



Canadian
Cancer
Society

Soci t 
canadienne
du cancer

Uterine Cancer

Understanding your diagnosis



1 888 939-3333 | cancer.ca

Uterine Cancer

Understanding your diagnosis

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

“ *All I could hear was ‘cancer.’ I heard my doctor say something like, ‘We’re going to try to get the surgery done as soon as possible.’ I didn’t hear one word after that.* ”

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

For more information

You can find more in-depth information about uterine cancer on cancer.ca. Or call us at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and services near you.

What is cancer?

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

But sometimes the instructions in some cells get mixed up and the cells behave abnormally. These cells start to grow and divide uncontrollably. After a while, a group of abnormal cells forms a lump, or tumour.

Tumours can be either non-cancerous (benign) or cancerous (malignant). Non-cancerous tumour cells stay in one place in the body and are not usually life-threatening. Cancerous tumour cells can grow into nearby tissues and spread to other parts of the body. It's important to find and treat cancerous tumours as early as possible. In most cases, finding cancer early increases the chances of successful treatment.

Cancer cells that spread to other parts of the body are called metastases. Often, the first sign that a tumour has spread (metastasized) is swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

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

What is uterine cancer?

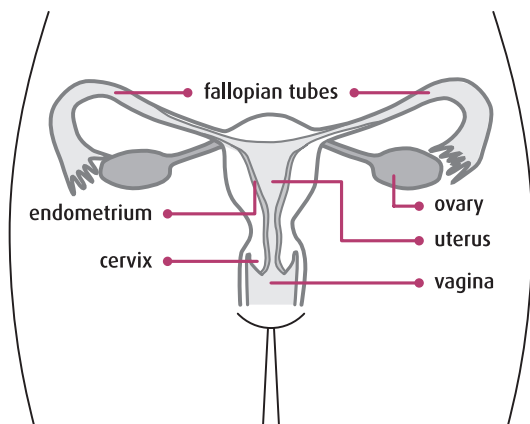
The uterus (or womb) is part of a woman's reproductive system. It is the hollow, pear-shaped organ where a baby grows before being born. The lower part of the uterus is called the cervix. The cervix leads into the vagina.

The lining inside the uterus is called the endometrium. The endometrium is made up of tissue with many glands. Uterine cancer starts in these endometrial cells. This lining regrows each month and is usually shed from your body during menstruation - your monthly menstrual period. Your periods stop temporarily during pregnancy and then continue until you reach menopause.

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

* For information about uterine sarcoma or other cancers of the uterus, contact us at 1-888-939-3333.

Female Reproductive System



Diagnosing uterine cancer

Your doctor may suspect you have uterine cancer after hearing about your symptoms, taking your medical history and doing a physical exam. To find out for sure, your doctor will arrange special tests. These tests may also be used to help plan treatment.

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

- bleeding that starts after menopause
- bleeding between periods in premenopausal women
- frequent heavy bleeding at any time (before or after menopause)
- bleeding during sex
- unusual discharge from the vagina (foul-smelling, pus-like or bloody)
- pain during sex
- pain or pressure in the pelvis

The process of diagnosing cancer may seem long and frustrating. But other health problems can cause some of the same symptoms. The doctor has to make sure there are no other possible reasons for a health problem.

Your doctor will do one or more of the following tests to make a diagnosis.

Blood tests: Blood is taken to see if the different types of blood cells are normal in number and how they look. The results help to show how well your organs are working and may suggest whether you have cancer and if it has spread.

Your red blood cell count may be checked to see if you have anemia caused by long-term bleeding from the vagina.

Imaging tests: The healthcare team uses ultrasounds, x-rays, CT scans, MRIs or bone scans to look at your tissues, organs and bones in more detail. They can see the size of the tumour and if it has spread. These tests are usually painless, and you don't need a local anesthetic (freezing).

If your doctor suspects that you have uterine cancer, you may have a transvaginal ultrasound. A thin, wand-like device is gently put into your vagina. The device uses sound waves to make a picture of the inside of your uterus. This may be uncomfortable but should not be painful.

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

- For an endometrial biopsy, cells may be taken at your doctor's office. A thin, flexible tube is placed into the uterus through the cervix. Gentle suction is used to remove a tissue sample through the cervix from the lining of the uterus. This can cause a little discomfort.
- In a dilation and curettage (D&C), the cervix is opened gradually so that the doctor can take a tissue sample from the lining of the uterus. D&C is done at the hospital as an outpatient (you don't stay overnight). You may be given either a local anesthetic or a general anesthetic (you'll be unconscious). You may have period-like pain (menstrual cramps) for a day or so after.

Hysteroscopy: A hysteroscopy is an exam that uses a thin, flexible tube (called a hysteroscope) with a light and a tiny camera at the end to look inside the uterus. If there is an abnormal area, the doctor can take several samples of tissue through the hysteroscope to examine under a microscope (biopsy). During a hysteroscopy, you'll probably have a local anesthetic. You may have period-like pain for a day or so after.

Further testing: Your doctor may order more tests to find out if the cancer has spread and to help plan your treatment.

Will I be OK?

Most people with cancer want to know what to expect. Can they be cured?

A prognosis is your doctor's best estimate of how cancer will affect you and how it will respond to treatment. It looks at many factors including:

- the type, stage and grade of the cancer
- the location of the tumour and whether it has spread
- your age and overall health

Even with all this information, it can still be very hard for your doctor to say exactly what will happen. Each person's situation is different.

Your doctor is the only person who can give a prognosis. Ask your doctor about the factors that affect your prognosis and what they mean for you.

Staging and grading

Once a diagnosis of cancer has been made, the cancer is given a stage and grade. This information helps you and your healthcare team choose the best treatment for you.

The following stages for uterine cancer describe the size of the tumour and if it has spread.*

Uterine cancer is staged while you are having surgery.

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

A grade is given based on how the cancer cells look and act compared with normal cells. To find out the grade of a tumour, a biopsy sample is looked at under a microscope.

Usually, uterine cancer tumours are given a grade from 1 to 3. The lower the number, the lower the grade.

Low grade means that the cancer cells look and act much like normal cells. They tend to be slow growing and are less likely to spread.

High grade means that the cancer cells look and act less normal, or more abnormal. They tend to grow more quickly and are more likely to spread.

* This table summarizes the stages of uterine cancer according to the International Federation of Gynecology and Obstetrics (FIGO) and the Union for International Cancer Control (UICC). For more in-depth information, visit cancer.ca.

Treatments for uterine cancer

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

Talk to your doctor about fertility options before starting treatment

Some treatments for uterine cancer may affect your ability to have children. If you're of child-bearing age, your treatment choice may depend on whether you want to become pregnant in the future. You should talk to your doctor about your options before you start treatment.

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

Surgery: Surgery is the main treatment for uterine cancer. It is also used to stage uterine cancer. Surgery to remove the uterus and the cervix is called a hysterectomy. Sometimes the fallopian tubes, ovaries, lymph nodes in the pelvis and other surrounding tissues are removed at the same time. Because uterine cancer is often found before it has spread beyond the uterus, a hysterectomy may be the only treatment needed.

Surgery is done under a general anesthetic. You may stay in the hospital for several days or longer after the surgery. After surgery, you may have some pain, nausea or vomiting, or bladder problems. These side effects are usually temporary and can be controlled.

Radiation therapy: Radiation therapy may be given before, after or instead of surgery. In external beam radiation therapy, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages cells that are in the path of the beam - both cancer cells and normal cells. In brachytherapy, or internal radiation therapy, radioactive material is placed directly into or near the tumour. Sometimes both types of radiation therapy are used for advanced cancer.

Radiation side effects depend on what part of the body receives the radiation. You may feel more tired than usual, have some diarrhea or notice changes to the skin (it may be red or tender) where the treatment was given.

Radiation therapy can cause vaginal dryness and may also make your vagina narrower. Talk to your healthcare team about ways to help this.

Hormonal therapy: Hormones are chemical substances that are produced by glands in the body or made in a lab. Hormonal therapy removes hormones from your body or blocks their action and stops cancer cells from growing. Hormone therapy is not used for early stage uterine cancer, but it may be offered for advanced uterine cancer if surgery is not an option.

Some uterine cancers grow in the presence of estrogen and progesterone hormones. If the cells have progesterone receptors, hormonal drug therapy may be used to treat the tumour.

Hormonal drugs can be given as pills, by injection or both. They usually cause few side effects. Some women have bloating (fluid retention) and increased appetite, which may cause weight gain. Most side effects go away after hormonal therapy has stopped.

Chemotherapy: Chemotherapy uses drugs to treat cancer. It's sometimes used to treat uterine cancer. Chemotherapy may be used after treatment with hormonal therapy or to relieve pain and control the symptoms of advanced uterine cancer. It may also be offered after surgery for early stage, high-grade uterine cancer.

Chemotherapy drugs may be given as pills or injected with a needle into a vein. They damage cancer cells, but they also damage some healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment, like a sore mouth, nausea, vomiting or an increased risk of infection.

For more information on treatment, you may want to read our booklets *Chemotherapy and Other Drug Therapies* and *Radiation Therapy*.

Clinical trials: Clinical trials test new ways to treat cancer, such as new drugs, types of treatments or combinations of treatments. They provide information about the safety and effectiveness of new approaches to see if they should become widely available. Ask your doctor if any clinical trials are available

that could be a treatment option for you. You may benefit and so may future cancer patients.

Our brochure *Clinical Trials* has more information, including how to find a clinical trial.

Complementary therapies: Complementary therapies – for example, massage therapy or acupuncture – are used *together with* conventional cancer treatments, often to help ease tension, stress and other side effects of treatment. They don't treat the cancer itself. More research is needed to understand if these therapies are effective and how they work.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might affect other treatments or test results.

Our booklet *Complementary Therapies* has more information.

Unlike complementary therapies, alternative therapies are used *instead of* conventional treatments. Alternative therapies haven't been tested enough for safety or effectiveness. Using alternative treatments alone for cancer may have serious health effects. Talk to your healthcare team before you try an alternative therapy.

Side effects of treatments

Some cancer treatments cause side effects, such as fatigue, hair loss or nausea. Because treatments affect everyone differently, it's hard to predict which side effects - if any - you may have.

Side effects can often be well managed and even prevented. If you're worried about side effects, tell your healthcare team about your concerns and ask questions. They can tell you which side effects you should report right away and which ones can wait until your next visit.

If you notice any side effects or symptoms that you didn't expect, talk to a member of your healthcare team as soon as possible. They'll help you get the care and information you need.

Living with cancer

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

Our booklet *Living with Cancer* has more detailed information and resources.

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

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

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

Yourself: Coping well with cancer doesn’t mean that you have to be happy or cheerful all the time. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically. Take some time to find ways to cope. You may also want to talk to a counsellor for more help.

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, you can connect with a volunteer who will listen, provide hope, offer encouragement and share ideas for coping – all from the unique perspective of someone who's been there.

To find out more, contact us by phone, by email or on cancer.ca.

Want to connect with people online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups that interest you, get support and help others at the same time. You'll find caring, supportive people there.

After treatment

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

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

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you could feel anxious as well. If you're worried about your treatment

ending, talk to your healthcare team. They can help you through this transition period.

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

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

If your ovaries are removed, you will go into menopause. The side effects are often more severe than those caused by natural menopause. Your healthcare team can suggest ways to cope with these side effects.

Self-esteem and sexuality: It's natural to be concerned about the effects of uterine cancer and its treatment on your self-esteem and sexuality. Your doctor can tell you about possible side effects, such as vaginal dryness and narrowing, and whether they're likely to be temporary or permanent.

You may be worried about having sex with a partner or that your partner may reject you. It may help to talk about these feelings with someone you trust. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of uterine cancer treatment.

What causes uterine cancer?

There is no single cause of uterine cancer, but some factors increase the risk of developing it. Some women can develop uterine cancer without any risk factors, while others have some of these factors but do not get cancer.

Post-menopausal women aged 45 to 70 have the highest risk of developing uterine cancer.

Risk factors for uterine cancer include:

- taking estrogen replacement therapy (without progesterone) after menopause
- being overweight or obese
- beginning menstruation at a young age
- reaching menopause later than the average age
- taking the drug tamoxifen (sometimes used to treat or prevent breast cancer)
- never having given birth
- having polycystic ovarian syndrome
- having endometrial hyperplasia
- previous radiation to the pelvis
- having diabetes

Canadian Cancer Society

We're here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333.



Ask a trained cancer information specialist your questions about cancer. Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others. Visit CancerConnection.ca.



Browse Canada's most trusted online source of information on all types of cancer. Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.

What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

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



Canadian Cancer Society Société canadienne du cancer

1 888 939-3333 | cancer.ca
TTY 1 866 786-3934

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

The material in this publication may be copied or reproduced without permission; however, the following citation must be used:
Uterine Cancer: Understanding Your Diagnosis. Canadian Cancer Society 2016.