

Cancer of the Womb

This leaflet has been written to help you understand about cancer of the Womb (Uterine/ Endometrial Cancer), its diagnosis, treatment and support available.

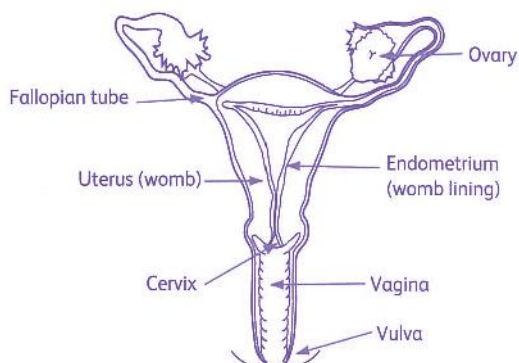
You may wish to discuss some aspects with your doctor or Gynaecology Clinical Nurse Specialist (CNS) Team.

What is Cancer?

The organs of the body are made up of cells. Cancer is a disease of these cells. The cells normally divide in an orderly manner. Sometimes the cells divide out of control - developing into a lump/tumour. A tumour which is malignant consists of cancer cells which have the ability to spread beyond the original site, destroying surrounding tissue. Sometimes they can break away and spread to other parts of the body.

The Womb

The womb, also known as the uterus, is a muscular organ, usually about the size and shape of a pear, sits in the pelvis. It is here that a baby develops during pregnancy. The lining of the womb is called the endometrium. This thickens during the menstrual cycle, in preparation for a fertilised egg and is shed during a period if the egg is not fertilised. Main body.



How does Cancer of the Womb develop?

We may not know the exact cause of your cancer; yet, we do know womb cancer is the 4th most common cancer in females in the UK, accounting for 5% of all new cancer cases in females (ONS 2017). There were 9377 new cases of womb cancer reported in the UK between 2015 and 2017 (Cancer Research UK 2018).

Womb cancer is rare in women under 40 and becomes more common after the age of 55. Most womb cancers start in glandular cells found in the lining of the womb (the endometrium). They are called endometrial cancers.

Potential Risk Factors?

There are certain factors that can increase the risk of developing womb cancer such as age, hormonal factors, obesity and lack of physical activity. Other medical conditions may cause an increased risk of pre-cancerous changes in the womb or womb cancer such as; thickening of the womb lining, diabetes, polycystic ovary syndrome. An additional risk factor is current or previous use of Tamoxifen, a hormonal drug used to treat breast cancer. There are also some known genetic conditions that can increase the risk of womb cancer such as Lynch Syndrome, also known as HNPCC. (Macmillan, 2018)

What are the signs and symptoms?

The most common early presentation is unusual vaginal bleeding (Macmillan, 2018).

This could be:

- Post-menopausal bleeding
- Bleeding in between periods
- Heavier periods than usual
- A watery or bloody vaginal discharge

Other symptoms could include:

- Pain/discomfort in pelvic area
 - Pain during sex
- (Macmillan, 2018)

These symptoms may also be due to other conditions, for which you should seek medical advice.

Diagnosing Cancer of the Womb

A full medical history will be undertaken and a number of other tests may be carried out before a definite diagnosis can be made. This may include:

- vaginal examination
- an ultrasound scan to look at the lining of the womb (endometrium)
- hysteroscopy/pipelle biopsy - whereby a tiny telescope is passed through the vagina and cervix to look inside the womb and allow biopsies (samples) to be taken of the endometrium and examined.

Following a confirmed cancer diagnosis, you may require additional investigations such as an MRI scan of your pelvis or a CT scan of your chest, abdomen and pelvis, in order to plan your treatment.

Once all the information from your investigations has been obtained, your case will be discussed in a multi-disciplinary team (MDT) meeting and a treatment plan will be recommended.

How treatment is planned

A team of specialists will meet to discuss your treatment options. The team of specialists are called the MDT and include surgeons (who specialise in gynaecology cancer surgery), a medical oncologist (doctor specialising in chemotherapy), a clinical oncologist (doctor specialising in radiotherapy), a gynaecology-oncology clinical nurse specialist, radiologists (specialists in xrays and scans) and pathologists (specialists in studying tissue samples and cells).

At Liverpool Women's Hospital, this meeting occurs weekly.

The MDT will look at many factors when planning your treatment options. These will include:

- your general health
- the type and size of the tumour
- Whether the cancer has spread.

Grade and Stage of Cancer

You may hear your cancer being talked about in terms of grade and stage.

Grading

Grading is about how the cancer cells look under the microscope compared to normal cells from your biopsy. The grade helps your doctor to decide about your treatment.

Grade 1 or low-grade or well differentiated – the cancer cells look similar to normal cells and usually grow slowly and are less likely to spread.

Grade 2 or moderate –or intermediate-grade – The cancer cells look more abnormal and are slightly faster growing.

Grade 3 or high-grade or poorly differentiated – The cancer cells look very different from normal cells and may grow more quickly.

(Macmillan, 2018)

Staging

The stage of the womb cancer describes:

- how far the cancer has grown
- If it has spread from where it started

The exact stage of the cancer is normally confirmed after surgery.

Treatment Options

There are four treatment options for cancer of the womb including:

- Surgery
- Radiotherapy
- Chemotherapy
- Hormone Therapy

Your treatment may involve one or more of these and will be decided by your consultant in discussion with yourself.

Surgery

Surgery is the main treatment for womb cancer.

The surgeon usually removes:

- The womb and the cervix (called a total hysterectomy)
- The fallopian tubes and both ovaries (called a bilateral salpingo-oophorectomy or BSO).

Your surgeon may also remove:

- Lymph nodes, close to the womb (pelvic nodes)
- Lymph nodes higher up in the abdomen (para-aortic nodes)
- The omentum – a layer of fat and tissue at the front of the abdomen, which covers the organs in the tummy area.

If your treatment plan is surgery, further information will be provided by your consultant or clinical nurse specialist (CNS) team.

Radiotherapy

Radiotherapy treats cancer by using high-energy x-rays. These destroy cancer cells, while doing as little harm as possible to normal cells. Radiotherapy may be given internally or externally, or as a combination of both. Some women may have radiotherapy and chemotherapy.

You may have radiotherapy:

- After surgery, to reduce the risk of the cancer coming back (called adjuvant radiotherapy)
- Instead of surgery, if a general anaesthetic or an operation is not suitable for you
- To try to cure a cancer that has come back after surgery (recurrent cancer)
- To treat cancer that was not completely removed with surgery.

More information regarding radiotherapy can be provided by your CNS team.

Chemotherapy

Depending on the type and stage of your cancer, your doctor may suggest chemotherapy treatment. Chemotherapy uses anticancer (cytotoxic) drugs to destroy cancer cells. The drugs are carried in the blood and can reach cancer cells anywhere in the body. You are unlikely to require chemotherapy if you have an early stage womb cancer.

More information regarding chemotherapy can be provided by your CNS team.

Hormone Therapy

Hormones are made in the body and help control many body functions. Hormones can affect how cells in the womb lining grow. Your consultant may suggest hormonal therapy if you:

- Have womb cancer that has come back after treatment (recurrent cancer)
- Cannot have surgery or radiotherapy because of other health issues.

The aim of the treatment is to try to shrink the cancer and control symptoms.

Some younger women who want to have children in the future may also be offered hormone therapy instead of a hysterectomy. After they have had children, they will then have a hysterectomy.

Clinical Trials

Cancer research trials are carried out to try to find new and better treatments for cancer. Trials that are carried out on patients are known as clinical trials. Trials are the only reliable way to find out if a different type of surgery, radiotherapy, chemotherapy, hormone therapy or other treatment is better than what is already available.

Research into new methods of treating cancer of the womb are going on all the time. You may be asked to consider taking part in a clinical trial, however this is voluntary. Macmillan cancer support has produced a booklet which may be helpful to you to support your decision if approached to participate in clinical research.

Your feelings

It is common to feel overwhelmed by different feelings when you are told that you have cancer. Partners, family and friends may also have some of the same feelings such as;

- Shock and disbelief
- Fear and anxiety
- Avoidance
- Anger
- Guilt and blame
- Feeling alone

There is no right or wrong way to feel. You will cope with things in your own way.

Talking to people close to you or other people affected by cancer may help. Your CNS team may also be of support to you. There are also specialist services within the community that you may wish to be linked into.

Talking to children

Deciding what to tell your children or grandchildren about your cancer is difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality.

How much you tell your children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information, and gradually tell them more to build up a picture of your illness.

Health and wellbeing after your diagnosis

Following the diagnosis of cancer some women may experience physical changes, or may wish to make lifestyle changes such as;

Keep to a healthy weight

There is some evidence that keeping to a healthy weight after the menopause may help reduce the risk of womb cancer coming back. It also reduces the risk of some other cancers, heart problems and other illnesses, such as diabetes.

Eat Healthily

Eating healthily will give you more energy and help you recover. Try to eat plenty of fruit and vegetables (five portions a day). Cut down on red meat and eat more chicken, fish, lentils and beans.

Be Physically Active

There is some evidence that doing regular physical activity may help to reduce the risk of womb cancer coming back, and of getting some other cancers. It also reduces the risk of bone thinning (osteoporosis) in women who had an early menopause.

Stop Smoking and Drink Sensibly

If you smoke, giving up is the healthiest decision you can make. Stopping smoking reduces your risk of heart and lung disease, bone thinning (osteoporosis), and smoking-related cancers. If you want to stop, your GP can give you advice.

Your CNS team may also be able to support you with these. Your CNS team can also refer you to other healthcare professionals with expert knowledge such as;

- Dietician
- Lymphoedema Practitioner
- Geneticist
- Physiotherapist
- Occupational Therapist via the GP
- General Practitioner (GP)
- District Nurse (DN)
- Community Specialist Palliative Care CNS.
- Clinical psychology
- Counselling.

Complementary Therapies

Complementary therapies may be helpful to you and your family. There are many different types such as; Reflexology, Massage, Relaxation, Meditation and Mindfulness, plus many others.

You may also wish to explore information and coping methods to help yourself. Macmillan cancer support has developed a range of booklets that may also be helpful to you.

Your CNS team can advise you on appropriate therapies and booklets available to you and give you more information on how to access these.

Work, help with money worries and benefits

For some people keeping to your normal routine may be helpful and you may wish to continue working until your treatment starts. It's important to do what feels right for you. It is likely you will need to take time off work during your treatment and for a period of recovery. If you experience any financial concerns from the effects of cancer, advice is available.

Your CNS team can offer further advice or referral to a specialist welfare benefits adviser, or you may also prefer to contact the National Macmillan Benefits Advice on 0808 808 0000.

Macmillan Grants can also be available; they offer a one off payment to people with cancer to cover a wide range of practical needs. However, these are means tested. If you wish

for more information contact your CNS team or National Macmillan Benefits Advice on 0808 808 0000.

Your Follow up Care

After your treatment, you will have regular check-ups. This will be tailored to your specific needs and will be arranged for you every few months. Follow up could be with your gynaecologist surgeon, clinical or medical oncologist or stratified follow up in the form of supported self-management. If you have any problems or new symptoms in between appointments, it is important to contact your CNS team as soon as possible who can assess you and arrange an appointment if required.

Equal Opportunities

The hospital is committed to promoting an environment which provides equal opportunities for all patients, visitors and staff. If you have special requirements such as dietary needs, interpreter services, disability needs or a preference for a female doctor, please do not hesitate to discuss this with a member of staff who will try to help you.

Support Networks Available Locally

Further information, advice and support are available for yourself/partner and family from:

Lyndale Cancer Support Centre - Knowsley
Tel: 0151 489 3538

Sefton Cancer Support Group
Tel: 01704 879352
www.seftoncancersupport.org.uk

St Helens Cancer Support Group
Tel: 01744 21831

Warrington & District Cancer Self-Help Group
Tel: 01925 453139

Widnes & Runcorn Cancer Support Group
Tel: 0151 423 5730

Isle of Man
Manx Cancer Help Association
Tel: 01624 679554
www.manxcancerhelp.org

Liverpool Sunflowers
Liverpool Cancer Support
Tel: 0151 726 8934

E.V.O.C.
Gynaecological Support Group
0151 702 4186

The Wirral Holistic Care Services
Tel: 0151 652 9313
www.wirralholistic.org.uk

Maggies Centre Clatterbridge
0151 334 4301

Macmillan Information Centres

Royal Liverpool University Hospital - 0151 706 3720
University Hospital Aintree - 0151 529 4742
St Helens and Whiston Hospital - 01744 647000
Broadgreen Hospital - 0151 706 3720
Southport and Formby – 01704 533024
Countess of Chester - 01244 364948
Halton Hospital - 01928 753502

Website information may be obtained from your hospital (www.lwh.nhs.uk), local and national support networks above.

National Resource Organisations for Gynae Oncology Patients
Macmillan Cancer Support
89 Albert Embankment London SE1 7UQ
0808 8080000
Mon-Fri 9am-8pm
www.macmillan.org.uk

A National Organisation providing support and written information for anyone affected by any cancer type.

Other National organisations include;

The Daisy Chain Network

For additional information send an SAE to: The Daisy Chain Network, PO Box 183, Rossendale, Lancashire, BB4 6WZ
Email: membership&media@daisynetwork.org.uk
www.daisynetwork.org.uk

The Daisy network is a premature menopause support group which offers advice, information and support for women throughout the UK.

The Eve Appeal

www.eveappeal.org.uk

The Eve Appeal is the leading UK national charity funding research and raising awareness into the five gynaecological cancers – womb, ovarian, cervical, vulval and vaginal.

Menopause Matters

www.menopausematters.co.uk

For accurate up to date information about the menopause and its treatment options “An easy to use, independent, clinician-led website”.

Womb Cancer Support UK

www.facebook.com/womb-cancer-support.uk

www.wombcancersupportuk.weebly.com

Provide support, advice and information to women who have been diagnosed with womb cancer

Gynae C

1 Bollingbroke Road, Swindon SN2 2L8

Tel: 01793 302005

www.communicate.co.uk/wilts.gynaec

A support group/helpline run by Helen Jackson for women (and their family or friends) who have any gynaecological cancer.

References

Blake P, Lambert H, Crawford R (1998) Gynaecological Oncology: A guide to clinical management, Oxford University Press

Cancer Research UK. (2017) Uterine cancer incidence statistic, UK: 2017. Retrieved from <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/uterine-cancer/incidence#heading-Zero>, Accessed [Sept, 2020]

Macmillan Cancer Support (2018) Understanding womb (endometrial) cancer. 11th edition.

Nordin A (1999) Patient Pictures - Gynaecology, Health Press Ltd, Oxford.

Office for National Statistics. (2019, April 29). Cancer registration statistics, England: 2017. Retrieved from

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/2017>, Accessed [Sept, 2020]

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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