



Understanding Cancer of the Uterus

A guide for women with cancer,
their families and friends

Cancer
information

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13 11 20



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First published January 2005. This edition April 2015.

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Understanding Cancer of the Uterus is reviewed approximately every two years. Check the publication date above to ensure this copy of the booklet is up to date. To obtain a more recent copy, phone Cancer Council 13 11 20.

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Acknowledgements

This edition has been developed by Cancer Council NSW on behalf of all other state and territory Cancer Councils as part of a National Publications Working Group initiative.

We thank the reviewers of this booklet: Dr Sam Saidi, Senior Staff Specialist, Department of Gynaecological Oncology, Chris O'Brien Lifehouse, NSW; Sharon Ellis, Consumer; Anne Finch, Accredited Practising Dietitian, Campaign Project Officer, Cancer Council WA; Harrison Hills, Accredited Practising Dietitian, Nutrition and Physical Activity Project Officer, Cancer Council WA; Suparna Karpe, Clinical Psychologist, Department of Gynaecological Oncology, Westmead Hospital, NSW; Dr Pearly Khaw, Consultant Radiation Oncologist, Peter MacCallum Cancer Centre, VIC; Rosalind Robertson, Senior Psychologist, Gynaecological Cancer Centre, The Royal Hospital for Women, NSW; Deb Roffe, 13 11 20 Consultant, Cancer Council SA, Gynaecological Cancer Research Nurse, QIMR Berghofer Medical Research Institute, SA; Kylie Tilbury, Acting Gynaecology, Brain and CNS Cancer Nurse Care Coordinator, The Canberra Hospital, ACT.

Cancer Council NSW wishes to acknowledge Cancer Council Victoria for kindly permitting its booklet on cancer of the uterus to be used as source material for this booklet.

Note to reader

Always consult your doctor about matters that affect your health. This booklet is intended as a general introduction to the topic and should not be seen as a substitute for medical, legal or financial advice. You should obtain independent advice relevant to your specific situation from appropriate professionals and you may wish to discuss issues raised in this book with them.

All care is taken to ensure that the information in this booklet is accurate at the time of publication. Please note that information on cancer, including the diagnosis, treatment and prevention of cancer, is constantly being updated and revised by medical professionals and the research community. Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided in this booklet.

Cancer Council

Cancer Council is Australia's peak non-government cancer control organisation. Through the eight state and territory Cancer Councils, we provide a broad range of programs and services to help improve the quality of life of people living with cancer, their families and friends. Cancer Councils also invest heavily in research and prevention. To make a donation and help us beat cancer, visit cancer.org.au or call your local Cancer Council.



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Introduction

This booklet has been prepared to help you understand more about cancer of the uterus – also called uterine cancer, womb cancer, cancer of the lining of the womb or endometrial cancer. In this booklet, we use the terms ‘cancer of the uterus’ and ‘uterine cancer’.

Many women feel shocked and upset when told they have uterine cancer. We hope this booklet will help you, your family and friends understand how uterine cancer is diagnosed and treated. We also include information about support services.

We cannot give advice about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about other questions to ask your treatment team.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary.

How this booklet was developed

This information was developed with help from health professionals and people affected by uterine cancer. This booklet is based on Cancer Council Australia guidelines for endometrial cancer.

If you or your family have any questions, call Cancer Council **13 11 20**. We can send you more information and connect you with support services in your area. Turn to the last page of this book for more details.



**Cancer
Council**
13 11 20

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What is cancer?

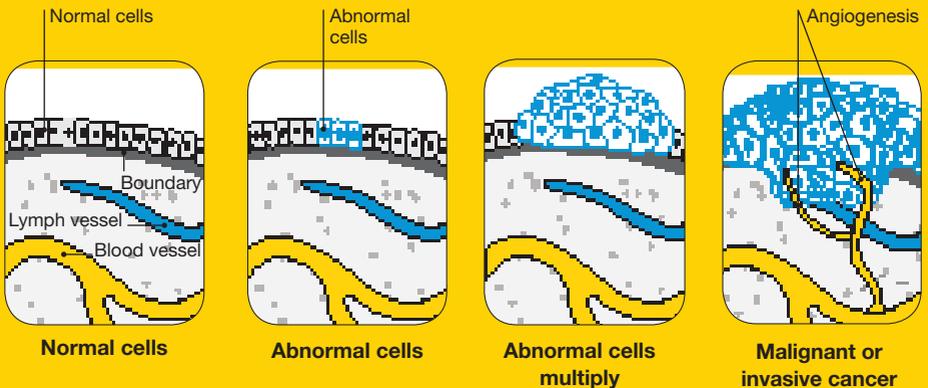
Cancer is a disease of the cells, which are the body's basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don't grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant.

Benign tumour – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

Malignant tumour – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).

How cancer starts



The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, uterine cancer that has spread to the lungs is called metastatic uterine cancer, even though the person may be experiencing symptoms caused by problems in the lungs.

How cancer spreads

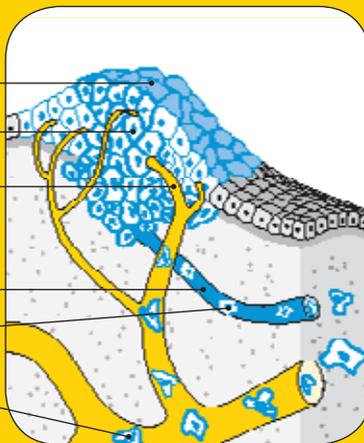
Primary cancer

Local invasion

Angiogenesis –
tumours grow their
own blood vessels

Lymph vessel

Metastasis –
cells invade other
parts of the body via
blood vessels and
lymph vessels





The uterus

The uterus, or womb, is part of a woman's reproductive system. It is about the size and shape of a hollow, upside-down pear. The uterus sits low in the abdomen between the bladder and rectum and is held there by muscle. It is joined to the vagina by the cervix, which is the neck of the uterus. The uterus is where a foetus grows.

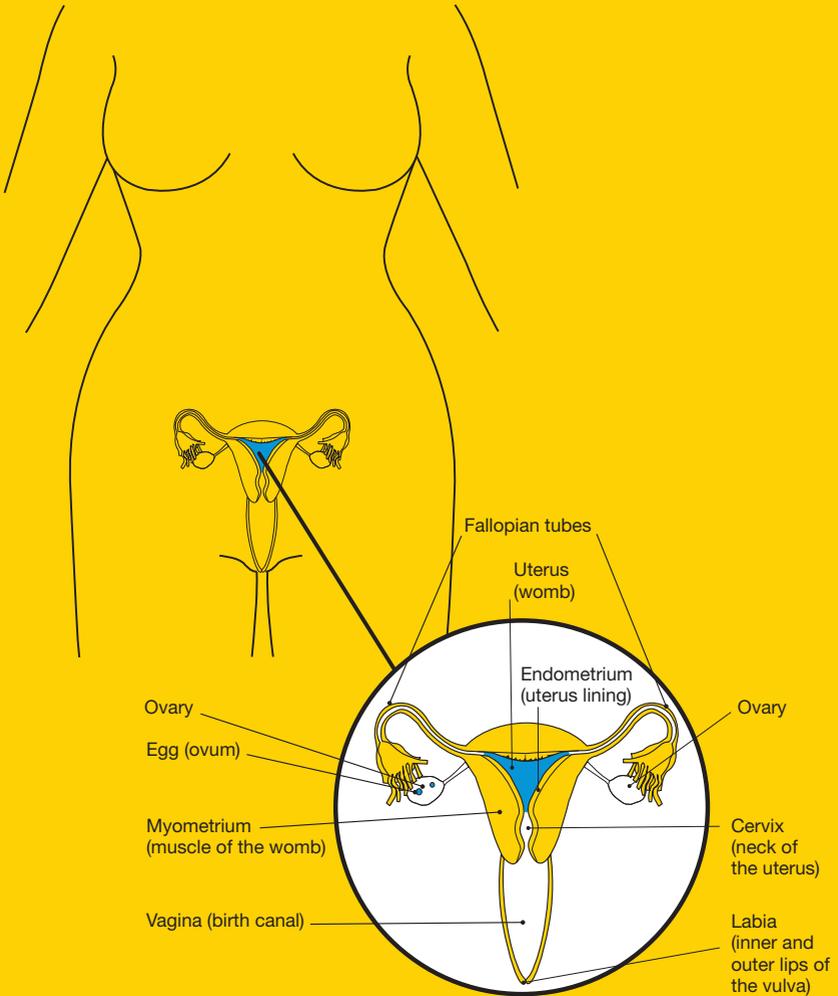
The uterus is made up of two layers:

- **Myometrium** – the outer layer of muscle tissue. This makes up most of the uterus.
- **Endometrium** – the inner layer or the lining of the uterus. In a woman of child-bearing age, the endometrium changes in thickness each month to prepare for pregnancy.

When a woman releases an egg (ovum) from her ovary (ovulates), the egg travels down her fallopian tube into the uterus. If the egg is fertilised by a sperm, it will implant itself into the lining of the uterus and grow into a baby. If the egg is not fertilised by a sperm, the lining is shed and flows out of the body through the vagina. This flow is known as a woman's period (menstruation).

Menopause occurs when the levels of hormones in a woman's body that cause ovulation and menstruation decrease. A menopausal woman's periods stop, and she is not able to become pregnant. The uterus becomes smaller and the endometrium becomes thinner and inactive.

The female reproductive system





Key questions

Q: What is cancer of the uterus?

A: Cancer of the uterus is cancer that begins from abnormal cells in the lining of the uterus (endometrium) or the muscle tissue (myometrium).

Q: What are the risk factors?

A: The exact cause of cancer of the uterus is unknown, but some factors seem to increase a woman's risk:

- being aged over 50
- being postmenopausal
- 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)
- reaching menopause late (after age 55)
- having high blood pressure (hypertension)
- having diabetes
- being overweight or obese
- a family history of ovarian, uterine, breast or bowel cancer
- previous ovarian tumours, or polycystic ovary syndrome
- taking oestrogen hormone replacement without progesterone
- previous pelvic radiation for cancer
- taking tamoxifen to treat breast cancer. The risk of uterine cancer is usually outweighed by the benefits of treating breast cancer. Talk to your doctor if you are concerned.

Many women who have risk factors don't develop cancer of the uterus, and some women who do get cancer have no risk factors.

Q: What types are there?

A: Uterine cancer can be either endometrial cancer or the less common uterine sarcoma.

Endometrial cancers

Most cancers of the uterus begin in the lining of the uterus and are called endometrial cancers. There are two main types of endometrial cancer:

Type 1 cancers

Usually called endometrioid cancers. Type 1 cancers are the most common types of endometrial cancer and usually require less intensive treatment.

Type 2 cancers

Include malignant mixed Müllerian tumours, serous carcinoma and clear cell carcinoma. Type 2 cancers are much less common types of endometrial cancer. Treatment usually involves more invasive surgery and chemotherapy and/or radiotherapy.

Uterine sarcomas

These develop in the muscle of the uterus (myometrium) or the connective tissue supporting the endometrium, which is called the stroma. There are three types:

- endometrial stromal sarcoma
- leiomyosarcoma
- undifferentiated sarcoma

These types are rare and may be more likely to spread to other parts of the body.

Q: What are the symptoms?

A: The most common symptom of cancer of the uterus is unusual vaginal bleeding, particularly if the cancer 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 general practitioner (GP). They will examine you and refer you for tests to see if you have cancer. To learn more about some types of diagnostic tests, see the following chapter.

Q: How common is it?

A: It is estimated that about 2400 women in Australia are diagnosed with uterine cancer each year.¹ The majority of uterine cancers are diagnosed in women aged 50 and over. Uterine cancer is the most commonly diagnosed gynaecological cancer in Australia.



Diagnosis

Your doctor will confirm the diagnosis of uterine cancer with a number of tests. You may have some or all of the following tests.

Physical examination

The doctor will feel your abdomen to check for swelling. To check your uterus, they will place two fingers inside your vagina while pressing on your abdomen with their other hand. This is called a bimanual examination. You may also have a vaginal or cervical examination using an instrument that separates the walls of the vagina (a speculum). This is similar to a Pap test (see box below).

Transvaginal ultrasound

A transvaginal ultrasound uses soundwaves to create a picture of the inside of your uterus and ovaries. A device called a transducer is put on your abdomen, and another transducer is inserted into your vagina. A computer creates an image based on the echoes produced when soundwaves meet something dense, like an organ or tumour.

Using the ultrasound, the doctor can see the size of your ovaries and uterus and the thickness of the endometrium. If anything appears unusual, the doctor may suggest you have a biopsy.

A Pap test (also called Pap smear or smear test) is used to check the cells inside the vagina and cervix. If these cells show changes, further tests may be needed. Occasionally, uterine cancer cells are detected in a Pap test, but this is uncommon.



Hysteroscopy and biopsy

You may have a hysteroscopy and biopsy if your doctor suspects cancer is present. A hysteroscopy is a procedure that allows the gynaecologist or gynaecological oncologist to see inside your uterus.

A telescope-like device called a hysteroscope is inserted through your vagina into your uterus, and some tissue is removed (biopsy) and sent to a laboratory for examination. The tissue sample can be taken in different ways:

- Part of the uterine lining is lightly scraped out. This is called a dilation and curettage (D&C), and is the most common and accurate way to remove tissue for a biopsy.
- A long, thin plastic tube (Pipelle) is used to gently suck cells from the womb. This is called an endometrial biopsy and is often performed in the doctor's surgery.

Some women may have a biopsy as an outpatient under a local anaesthetic. If you have a D&C, you may need a general anaesthetic and to stay in hospital for a few hours. These tests can cause you to have period-like cramps and light bleeding for a few days afterwards.

Blood and urine tests

You might have blood and urine tests to assess your general health. The test results can help you and your doctor to make treatment decisions.

Further tests

If the initial tests show you have uterine cancer, you will have scans to see if the cancer has spread. These tests are usually done at a hospital or radiology clinic. Each scan can take about an hour, and most people can go home as soon as the scans are done. Most cancers of the uterus are found early and do not require further tests.

X-rays

You may have a chest x-ray to check that your lungs and heart are healthy. This will usually happen before surgery.

CT scan

A CT (computerised tomography) scan uses x-ray beams to take pictures of the inside of your body. The test is painless but can be noisy. You will be asked not to eat or drink anything before the scan, except for a liquid dye. This makes your organs appear white in the pictures, so anything unusual can be seen more clearly. You may also receive a separate injection of dye, which makes blood vessels easier to see. The CT scan machine is large and round like a doughnut. You will lie on a table that moves in and out of the scanner.

MRI scan

The MRI (magnetic resonance imaging) scan uses a powerful magnet linked to a computer to take pictures of areas inside the body. You will lie on a table that slides into a metal cylinder. The test is painless, but some people find lying in the cylinder noisy and confined. If you feel claustrophobic, let your doctor or nurse know, as they may be able to give you headphones. An MRI test for cancer of the uterus can take 40–45 minutes.

PET scan

During a PET (positron emission tomography) scan you will be injected with a glucose (sugar) solution containing a small amount of radioactive material. The PET scan detects increased amounts of radioactive glucose in areas of the body where there are cancer cells, because these cells cannot eliminate this glucose in the way that normal cells do.

PET scans are usually used only for particular types of uterine cancer, such as sarcoma. If you have a PET scan for any other type of uterine tumour, you will not be eligible for a Medicare rebate.



The radiation that's absorbed into your body during a PET scan is generally not harmful and will leave your body within a few hours. Talk to your doctor before the scan if you are concerned.

Staging and grading uterine cancer

The tests described on pages 11–14 will show whether you have uterine cancer and whether it has spread to other parts of the body. This testing process is called staging and helps your doctors decide what treatment is best for you.

Grading describes how the cancer cells look compared to normal cells and helps determine how aggressive the cancer cells are.

The tables opposite show how endometrial cancers are staged and graded. Uterine sarcomas are staged differently.

Staging

Stage 1	The cancer is found only in the uterus.
Stage 2	The cancer has spread from the uterus to the cervix.
Stage 3	The cancer has spread beyond the uterus/cervix to the ovaries, fallopian tubes, vagina or nearby lymph nodes.
Stage 4	The cancer has spread further, to the inside of the bladder or rectum, throughout the abdomen or to other parts of the body.

Grading

Grade 1 (low-grade)	The cancer cells look slightly abnormal.
Grade 2 (moderate-grade)	The cancer cells look moderately abnormal.
Grade 3 (high-grade)	The cancer cells look very abnormal. These cancers tend to be more aggressive than lower-grade cancers.

Prognosis

Prognosis means the expected outcome of a disease. You may wish to discuss your prognosis and treatment options with any of your oncologists (gynaecological, radiation or medical), but it is not possible for any doctor to predict the exact course of the illness.

How will doctors assess my prognosis?

Test results, the type of cancer you have, the rate and depth of tumour growth, how well you respond to treatment, and other factors such as your age, fitness and medical history are all important factors in assessing your prognosis. In most cases, the earlier uterine cancer is diagnosed, the better your prognosis. Most endometrial cancers, especially type 1 (endometrioid), have a good prognosis with high survival rates. If cancer is found after it has spread to other parts of the body (referred to as an advanced stage), it will probably be harder to treat.

Which health professionals will I see?

Your GP or gynaecologist will arrange the first tests to assess your symptoms. If you do have uterine cancer you will be referred to a gynaecological oncologist, who will discuss your test results and treatment options with you.

A gynaecological oncologist will perform surgery if you need it and discuss your treatment options after the operation. You will be cared for by a range of health professionals who specialise in different aspects of your treatment (see table opposite).

Health professional	Role
gynaecological oncologist	a specialist who treats women with cancers of the reproductive system (for example, uterine, ovarian, cervical, vulvar and vaginal cancers)
radiation oncologist	prescribes and coordinates radiotherapy treatment and advises about side effects
medical oncologist	prescribes and coordinates the course of chemotherapy
radiologist	reads and interprets diagnostic scans (for example, CT, MRI and PET scans)
nurse care coordinator	supports patients and families throughout treatment and liaises with other staff
nurses	help administer drugs including chemotherapy, help treat any radiotherapy-induced reactions, and provide information and support throughout your treatment
dietitian	can recommend an eating plan to help you manage nutrition-related symptoms and help you stay well during treatment and recovery
social worker and clinical psychologist	link you to support services and help you with any emotional problems associated with cancer and treatment
physiotherapist and occupational therapist	help you with any physical or practical problems associated with cancer and treatment



Key points

- If your doctor suspects you have uterine cancer, you will need to have a number of tests.
- Your doctor will feel your abdomen to check for swelling (physical examination). You may also have a vaginal or cervical examination using a speculum. This is similar to a Pap test.
- You will probably also have a transvaginal ultrasound, which uses soundwaves to create a picture of the inside of your uterus and ovaries.
- If anything looks unusual on the ultrasound, your doctor will usually recommend you have a hysteroscopy and biopsy. This allows your doctor to see inside your uterus and remove some tissue for the examination of cancer cells (biopsy).
- Blood and urine samples enable your doctor to assess your general health and help determine what treatment is best for you.
- Further tests, including x-rays and CT, MRI and PET scans, may be required to check whether the cancer has spread. The scans can usually be done at a hospital or radiology clinic.
- A stage and grade will be assigned to the cancer to describe how far it has spread and how fast the cancer cells are growing.
- Prognosis means the expected outcome of a disease. If uterine cancer is diagnosed early, it can usually be treated successfully.
- A range of health professionals who specialise in different aspects of your treatment will work together to care for you.



Making treatment decisions

Sometimes it is difficult to decide on the type of treatment to have. You may feel that everything is happening too fast. Check with your doctor how soon your treatment should start, and take as much time as you can before making a decision.

Understanding the disease, the available treatments and possible side effects can help you weigh up the pros and cons of different treatments and make a well-informed decision that's based on your personal values. You may also want to discuss the options with your doctor, friends and family.

You have the right to accept or refuse any treatment offered. Some people with more advanced cancer choose treatment even if it offers only a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so they have the best possible quality of life.

Talking with doctors

When your doctor first tells you that you have cancer, you may not remember the details about what you are told. Taking notes or recording the discussion may help. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If you are confused or want clarification, you can ask questions – see page 55 for a list of suggested questions. If you have several questions, you may want to talk to a nurse or ask the office manager if it is possible to book a longer appointment.

A second opinion

You may want to get a second opinion from another specialist to confirm or clarify your doctor's recommendations or reassure you that you have explored all of your options. Specialists are used to people doing this.

Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. You might decide you would prefer to be treated by the doctor who provided the second opinion.

Taking part in a clinical trial

Your doctor or nurse may suggest you take part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. For example, if you join a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the modified new treatment.

Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

It may be helpful to talk to your specialist or clinical trials nurse, or get a second opinion. If you decide to take part, you can withdraw at any time. For more information, call Cancer Council 13 11 20 for a free copy of *Understanding Clinical Trials and Research*, or visit australiancancertrials.gov.au.

Treatment

Your doctor will advise you on the best treatment for the cancer. Treatment will depend on the results of your tests, where the cancer is, whether it has spread, your age and your general health.

Cancer of the uterus is often diagnosed early, before it has spread, and can be treated surgically. For many women, surgery will be the only treatment they need. If the cancer has spread beyond the uterus, radiotherapy, hormone treatment or chemotherapy may also be used.

Surgery

Hysterectomy and bilateral salpingo-oophorectomy

Cancer of the uterus is usually treated by removing the uterus and cervix. This operation is called a total hysterectomy. In most cases, the fallopian tubes and both ovaries will also be removed at the same time. This is called a bilateral salpingo-oophorectomy.

The ovaries are usually removed during surgery as they produce oestrogen, a hormone that may cause the cancer to grow. Removing them reduces the risk of the cancer coming back (recurrence).

The hysterectomy will help the doctors confirm the type of uterine cancer you have and if it has spread (metastasised). It may be performed through a cut in the abdomen (laparotomy) or using laparoscopic (keyhole) surgery (see page 22).

You will be given a general anaesthetic. If you are having a laparotomy, a cut is made from the pubic area to the bellybutton. Sometimes a cut is made along the pubic line instead. Once the

abdomen is open, the surgeon washes out the area with fluid. The uterus, fallopian tubes and ovaries are then removed. If the cancer has spread to the cervix, the surgeon may also remove a small part of the upper vagina and the ligaments supporting the cervix.

The lymph nodes in your pelvis may also be removed, depending on the size and type of cancer. This procedure is called a lymphadenectomy (see page 25). Your gynaecological oncologist will discuss this with you before the operation.

All of the tissue and fluids that are removed are sent to a pathologist to be examined for cancer cells.

If the operation is performed as a laparoscopic procedure (keyhole surgery), the surgeon will make small cuts in the abdomen and use a thin telescope (laparoscope) to see inside the abdomen. The uterus and other organs are removed through the vagina or the abdominal incision. This is called a total laparoscopic hysterectomy or laparoscopic-assisted vaginal hysterectomy.

Robotic hysterectomy

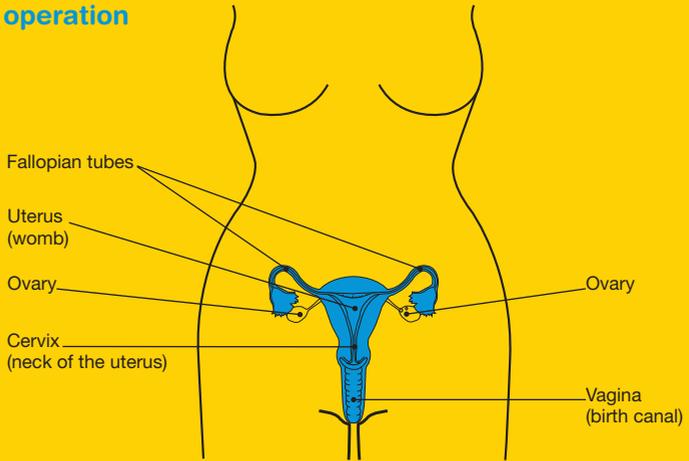
A robotic hysterectomy is a form of keyhole surgery. The instruments used in the operation are controlled by robotic arms guided by the surgeon, who sits next to

the operating table. Because it is keyhole surgery, you won't be left with a large scar and the time it takes you to recover will usually be shorter than if a cut is made in your abdomen.

Hysterectomy and bilateral salpingo-oophorectomy

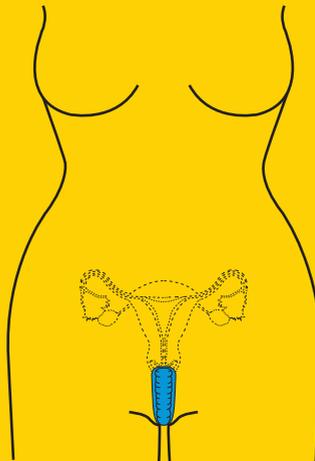
Most women with uterine cancer will have this operation. However, your case may be different. Talk to your doctor.

Before the operation



After the operation

The dotted outline represents the organs removed during surgery.



After the operation

When you wake up from the operation, you will have an intravenous drip in your arm to give you fluid and medication. There may also be a tube in your abdomen to drain away fluid from the operation site, and a tube in your bladder to collect urine. These will usually be removed the day after the operation.

As with all major operations, you will have some discomfort or pain. You will be given pain relief medication through a drip or via an injection into your spine. The spinal injection is called an epidural. If you still have pain, your doctor or nurse can change your medication to one that is more effective.

A few days after the operation, your doctor will have all the test results and will discuss with you if further treatment is necessary. This will depend on the type of cancer, the stage and grade of the disease, and the amount of any remaining cancer. If the cancer is at a very early stage, you may not need additional treatment.

Side effects

After surgery, some women experience side effects. These may include one or all of the following:

Menopause – If you have had a bilateral salpingo-oophorectomy and were not menopausal before the operation, the removal of your ovaries will cause menopause. For more details about menopause, see pages 38–39. If you have not been through menopause and are concerned about how the surgery will affect your fertility, see page 40.

Internal scar tissue (adhesions) – Tissues in the body may stick together, which can sometimes be painful. Rarely, adhesions to the bowel or bladder may need to be treated with further surgery.

Impact on sexuality – The physical and emotional changes you experience after surgery may affect how you feel about sex and how you respond sexually. See page 48 for more information, or call 13 11 20 for a free copy of *Sexuality, Intimacy and Cancer*.

Lymphoedema – If you have a lymphadenectomy, you may develop lymphoedema. This is a swelling in part of the body due to a blockage of the lymph vessels. Removing lymph nodes from the pelvis prevents lymph fluid from draining, which causes it to build up and the legs to swell.

Women who have had a lymphadenectomy followed by radiotherapy are more at risk of lymphoedema. Symptoms appear gradually, sometimes years after a lymphadenectomy. See page 44 for symptoms and tips on dealing with lymphoedema.

Lymphadenectomy

Your doctor may suggest removing some lymph nodes from your pelvic region. This is called a pelvic lymphadenectomy or lymph node dissection.

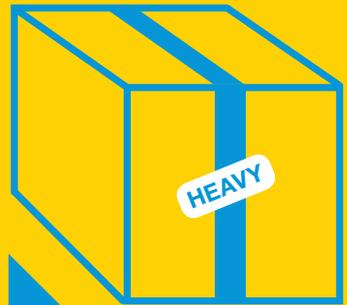
Removing lymph nodes will help your doctor to find out whether the cancer has spread. The lymph nodes will be examined under a microscope to see if they contain cancer.

Taking care of yourself at home

Most women who have a hysterectomy will feel better within six weeks, but your recovery time will depend on factors like your age, general health and the type of surgery you had. If you need home nursing care, ask hospital staff about services in your area.

Rest

When you get home from hospital, you will need to take things easy for the first week. Ask family or friends to help you with chores so you can rest.

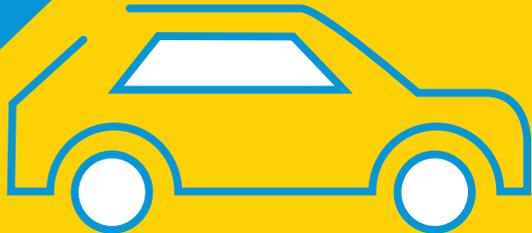


Lifting

You should avoid heavy lifting for about a month, although this will depend on the method of the surgery.

Driving

You will most likely need to avoid driving for a few weeks after the surgery. Check with your car insurer for any exclusions regarding major surgery and driving.





Ask friends or family to help out while you recover.

Sex

Sexual intercourse should be avoided for 4–6 weeks after surgery. Ask your doctor when you can resume sexual intercourse, and explore other ways you and your partner can be intimate, such as massage.

Exercise

Your health care team will probably encourage you to walk the day after the surgery. Start with a short walk and go a little further each day. Speak to your doctor if you would like to try more vigorous exercise.



Radiotherapy

Radiotherapy uses x-rays to kill or injure cancer cells so they cannot multiply. The radiation can be targeted at cancer sites in your body. Treatment is carefully planned to do as little harm as possible to your healthy body tissues.

Radiotherapy is commonly used as an additional treatment to reduce the chance of the disease coming back. This is called adjuvant therapy. There are two ways radiotherapy is given:

- **From inside the body (internal, known as brachytherapy)** – radioactive material is put in thin tubes and placed near the cancer.
- **From outside the body (external)** – a machine directs radiation at the cancer and surrounding tissue.

Radiotherapy may be recommended as the main treatment if you are not well enough for a major operation.

Which radiotherapy treatment will I have?

The type of radiotherapy offered depends mostly on the type of cancer and its extent, your general health and your age. But it can also depend on where you live and what services are available.

For example, high-dose-rate brachytherapy may require several appointments. This can be difficult if you live in a regional or remote area as you may have to travel long distances for treatment.

Brachytherapy (internal radiotherapy)

In brachytherapy, the radiation source is placed inside the body on or near the cancer. A cylinder is inserted into the vagina and is connected to a machine using plastic or metal tubes. These tubes move the radiation from the machine into your body. Internal radiotherapy can be done in two ways:

High-dose-rate treatment – You will usually have 4–5 treatment sessions as an outpatient. Each high-dose brachytherapy session will last from five to 10 minutes, but it takes much longer to set up the equipment.

Low-dose-rate treatment – Not as common as high-dose treatment, as it is gradually being replaced by newer, high-dose-rate machines. You may have low-dose-rate treatment in hospital continuously for up to 36 hours. Because the implant used in low-dose brachytherapy is radioactive, you will be cared for alone or in a room away from the main ward. Visitors may be limited while the implant is in place.

Sometimes brachytherapy is used to treat uterine cancer that has come back. This type of brachytherapy often involves putting needles into the cancer cells. You will be given an anaesthetic for this procedure.

You will need to stay in hospital while you have the treatment, as the needles will have to remain in place until the full course of treatment is finished. This type of brachytherapy can be delivered as either high-dose-rate or low-dose-rate treatment.

External radiotherapy

In external radiotherapy, x-rays from a large machine are directed at the part of the body needing treatment. For cancer of the uterus, the lower abdominal area and pelvis are treated, but if the cancer has spread (metastasised), other areas may also be treated.

You will probably have external radiotherapy treatment from Monday to Friday for 4–6 weeks. Weekend rest breaks allow the normal cells to recover. You usually receive this treatment as an outpatient (at a radiotherapy centre) and you will not need to stay in hospital.

The actual treatment takes only a few minutes each time, but a lot of planning is required to make sure the treatment is right for you. This may involve a number of visits to your doctor to have more tests (e.g. blood tests) and undergo special planning scans such as a PET scan.

It's very important that you attend all of your scheduled sessions to ensure you receive enough radiation to kill the cancer cells or relieve symptoms.



The machine used for external radiotherapy is large and kept in an isolated room. This can be confronting or frightening, especially when you have treatment for the first time. You may find you feel more at ease with each session you attend.

Side effects

Radiotherapy can cause short- and long-term side effects. This is because radiotherapy can damage both healthy cells and cancer cells. Most side effects are temporary and steps can often be taken to prevent or reduce them. The most common side effects occur during or soon after treatment.

Different women may have different side effects even if the dose and frequency of the radiotherapy are the same. Before your treatment starts, talk to your radiation oncologist about possible side effects.

You may experience some of the following side effects:

Lethargy and loss of appetite – Radiotherapy can make you feel tired and you may lose your appetite.

Skin problems – Radiotherapy may make your skin dry and itchy in the treatment area.

Hair loss – Radiotherapy to your abdomen and pelvis can cause you to lose your pubic hair. This may be permanent.

Reduced vaginal size – Radiotherapy to the pelvic area can affect the vagina, which will become tender during treatment and for a few weeks afterwards. In the long term, radiotherapy can make the vagina drier, and can lead to the vagina becoming shorter, narrower and less flexible. This may make vaginal examinations painful and sexual intercourse uncomfortable or difficult.

Your doctor may recommend the use of a vaginal dilator. For more information on vaginal dilators, see page 41.

Diarrhoea – Having radiotherapy to your lower abdomen or pelvis may irritate the bowel and cause diarrhoea. Symptoms include loose and watery stools, abdominal cramps and frequent bowel movements. For some ways to reduce diarrhoea, see pages 43–44 and consult your doctor.

Cystitis – Radiotherapy to the pelvic area can cause a burning sensation when passing urine (cystitis).

Menopause – Radiotherapy to the pelvic region may also cause your periods to stop (menopause). See pages 38–39 for more information on menopause.

When you're having radiotherapy, try to rest as much as possible. Drinking lots of water and eating small, frequent meals will also help. Ask your doctor or nurse about ways to manage the side effects of radiotherapy.

For more information about radiotherapy, call 13 11 20 for a free copy of Cancer Council's *Understanding Radiotherapy* booklet, or download a copy from your local Cancer Council website.

tip

Waiting at the hospital for radiotherapy to begin may make you feel anxious. Take activities to help distract you or to help pass the time.

Hormone treatment

Hormones are substances that are produced naturally in the body. They help control the growth and activity of cells. Some cancers of the uterus depend on hormones (like oestrogen) to grow. Hormone treatment works by helping the body to produce smaller amounts of the hormones that the cancer needs to grow.

Hormone treatment can be given if the cancer has spread or if the cancer has come back (recurred). It is also sometimes offered in the first instance if surgery is not an option. The main hormone treatment for women with uterine cancer is progesterone.

Progesterone

Progesterone occurs naturally in women, and it can also be produced artificially to help shrink some cancers and control symptoms. Progesterone is available in tablet form or is given as an injection by your GP or nurse. The most common types of progesterone are medroxyprogesterone (Provera®) and megestrol (Megace®). Progesterone may also be given in a device (called a Mirena®) that is fitted into the uterus.

The common side effects of progesterone treatment include:

- breast tenderness
- tiredness
- nausea
- fluid retention.

In high doses, progesterone may increase appetite and cause weight gain.



Julie's story

At 62, I received a reminder to have a Pap smear and filed it with all my important documents, thinking I'd get to it eventually.

After having a Pap smear a few months later, I got home one day to a message from the surgery saying the doctor wanted to see me. It was the Thursday before Easter and that long weekend I had myself dead and buried 10 times over.

The doctor told me there was an anomaly on my Pap smear and referred me to a gynaecologist. Within a few weeks, I had a hysteroscopy and biopsy.

Two weeks later, I was told I had cancer of the uterus. I had a total hysterectomy and some of my lymph nodes were removed as well. Fortunately, the cancer hadn't spread, but because it was grade 3 the doctor

recommended I have chemotherapy and radiation.

The main side effect of the chemotherapy was abdominal pain and pain in my legs and feet, and feeling very weak. I went from being an active woman to someone who was using a walker to get around. I'm a very positive and happy person, so that was pretty confronting.

I'm one of the lucky ones. It's very rare for cancer of the uterus to be picked up on a Pap smear. I'd had symptoms, such as nausea and abdominal pain, but I thought they were related to other health conditions I had.

As my body's healing and getting stronger, psychologically I'm getting stronger, too. I had planned to work beyond 65, but now I'm thinking I'll retire sooner. I have different priorities now. I've been given a second chance.

Chemotherapy

Chemotherapy is the use of cytotoxic drugs that kill or slow the growth of cancer cells. The aim is to destroy cancer cells while causing the least possible damage to healthy cells.

Chemotherapy may be used:

- for certain types of uterine cancer
- when cancer comes back after surgery or radiotherapy to try to control the cancer and to relieve symptoms
- if the cancer does not respond to hormone treatment
- if the cancer has spread beyond the pelvis when the cancer is first diagnosed
- in conjunction with radiotherapy.

Chemotherapy is usually given by injecting the drugs into a vein (intravenously). You may be treated as an outpatient or you may need to stay in hospital overnight. You will have a number of treatments, sometimes up to six, every 3–4 weeks over several months. Your doctor will talk to you about how long your treatment will last.

Side effects

The side effects of chemotherapy vary greatly for each woman and depend on the drugs you receive, how often you have the treatment, and your general fitness and health. Side effects may include feeling sick (nausea), vomiting, feeling tired, and some thinning and loss of body and head hair. Most side effects are temporary and steps can often be taken to prevent or reduce their severity.

For more information about chemotherapy and tips for managing side effects, ask your doctor or nurse, or call 13 11 20 for a free copy of Cancer Council's *Understanding Chemotherapy* booklet. You can also download it from your local Cancer Council website.

tip

If you have private health insurance, check with your provider whether you are entitled to a rebate on a wig for hair loss associated with chemotherapy.

Palliative treatment

Palliative treatment helps to improve people's quality of life by alleviating symptoms of cancer without trying to cure the disease. It is particularly important for people with advanced cancer. However, it is not just for end-of-life care and can be used at different stages of cancer.

As well as slowing the spread of cancer, palliative treatment can relieve pain and help manage other physical and emotional symptoms. Treatment may include radiotherapy, chemotherapy or other medication such as hormone treatment (see page 33).

Call 13 11 20 for more information about palliative care and advanced cancer, or visit your local Cancer Council website.



Key points

- The main treatment for cancer of the uterus is surgery to remove the uterus and cervix. This operation is called a hysterectomy.
- In most cases, the fallopian tubes and both ovaries will also be removed at the same time. This is called a bilateral salpingo-oophorectomy.
- You will be given pain relief during and after the operation as there will be some pain or discomfort.
- Recovery times vary depending on the type of surgery you have.
- You will need to take things easy when you first get home from hospital. Ask family or friends to help with chores so you can rest.
- You will probably need to avoid driving for a few weeks after surgery. Check whether your car insurance policy has any exclusions from driving after major surgery.
- Avoid heavy lifting for a few weeks after surgery.
- Sexual intercourse should be avoided for about 4–6 weeks to give your wounds time to heal.
- If the cancer has spread beyond the uterus, radiotherapy, hormone treatment or chemotherapy may also be used.
- Radiotherapy may be offered if you are not well enough for a major operation. It can also be used as an additional treatment.
- Hormone therapy targets cancer that depends on hormones (e.g. oestrogen) to grow. The treatment works by helping the body to produce smaller amounts of these hormones.



Managing side effects

It will take some time to recover from treatment. As well as physical changes, you will have to cope with the emotional impact.

Treatment side effects can vary. Some women will have a few side effects; others will have more. Side effects may last from a few weeks to a few months or, in some cases, years or permanently. There are often ways to reduce or manage the discomfort that side effects cause.

Menopause

The ovaries produce the hormones oestrogen and progesterone. If both ovaries have been removed or if you've had radiotherapy in the pelvic area, you will no longer produce these hormones. If you are not already menopausal, these treatments will cause sudden menopause (when a woman's periods stop and she is no longer able to become pregnant).

Menopausal symptoms include hot flushes, trouble sleeping and vaginal dryness. The symptoms are usually more severe than a natural menopause because the body hasn't had time to get used to the gradual decrease in hormone levels.

If you have already been through menopause and have had surgery to remove your ovaries and/or radiation treatment for uterine cancer, the symptoms of menopause may come back.

While hormone replacement therapy (HRT) can help reduce symptoms of menopause, this treatment is not usually used

in women with uterine cancer because there is a risk the hormones may make the cancer worse. If your menopausal symptoms are severe, talk to your gynaecological oncologist about the risks and benefits of taking HRT. If you were already on HRT when the cancer was diagnosed, you may need to consider stopping its use.

Menopause can also increase the risk of some other health conditions. These include:

- **Osteoporosis** – a loss of oestrogen at menopause may cause bones to weaken and break more easily.
- **Heart disease** – cholesterol levels can change after menopause and this can increase your risk of heart disease.

Tiredness

It is common to feel tired or fatigued during and after treatment. Feeling tired is not only a side effect of the treatment itself. Travelling to hospitals and clinics for treatment and appointments can be exhausting. Dealing with your emotions can also cause fatigue. If you work during your treatment or if you have a home and a family to care for, fatigue may be a problem.

Your tiredness may continue for a while after treatment has finished. You might need to plan your activities during the day so you can rest regularly. It may help to talk with your family and friends about how you feel and discuss ways they can help you.

tips

Coping with the side effects of treatment

- Plan your day. Set small, manageable goals.
- Ask for and accept offers of help from family and friends.
- Learn to recognise signs of tiredness before you are exhausted.
- Leave plenty of time to get to appointments.
- Sit down whenever you can.
- Try not to feel you must please others all the time.
- Exercise, with the approval of your doctor. Even just a walk around the block can boost your energy levels.
- Eat nutritious foods to keep your energy levels up.
- Take time out to do things that you enjoy, for example, listen to music or watch a movie.
- Smoking reduces your energy. If you smoke, talk with your doctor about trying to quit, or call the Quitline on **13 7848**.

Infertility

Surgery or radiotherapy for uterine cancer will mean you are unable to have children. Although most women are older and postmenopausal when they are diagnosed with uterine cancer, it does occasionally affect younger, premenopausal women.

If fertility is a concern for you, it is important to discuss this with your doctor before your treatment starts.

Learning that your reproductive organs will be removed or will no longer function and that you won't be able to have children

can be devastating. Even if your family is complete or you did not want children, you may still experience a sense of loss and grief. These reactions are not unusual. Speaking to a counsellor or a gynaecological oncology nurse about your feelings and individual situation can be very beneficial. You can also call 13 11 20 for a free copy of *Fertility and Cancer*.

Vaginal narrowing and dryness

Radiotherapy to the pelvic area can cause vaginal tissue to shrink, narrowing the vagina. If you have had surgery to remove your ovaries, your vagina may also become very dry. This may make vaginal examination by a doctor difficult or painful. It may also make it painful to have sex.

If you experience any of these problems, talk to your GP, specialist doctor or oncology nurse, as the symptoms can usually be relieved. They may advise you to use vaginal lubricant or a device to expand the vagina (vaginal dilator).

Vaginal dilators

Your doctor may suggest you use a vaginal dilator to help keep the walls of the vagina open and supple, particularly if you are no longer sexually active. Used with lubricant, the dilator is usually inserted into your vagina for short periods of time, by yourself or with the help of a partner. Treatment staff can show you how to do this.

Bladder problems

Bladder control may change after treatment. Some women find they need to pass urine more often, or feel that they need to go in a hurry. Others may leak urine when they cough, sneeze, strain or lift.

For ways to manage accidental or involuntary loss of urine (urinary incontinence), talk with your GP or a physiotherapist. You could also contact the Continence Foundation of Australia on 1800 33 00 66 or continence.org.au.

Bowel problems

After surgery and radiotherapy, some women notice bowel changes. You may experience constipation or diarrhoea, or feel pain in your lower abdomen.

Constipation

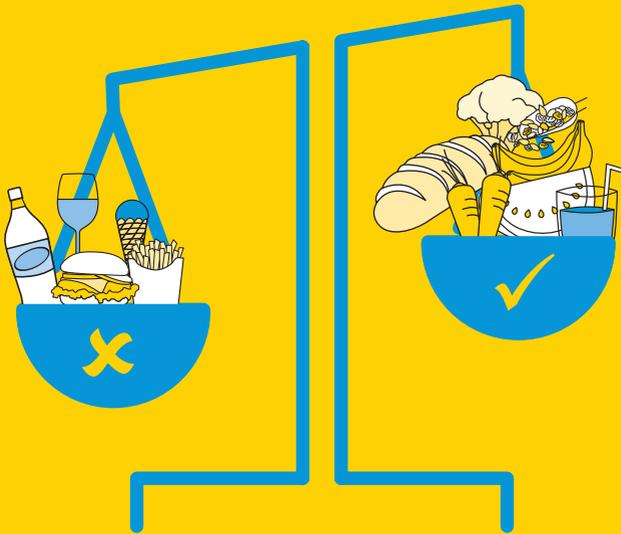
Constipation is when you have difficulty passing a bowel motion regularly or often. It is important to avoid constipation, especially in the days after surgery, because it may lead to more discomfort or cause you to strain when you're sitting on the toilet.



The blood vessels in the bowel and bladder can become more fragile after radiotherapy. This can cause blood to appear in your urine or bowel movements, even months or years after treatment. Always seek advice from your specialist or GP if you notice new or unusual bleeding. Keep in mind that it may not be related to your treatment.

How to improve bowel symptoms

You may be able to make simple changes to your lifestyle to reduce constipation or diarrhoea. Talk to your dietitian or doctor about making changes to your diet or taking medication if you are experiencing bowel problems.



- Cut down on sweets, soft drink, takeaway food, fried foods, potato chips and other savoury snacks.
- Limit intake of foods containing added sugars and salts.
- Reduce alcohol intake.
- Drink more water.
- Unless you have diarrhoea, try to eat more fibre-rich foods, such as bread, cereals, legumes, fruit and vegetables.
- Do some gentle exercise like walking.

Diarrhoea

Diarrhoea is when you are passing frequent, loose stools from the bowels. If you have diarrhoea, drink plenty of water to replace lost fluid and prevent dehydration.

Try to avoid high-fibre foods, for example, wholegrain bread and cereals, nuts and legumes (such as beans and lentils). Fatty foods, alcohol, caffeine and spicy foods can also worsen the symptoms of diarrhoea. Some people who have radiotherapy find that they cannot have dairy products for a short time after treatment.



Ask a dietitian for suggestions on reducing the number of bowel movements. You can also talk with your doctor about medications that may help to reduce your symptoms.

Lymphoedema and cellulitis

Lymphoedema is a swelling of part of the body, usually a leg or arm. If lymph nodes have been damaged or removed, it may prevent lymph fluid from draining properly. This causes fluid build-up and swelling.

The skin of the legs is more susceptible to infection after removal of the lymph glands. This is called cellulitis.

Signs of cellulitis include redness, painful swelling in the legs, warm skin and fever. If you have any of these symptoms, you

should see your GP as soon as possible. Symptoms are better managed if treated early.

For more information on managing lymphoedema and cellulitis, ask your health care team for a referral to a specialist physiotherapist or nurse.

Visit canceraustralia.gov.au/publications-and-resources to download a copy of Cancer Australia's booklet *Lymphoedema – what you need to know*, or call Cancer Council 13 11 20 for more information about lymphoedema.

tips

Preventing lymphoedema and cellulitis

- Gently massage the swollen leg to move fluid to other lymph channels.
- Wear special bandages, stockings or a compression garment to help reduce the build-up of fluid in your legs. Check if you are entitled to a rebate for these from your health fund.
- Wear sunscreen to avoid sunburn.
- If you shave your legs, use an electric razor to avoid cuts, which may become infected.
- Keep your feet clean and dry, especially between the toes.
- Check your feet regularly for fungal infections.
- Wear shoes when outdoors.
- If you have symptoms of cellulitis (infection of the skin of the legs), see your GP as soon as possible.



Key points

- Every woman will experience side effects differently. Some will have none and others will have several. There are often ways to reduce or manage side effects.
- If you are not already menopausal, having surgery or radiotherapy will mean your periods will stop.
- If fertility is a concern for you, discuss this with your doctor before treatment starts. After surgery or radiotherapy you will be unable to have children.
- Radiotherapy can cause your vagina to narrow and become dry, which can make vaginal examinations by a doctor and sexual intercourse difficult or painful.
- Tiredness is common during and after treatment. Plan your daily activities and ask family and friends for help around the house so you can rest regularly.
- Bladder control may change after treatment. There are ways to manage or prevent accidental or involuntary loss of urine (urinary incontinence).
- After surgery, some women experience constipation, diarrhoea or pain in the lower abdomen. There are things you can do to reduce these side effects.
- You may experience swelling in your legs (lymphoedema). Exercises or compression stockings may help to reduce the swelling. See your doctor as soon as possible if you have symptoms of an infection in your legs, such as redness and fever.



Looking after yourself

Cancer can cause physical and emotional strain. It's important to try to look after your wellbeing as much as possible.

Nutrition – Eating healthy food can help you cope with treatment and side effects. A dietitian can help you manage special dietary needs or eating problems, and choose the best foods for your situation. Call Cancer Council 13 11 20 for a free copy of the *Nutrition and Cancer* booklet.

Staying active – Physical activity may help to reduce tiredness, improve circulation and elevate mood. The amount and type of exercise you do depends on what you are used to, how you feel, and your doctor's advice. Cancer Council's *Exercise for People Living with Cancer* booklet provides more information about the benefits of exercise, and outlines simple exercises that you may want to try.

Complementary therapies – These therapies are used with conventional medical treatments. You may have therapies such as massage, relaxation and acupuncture to increase your sense of control, decrease stress and anxiety, and improve your mood. Let your doctor know about any therapies you are using or thinking about trying, as some may not be safe or evidence-based.

Alternative therapies are used instead of conventional medical treatments. These therapies, such as coffee enemas and magnet therapy, can be harmful. For more information, call 13 11 20 for a free copy of the *Understanding Complementary Therapies* booklet, or visit your local Cancer Council website.

Relationships with others

Having cancer can affect your relationships with family, friends and colleagues. This may be because cancer is stressful, tiring and upsetting, or as a result of more positive changes to your values, priorities, or outlook on life.

Give yourself time to adjust to what's happening, and do the same for others. People may deal with the cancer in different ways, for example, by being overly positive, playing down fears, or keeping a distance. It may be helpful to discuss your feelings with each other.

Sexuality, intimacy and fertility

Treatment for gynaecological cancer can cause physical side effects such as tiredness, and soreness and narrowing of the vagina (see pages 39–41). These side effects can make sexual penetration painful, and you may have to explore different ways to orgasm or climax.

However, for most women, sex is more than arousal, intercourse and orgasms. It involves feelings of intimacy and acceptance, as well as being able to give and receive love. Although sexual intercourse may not always be possible, closeness and sharing can still be part of your relationship.

Talk openly with your partner about how you're feeling, and take things slowly by starting with hugs or a massage if you're not ready to have sexual intercourse.

Your doctor will tell you if treatment will affect your fertility. If having children is important to you, talk to your doctor before starting treatment.

Life after treatment

For most women, the cancer experience doesn't end on the last day of treatment. Life after cancer treatment can present its own challenges. Most people find they need time to reflect on what has happened. You may have mixed feelings when treatment ends, and worry whether every ache and pain means the cancer is coming back.

Some women say they feel pressure to return to 'normal life', but they don't want life to return to how it was before cancer. Take some time to adjust to the physical and emotional changes, and re-establish a new daily routine at your own pace.

Cancer Council 13 11 20 can help you connect with other people who have had cancer, and provide you with information about the emotional and practical aspects of living well after cancer.

Dealing with feelings of sadness

If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation to do things that previously gave you pleasure, you may be experiencing depression. This is quite common among people who have had cancer.

Talk to your GP, as counselling or medication – even for a short time – may help. Some people are able to get a Medicare rebate for sessions with a psychologist. Ask your doctor if you are eligible. Your local Cancer Council may also run a counselling program.

The organisation beyondblue has information about coping with depression and anxiety. Go to beyondblue.org.au or call 1300 22 4636 to order a fact sheet.

After treatment: follow-up

After your treatment, you will need regular check-ups to confirm that the cancer hasn't come back.

Check-ups will become less frequent if you have no further problems. Between follow-up appointments, let your doctor know immediately of any health problems.

What if the cancer returns?

For some people, uterine cancer does come back after treatment, which is known as a recurrence. In this case, you may be offered further treatment to try to cure or control the cancer.

““ When my treatment finished I couldn't wait to get back to work. I wanted to return to something normal. I went back part-time and that helped me take my mind off things. ”” *Kate*



Seeking support

Cancer may cause you to experience a range of emotions, such as fear, sadness, anxiety, anger or frustration. It can also cause practical and financial problems.

Practical and financial help

There are many services that can help deal with practical or financial problems caused by the cancer. Benefits, pensions and programs can help pay for prescription medicines, transport costs or utility bills. Home care services, aids and appliances can also be arranged to help make life easier.

Ask the hospital social worker which services are available in your local area and if you are eligible to receive them.

If you need legal or financial advice, you should talk to a qualified professional about your situation. Cancer Council offers free legal and financial services in some states and territories for people who can't afford to pay – call 13 11 20 to ask if you are eligible.

Talk to someone who's been there

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

In a support group, people often feel they can speak openly and share tips with others who have gone through a similar experience.

You may find that you are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest in these support settings because they aren't trying to protect their loved ones.

Types of support

There are many ways to connect with others for mutual support and to share information. These include:

- **face-to-face support groups** – often held in community centres or hospitals
- **telephone support groups** – facilitated by trained counsellors
- **peer support programs** – match you with someone who has had a similar cancer experience, e.g. Cancer Connect
- **online forums** – such as cancerconnections.com.au.

Talk to your nurse, social worker or Cancer Council 13 11 20 about what is available in your area.



Caring for someone with cancer

You may be reading this booklet because you are caring for someone with cancer. Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and programs can offer valuable opportunities to share experiences and ways of coping.

Support services such as Home Help, Meals on Wheels or visiting nurses can help you in your caring role. There are also many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Phone 1800 242 636 or visit carersaustralia.com.au for more information and resources.

You can also call Cancer Council 13 11 20 to find out more about carers' services and to get a free copy of the *Caring for Someone with Cancer* booklet.



Useful websites

The internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of support and information.

Australian

Cancer Council Australia.....	cancer.org.au
Cancer Australia.....	canceraustralia.gov.au
Cancer Connections.....	cancerconnections.com.au
Carers Australia.....	carersaustralia.com.au
Department of Health.....	health.gov.au
Department of Human Services.....	humanservices.gov.au
healthdirect Australia.....	healthdirect.gov.au
Gynaecological Cancer Support.....	gynaecancersupport.org.au
Australasian Lymphology Association.....	lymphoedema.org.au
Heart Foundation.....	heartfoundation.org.au
Osteoporosis Australia.....	osteoporosis.org.au

International

American Cancer Society.....	cancer.org
Macmillan Cancer Support.....	macmillan.org.uk
Memorial Sloan Kettering Cancer Center.....	mskcc.org
National Cancer Institute.....	cancer.gov



Question checklist

You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don't understand, ask for clarification.

- What type of uterine cancer do I have?
- Has the cancer spread? What stage is it?
- What treatment do you recommend and why?
- Do I have more than one treatment option?
- What are the risks and possible side effects of each treatment? Are the side effects temporary or permanent?
- Will I still be able to have children? Should I see a fertility specialist?
- How long will treatment take? Will I have to stay in hospital?
- How much will treatment cost?
- Will I have a lot of pain with the treatment? What will be done about this?
- Are the latest tests and treatments for this type of cancer available in this hospital?
- Are there any clinical trials or research studies I could join?
- How frequently will I need check-ups after treatment?
- Who should I go to for my check-up appointments?
- Are there any complementary therapies that might help me?
- Should I change my diet during or after treatment?
- If the cancer comes back, how will I know?



Glossary

abdomen

The part of the body between the chest and hips, which contains the stomach, spleen, pancreas, liver, gall bladder, bowel, bladder, kidneys and uterus.

adhesion

Scar tissue that forms between surfaces inside the body.

adjuvant therapy

A treatment given with or shortly after another treatment to enhance its effectiveness.

anaesthetic

A drug that stops a person feeling pain during a medical procedure. A local anaesthetic numbs part of the body; a general anaesthetic causes a temporary loss of consciousness.

angiogenesis

The formation of new blood vessels. This enables tumours to develop their own blood supply, which helps them survive and grow.

benign

Not cancerous or malignant.

bilateral salpingo-oophorectomy

Surgical removal of both ovaries and fallopian tubes.

biopsy

The removal of a small sample of tissue from the body for examination under a microscope to help diagnose a disease.

brachytherapy

A type of internal radiotherapy in which an implant of radioactive material is placed into or near cancerous cells. Also called internal radiotherapy.

carcinoma

A cancer that starts in the tissue lining the skin and internal organs of the body.

cellulitis

An infection of the skin that can occur after lymph glands have been removed.

cervix

The lower part of the uterus, which extends into the vagina.

chemotherapy

The use of drugs to treat cancer by killing cancer cells or slowing their growth.

clear cell carcinoma

A type of endometrial cancer.

CT scan

A computerised tomography scan. This scan uses x-rays to create a picture of the inside of the body.

dilation and curettage (D&C)

A procedure where the cervix is dilated and the lining of the uterus (endometrium) is scraped out.

endometrial biopsy

Removing cells from the lining of the uterus (endometrium) with a needle.

endometrial hyperplasia

An abnormal increase in the number of cells in the lining of the uterus (endometrium).

endometrial stromal sarcoma

A type of uterine sarcoma.

endometrioid carcinoma

A type of endometrial cancer.

endometrium

The inner lining of the uterus or womb.

epidural

An injection of anaesthetic drugs directly into the spinal column.

fallopian tubes

The two long tubes that extend from the uterus to the ovaries. The fallopian tubes carry fertilised eggs from the ovary to the uterus.

gynaecological oncologist

A gynaecologist who specialises in treating women diagnosed with cancer of the reproductive organs.

gynaecologist

A doctor who specialises in treating diseases of the female reproductive system.

hormone replacement therapy (HRT)

Drug therapy that supplies the body with hormones that it is no longer able to produce naturally.

hormones

Chemicals in the body that send information between cells to bring about changes in the body.

hysterectomy

The surgical removal of the uterus and cervix.

hysteroscopy

A procedure to look inside the uterus using a device called a hysteroscope.

keyhole surgery

See laparoscopic surgery.

laparoscope

A tiny telescope through which

structures within the abdomen and pelvis can be seen during laparoscopic surgery.

laparoscopic surgery

A type of minimally invasive keyhole surgery using a laparoscope.

laparotomy

An operation in which a long cut is made in the abdomen to examine the internal organs.

leiomyosarcoma

A type of uterine sarcoma.

ligament

A band of tissue that connects bones and holds organs in place.

lymphadenectomy

Removal of the lymph nodes from a part of the body.

lymphatic system

A network of tissues, capillaries, vessels, ducts and nodes that removes excess fluid from tissues, absorbs fatty acids, transports fat, and produces immune cells.

lymph nodes

Small, bean-shaped glands that form part of the lymphatic system. Also called lymph glands.

lymphoedema

Swelling caused by a build-up of lymph fluid. This happens when lymph vessels or nodes don't drain properly.

malignant

Cancer. Malignant cells can spread (metastasise) and can eventually cause death if they cannot be treated.

malignant mixed Müllerian tumour

A rare type of endometrial cancer.

menopause

When a woman stops having periods (menstruating).

menstruation

A woman's monthly bleed from the vagina. Also called periods.

metastasis

A cancer that has spread from another part of the body. Also known as a secondary cancer.

MRI scan

A magnetic resonance imaging scan. It uses magnetism and radio waves to take detailed cross-sectional images of the body.

myometrium

Smooth muscle tissue that makes up the bulk of the uterus.

nurse care coordinator

Registered nurse who specialises in caring for people with cancer and their families.

oestrogen

A female sex hormone produced mainly by the ovaries that helps regulate the reproductive cycle.

osteoporosis

Thinning and weakening of the bones that can lead to bone pain and fractures.

ovary

A hormone-producing female reproductive organ located near the uterus. It produces eggs (ova).

ovulation

The process in a woman's menstrual cycle when the ovary releases an egg (ovum).

Pap test (Pap smear)

A test that can detect changes in cervical cells.

pathologist

A specialist doctor who interprets the results of tests.

PET scan

A positron emission tomography scan. A specialised imaging test that uses a low-dose radioactive glucose solution to identify cancer cells in the body.

polycystic ovary syndrome (PCOS)

A hormonal disorder. In women with PCOS, their ovaries produce too many male hormones, which affects the development and release of eggs during ovulation.

primary cancer

The original cancer. Cells from the primary cancer may break away and be carried to other parts of the body, where secondary cancers may form.

progesterone

A hormone produced by the ovaries that prepares the lining of the uterus (endometrium) for pregnancy. It can also be produced artificially to help shrink some cancers and control cancer symptoms.

radiotherapy

The use of radiation, usually x-rays or gamma rays, to kill or injure cancer cells so they cannot grow and multiply.

robotic hysterectomy

A form of keyhole surgery where the instruments used are controlled by robotic arms guided by the surgeon, who sits next to the operating table.

serous carcinoma

A type of endometrial cancer.

stroma

The connective tissue supporting the lining of the uterus (endometrium).

surface epithelium

A skin-like layer of the lining of the uterus.

tamoxifen

A hormone treatment that blocks the effects of oestrogen in cancer cells.

transducer

A small device used in an ultrasound. It can be passed over the surface of the body or inserted into an opening like the vagina.

transvaginal ultrasound

A test that uses soundwaves to create images of the uterus, ovaries and other female reproductive organs.

tumour

A new or abnormal growth of tissue on or in the body. A tumour may be benign (not cancer) or malignant (cancer).

ultrasound

A non-invasive scan that uses soundwaves to create a picture of the internal parts of the body.

undifferentiated sarcoma

An aggressive type of uterine sarcoma.

uterine sarcoma

A cancer affecting the smooth muscle of the uterus or stroma.

uterus

The organ in which a fertilised egg (ovum) grows and a foetus is nourished until birth. Also called the womb.

vaginal dilator

A cylinder-shaped device that is inserted into the vagina to keep the walls of the vagina open and supple.

womb

See uterus.

References

1. Australian Institute of Health and Welfare (AIHW), *Cancer incidence projections: Australia, 2011 to 2020*, AIHW, Canberra, 2012.

Can't find a word here?

For more cancer-related words, visit:

- cancerCouncil.com.au/words
- cancervic.org.au/glossary
- cancersa.org.au/glossary.



How you can help

At Cancer Council, we're dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Girls' Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.



Cancer Council 13 11 20

Being diagnosed with cancer can be overwhelming. At Cancer Council, we understand it isn't just about the treatment or prognosis. Having cancer affects the way you live, work and think. It can also affect our most important relationships.

When disruption and change happen in our lives, talking to someone who understands can make a big difference. Cancer Council has been providing information and support to people affected by cancer for over 50 years.

Calling 13 11 20 gives you access to trustworthy information that is relevant to you. Our cancer nurses are available to answer your questions and link you to services in your area, such as transport, accommodation and home help. We can also help with other matters, such as legal and financial advice.

If you are finding it hard to navigate through the health care system, or just need someone to listen to your immediate concerns, call 13 11 20 and find out how we can support you, your family and friends.

Cancer Council services and programs vary in each area.

13 11 20 is charged at a local call rate throughout Australia (except from mobiles).



If you need information in a language other than English, an interpreting service is available. Call 13 14 50.



If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service.
www.relayservice.gov.au



Visit your local Cancer Council website

Cancer Council ACT
actcancer.org

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*This booklet is funded through the generosity of the people of Australia.
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