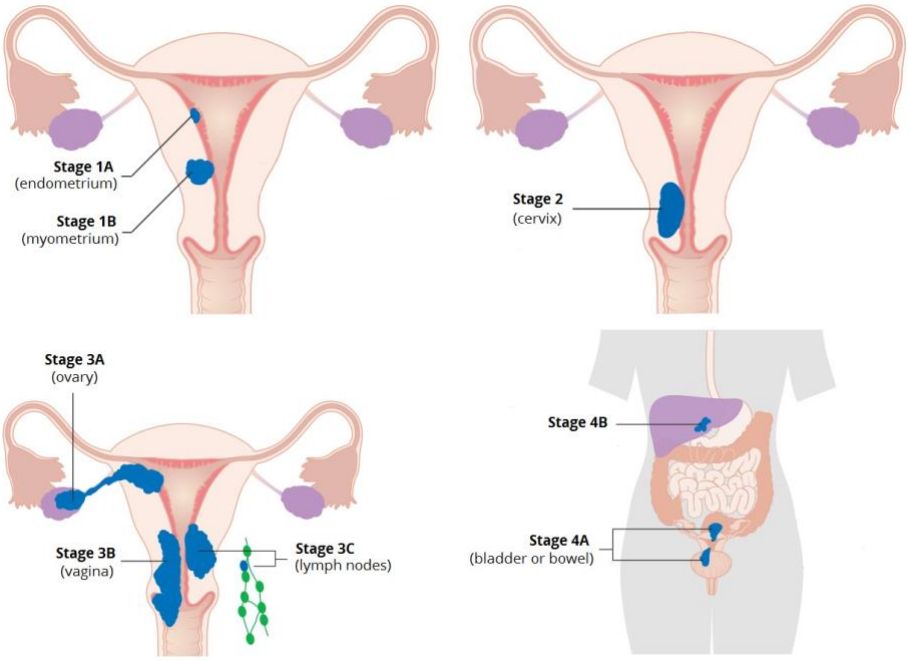
Staging of Uterine (Womb) Cancer

The tests and scans you have to diagnose your cancer will give some information about the size of your cancer and whether it has spread (the stage). But we may not be able to tell you the exact stage until you have had surgery.

For Uterine cancer we apply the FIGO Staging system:

- **Stage 1**: The cancer is only within the womb. Surgery is the main treatment but some women need radiotherapy if the cancer is within the outer half of the muscle layer of the womb. Chemotherapy may be useful to prevent recurrence in certain types of cancer such as serous carcinoma.
- **Stage 2**: The cancer has grown down into the cervix (neck of the womb). Treatment is surgery and radiotherapy.
- **Stage 3**: This stage means the cancer has spread outside the womb, but is still within the pelvis. It may involve the lymph nodes. Treatment is often a combination of surgery, radiotherapy and chemotherapy.
- **Stage 4**: The cancer has spread to other body organs such as the bladder or bowel (Stage 4A) or to more distant organs such as the liver or lungs (Stage 4B). The main treatments are often a combination or chemotherapy, radiotherapy and possibly surgery.



Adapted from Cancer Research UK

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Treatment

The type of treatment you have will depend on:

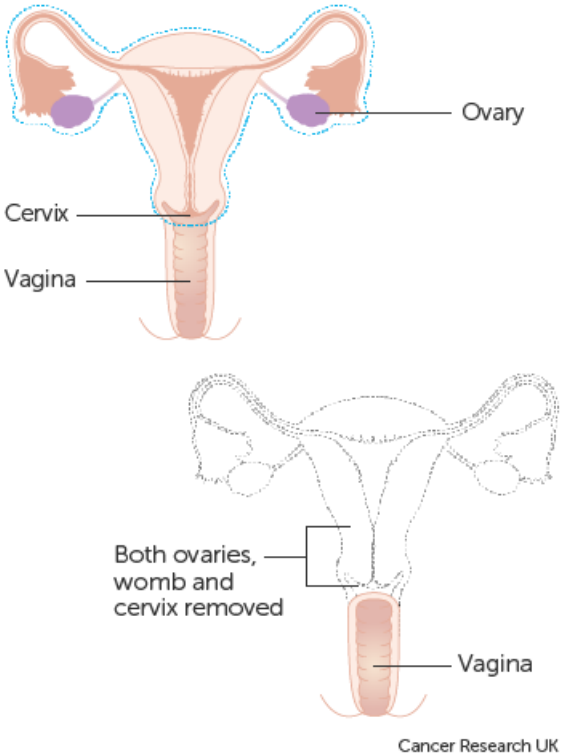
- The size and stage of your cancer
- The type of cancer
- If it has spread
- Your general health
- Your age and fertility
- Your own wishes

Treatment tends to be by surgery and often with a combination of radiotherapy and chemotherapy.

Surgery

Surgery is the most common way to treat womb cancer. The aim of the surgery is to remove all the tumour but also assess if there has been any spread of the cancer so often the lymph nodes are removed from the pelvis.

The most common type of surgery is the removal of the womb, the ovaries and the fallopian tubes. This is called a total hysterectomy with bilateral salpingo-oophorectomy. The surgery is usually done using the keyhole (laparoscopic or robotic) technique.



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Lymph nodes

Assessing the pelvic lymph nodes is an important part of the staging of womb cancer.

Removing all of the lymph nodes in the pelvis can sometimes result in a condition called lymphoedema. This is swelling of the legs and can be a long-term condition. In order to minimise the risk of this, in patients where the cancer that appears confined to the womb, we inject the neck of the womb (cervix) with a dye at the time of surgery. This allows the identification of the first lymph node to drain the womb – known as the **sentinel lymph node**.

This is performed in the majority of our surgeries as it is a very reliable way to assess the lymph nodes but with reduced complications. However, If the lymph nodes are suspicious at the time of surgery or if we are unable to find the sentinel lymph node we may still need to remove all the lymph nodes.

Radiotherapy

Radiotherapy uses high energy rays similar to x-rays to kill cancer cells. Radiotherapy is often given after surgery to reduce the risk of cancer coming back. Or you may have radiotherapy to help control the symptoms of an advanced cancer.

Radiotherapy can be given in two ways:

- External beam radiotherapy: The radiation comes from machines which aim rays directly at your tumour or the tumour site. The machines are called linear accelerators.
- Internal radiotherapy (brachytherapy): The radiation source isplaced inside your body – usually inside your vagina – in specialapplicators on or near your tumour.

You might have internal radiotherapy (brachytherapy), external radiotherapy, or both.

There can be side effects from radiotherapy. These tend to start a few days after the radiotherapy begins. They may get worse during the treatment and for a couple of weeks after the treatment ends. But they usually begin to improve about 2 weeks after the end of treatment.

These can include:

- Diarrhoea
- Symptoms of bladder inflammation such as discomfort/burning sensation passing urine
- Vaginal irritation or discharge
- Your skin might go red or darker in the treatment area
- Tiredness

These side effects vary from person to person. You may not have all of the effects mentioned.

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Most side effects gradually go away in the weeks or months after treatment. But some side effects can continue or might start some months or years later. These can include narrowing and dryness of the vagina, bladder or bowel symptoms and lymphoedema. Follow up after these treatments is not only important to ensure the cancer has not returned but also to assess and treat any long-term complications.

This type of radiotherapy won't make you radioactive. It's safe to be around other people, including pregnant women and children.

Chemotherapy

The most common type of drugs for womb cancer are: paclitaxel, carboplatin, cisplatin, doxorubicin, and cyclophosphamide. You may have a single drug or a combination of 2 or 3 drugs. These tend to be given by an infusion through a drip/cannula in your arm over a few hours. This is your treatment day and following which you may have a break for three weeks before your next treatment.

Your medical oncology team will explain the drugs most appropriate for your cancer and the schedule of treatment.

Common chemotherapy side effects include:

- feeling sick
- loss of appetite
- losing weight
- feeling very tired
- a lower resistance to infections
- bleeding and bruising easily
- diarrhoea or constipation
- hair loss

Other Treatments

- **Hormone therapy**

The two female sex hormones, progesterone and oestrogen, can affect how cancer cells grow in the lining of your womb. Hormone treatment may be given to help reduce the tumour and control some of your symptoms.
The main hormone treatment is progesterone, which is usually given in tablet or injection form. Side effects are usually mild – weight gain, fluid retention or feeling sick – but let your doctor know if you have any side-effects that are troubling you.

- **Targeted therapy**

Targeted therapies work with your body. They can help your body to fight cancer, slow its growth or control side-effects from other cancer treatments. Your medical oncologist will tell you if there any therapies available that will be of benefit to you.

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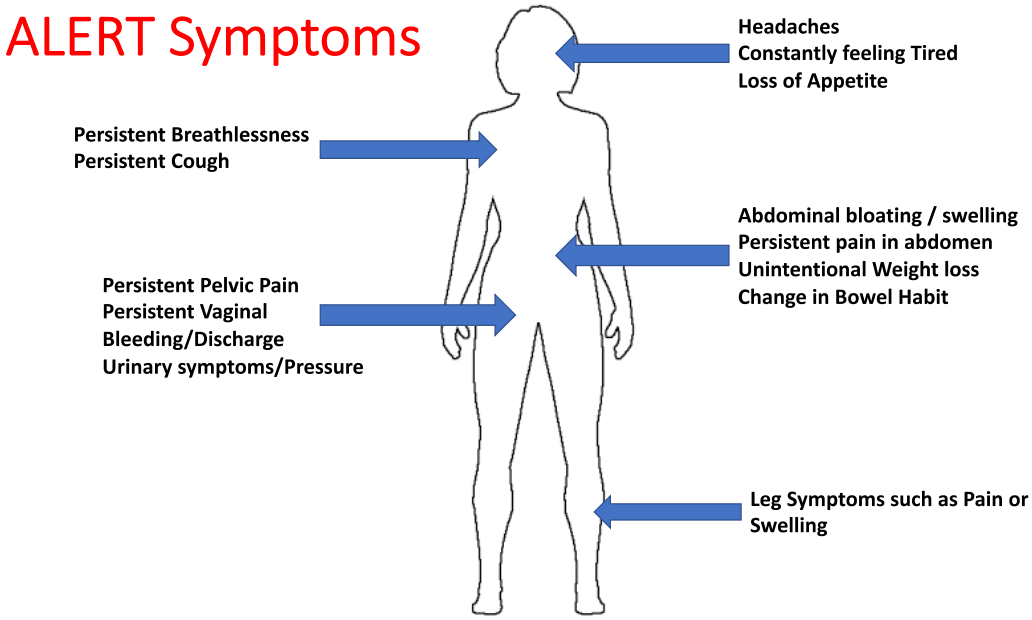
Research

Our team specialises in uterine cancer and we are involved in many research projects and clinical trials to ensure every effort is made to provide the best possible care and to try and develop new treatments. We will ask you to partake in our research program and this will be explained in detail along with asking for your consent.

Living With & After Uterine Cancer

Survival depends on many different factors. Womb cancer tends to present early and like other cancers the survival is higher in the early stages. There are general statistics based on large groups of patients, but, they can't tell you what will happen in your individual case. Therefore, being aware of the symptoms of possible recurrence (also known as ALERT symptoms) is important along with attending for follow up appointments. These appointments can be a combination of physical and virtual appointments and this will be explained to you.



There are a number of different treatment options for recurrent womb cancer. Chemotherapy or radiotherapy are the most common treatments for recurrent uterine cancer. Some women are candidates for secondary surgery if the recurrence is located only in the pelvis and if previous radiotherapy has been used.

This may involve major surgery called an exenteration which involves the removal of the pelvic organs such as the bladder, womb/vagina and rectum. Therefore, any case will be discussed carefully with our panel of experts and each patient and their family will have counselling regarding this surgery.

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Symptoms as a result of treatment are equally important to address and treat. Our department work closely with the lymphoedema service, physiotherapy and dietician department.

Throughout your journey with our team we will support you fully in any decision you make. You can get emotional and practical support through our team, local hospice and GP practice. You can also get help from charities and support groups.

Useful organisations and further information:

- Irish Cancer Society www.cancer.ie
- MacMillan Cancer Support www.macmillan.org.uk
- Arc Cancer Support www.arccancersupport.ie