

Uterus

Introduction

Cancer of the uterus is also called cancer of the womb, uterine cancer, endometrial cancer or cancer of the lining of the womb. The lining of the uterus is called the endometrium. Because cancer of the uterus arises most commonly in this lining, the term 'endometrial cancer' is often used when talking about cancer of the uterus.

Women feel understandably shocked and upset when they are told that they have or may have cancer of the uterus. The following provides you with some of the facts about cancer of the uterus, its diagnosis and treatment, as well as information about the support services available to you. This information has been developed through talking with women who have cancer of the uterus and many doctors and other healthcare workers.

We can't advise you about the best treatment for you. You need to discuss this with your own doctors. However, we hope this information will help you to answer some of your questions and help you in thinking about the questions you want to ask your doctor.

Cancer of the uterus

What is cancer?

Cancer is a disease of the body's cells. Our bodies are constantly making new cells to grow, to replace worn-out ones, or to heal damaged ones after an injury. Normally, cells grow and multiply in an orderly way. Occasionally, however, some cells behave abnormally. They multiply in an uncontrolled way, and these abnormal cells may grow into a lump, which is called a tumour.

Tumours can be benign (not a cancer) or malignant (a cancer). Benign tumours do not spread outside their normal boundary to other parts of the body. A malignant tumour is made up of cancer cells. If these cells are not treated they may spread into surrounding tissues.

If the abnormal cells invade (spread) beyond their normal boundaries then the tumour is malignant, that is, it is a cancer.

Sometimes cells break away from the original (primary) cancer and spread to other organs. When these cells reach a new site in the body, they may continue to grow and form a new tumour on that site. This is called secondary cancer or metastasis

What is the uterus?

The uterus is also known as the womb. It is a small, hollow organ made of muscle. It looks about the size and shape of an upside down pear. The uterus sits quite low in the abdomen and is held there lightly by muscle ligaments. The uterus is part of the female reproductive system. Eggs travel from the ovaries down the Fallopian tube to the uterus. It is in the uterus that a fertilized egg grows into a baby. The uterus is joined to the vagina by the cervix, or neck of the womb.

The uterus is lined with a layer of cells that is intended to receive and nourish a fertilised egg. This lining is called the endometrium and is made up of several layers that include skin-like cells (surface epithelium), blood vessels, tissue spaces and glands. If an egg isn't fertilised by male sperm, it is shed with the lining each month through the vagina as a woman's monthly period (menstruation).

When a woman's ovaries stop making oestrogen and progesterone hormones that cause the monthly cycle of egg release and shedding of the endometrium, she is going through the change in life, or menopause. Menopause literally means the ceasing of the menses, that is, the stopping of period bleeding. After menopause it is no longer possible to have a child.

What is cancer of the uterus?

Cancer of the uterus is the most common gynaecological cancer affecting women. Cancer of the uterus can be one of several types of cancer, depending in which part of the uterus the cancer arises. The majority of cancers of the uterus are actually cancer of the endometrium, the lining of the uterus. Cancers can also develop in the muscle layers of the uterus. Knowing

which type of cancer you have is important because it affects the decisions you and your doctor will make about the treatment.

Endometrial hyperplasia

Occasionally some women develop a very thick lining of the uterus (hyperplasia). This can mean that they have very heavy periods or bleeding at irregular times or have a watery, bloody discharge, even if they have gone through menopause. Some types of endometrial hyperplasia may be a pre-cancerous condition. If you have finished childbearing, your doctor may advise you to have a hysterectomy.

Abnormal bleeding before menopause, and in all women who recommence bleeding after the menopause is clearly over (more than 12 months after the end of the last monthly period), must be investigated. This requires that a sample of the lining of the womb be examined under a microscope. Such a sample is usually obtained by dilatation and curettage (D&C) under anaesthesia or may be obtained using a small sampling device in the doctor's rooms.

Adenocarcinoma of the endometrium

An adenocarcinoma is a cancer that starts in the glandular tissue. Most women (about 85 per cent) with cancer of the uterus are diagnosed with this form of endometrial cancer.

Other types of cancer of the uterus

The less common types of cancer of the uterus are adenosquamous carcinoma, papillary serous carcinoma and, rarely, clear cell carcinoma or uterine sarcoma. These cancers are called high-risk cancers because they may be more likely to spread.

Stages of cancer of the uterus

Cancer of the uterus generally starts in the lining of the uterus and if untreated will fill up the uterus. Cancer of the uterus is a cancer that generally stays in the pelvic cavity. In the pelvic cavity, it can affect the cervix and less commonly, the vagina, the Fallopian tubes and the ovaries.

However, like all cancers, cancer of the uterus can spread to other parts of the body. Cancer cells from the primary tumour in the uterus can escape into the abdomen or spread to distant parts of the body through the blood or lymph system. The lymph system is a system of vessels and lymph glands (nodes) that the body uses to move infection-fighting white cells around the body. As part of this process, some wastes are also carried away from the site of infection by the lymph system. It is through this system that cancer cells from the uterus can travel to other parts of the body such as the lungs, liver and brain.

Depending on how much cancer you have, you will be said to have a certain 'stage' of cancer of the uterus. Sometimes endometrial hyperplasia is called 'cancer in situ' and is named as Stage 0 cancer. Cancer which is confined to the uterus is called Stage I; if it has spread to the cervix it is called Stage II cancer. Stage III cancer has extended from the uterus to the Fallopian tubes, ovaries or pelvic and abdominal lymph glands. Cancer that extends outside the pelvis or that involves the rectum or bladder or has spread to distant sites is called Stage IV cancer.

Depending on which stage you have, you and your doctor will have to make decisions about your cancer treatment. Your treatment may be different than that for a woman with cancer of the uterus who has a different stage or type of disease.

How common is cancer of the uterus?

In 2000 in Malaysia, there were approximately 654 women diagnosed with cancer of the uterus. **Check figures** About 80% of these women will have gone through the menopause. Most of these women will be aged in their sixties and seventies when they are found to have cancer of the uterus.

What causes cancer of the uterus?

The causes of cancer of the uterus are only just beginning to be understood. There needs to be more investigation before doctors can explain why some women get this disease. However, there are some things that are known about this cancer.

Cancer of the uterus isn't caused by sexual activity and can't be passed on by sexual activity.

The uterus is hormone-sensitive and can sometimes be over stimulated by oestrogen. Women who take long-term oestrogen therapy need to talk with their doctors about how to protect themselves. Women on hormone replacement therapy (HRT) usually take oestrogen together with progesterone. This combination reduces a woman's likelihood of getting cancer of the uterus.

Using the contraceptive pill seems to provide some protection against cancer of the uterus. The longer the pill has been used the greater the degree of protection. Women who have used the contraceptive pill for 10 years are believed to have a 50 per cent lower risk of developing cancer of the uterus.

Women who have developed hyperplasia of the uterine lining are believed to be at an increased risk of this cancer. It appears that raised levels of oestrogen may play a role in triggering the hyperplasia that can be a precursor for cancer of the uterus.

Women who have gone through the menopause, who are infertile or who have never had children seem to have a higher risk than other women. Women who have problems with high blood pressure (hypertension) and diabetes also seem to be at risk.

Some women who are overweight may be at an increased risk of cancer of the uterus because fatty tissue makes a form of the oestrogen hormone.

There is some evidence that seems to indicate that there may be a slight tendency in some families for this to be an inherited form of cancer. Cancer of the uterus seems to be more common in families who have a history of endometrial, breast or colon cancer.

Having one or more of any of these risk factors doesn't mean that you are going to get cancer of the uterus; some women diagnosed with the disease don't have any known risk factors.

Diagnosing cancer of the uterus

Cancer of the uterus is usually not difficult to diagnose. The major symptom of abnormal bleeding associated with cancer of the uterus is a sign that signals the need for further investigation.

Abnormal bleeding (bleeding that is different from normal) must always be followed up with a thorough investigation that includes a sample of lining of the uterus being taken. A Pap test checks for cancer of the cervix. It does not investigate or protect against cancer of the uterus. Therefore it is an unreliable guide to the presence or absence of cancer of the uterus.

Symptoms

The most common symptom of cancer of the uterus is unusual bleeding or a watery, bloody discharge from the vagina. Occasionally, this discharge can be smelly. Some women have other symptoms including a feeling of bloatedness and discomfort in the abdomen.

In women who have not gone through menopause, the unusual bleeding and discharge can happen between periods, or lead to erratic and/or heavy periods. Bleeding or discharge in women who are past menopause (12 months since last bleeding) isn't normal and should always be checked. The most common explanation for abnormal bleeding isn't a diagnosis of cancer but is due to vaginal dryness associated with menopausal changes. However, the only way to be sure whether cancer is present or now is to take a sample of the lining of the uterus and test that in a laboratory.

Diagnosis

If cancer of the uterus is suspected or has been diagnosed you will need to be referred to a gynaecological-oncologist, who has specialist knowledge in treating women with cancer of the uterus. Your specialist will arrange for you to have a number of tests and examinations. These tests help the doctor decide whether your symptoms are due to cancer of the uterus or other causes.

Physical examination

The physical examination will include an internal pelvic examination where the doctor checks for a mass or lump in the uterus and lower abdomen. Some women may need to have procedures that check on the health of the bladder and bowel as part of their pre-operative assessment.

Dilatation and curettage (D&C)/Hysteroscopy

A D&C or endometrial sampling are essential to making correct diagnosis and this may be combined with a hysteroscopy. Further tests may be needed to look inside the uterus and to take samples of the uterine lining. These procedures may be carried out while you are under a light general anaesthetic. The procedures are very simple, so you should only need to spend a few hours in hospital or at a specialist day procedure centre.

These procedures don't take very long to do. While there are the normal risks involved with any anaesthetic, the effect of the procedures will probably involve period-like cramps and light bleeding that can last for a few days. Because you may have to wait a few days for test results, you may feel anxious as well.

Doctors can look inside the uterus by stretching the cervix open and inserting a device like a telescope (a hysteroscope). There are several different ways of taking biopsy tissue samples from inside the uterus. A biopsy may be taken by snipping out some tissue or a spray of fluid may be used to dislodge cells. Some of the womb lining could be removed using a suction device. This method is called endometrial aspiration. Sometimes most of the womb lining might be scraped out. This is commonly referred to as a D&C (dilatation and curettage).

X-ray studies

Routine X-rays may be taken and a CT scan of the pelvis is often done. Sometimes special x-rays using dye or barium are taken to test how well your kidneys, bladder or bowel are working.

Blood tests

Blood tests may also be done to assess your general state of health and to help with making decisions about your treatment. Once a diagnosis of cancer of the uterus is confirmed, treatment will be recommended.

The time taken in making a diagnosis of cancer of the uterus can be a difficult and uncertain time for you and your family. As well as the uncertainty about your diagnosis, you may feel that everything is happening too fast. You may feel that you don't have time to carefully think things through, particularly when faced with decisions about treatment. It is important that you let your doctor know how you feel and that you understand enough about your illness and the treatment before you have any surgery or other treatment

Treatment

Early diagnosis of cancer of the uterus is common and in most cases is identified and treated before the cancer has spread. This means that for a large proportion of women, surgery may be all that is required to cure the cancer. The major side effect of the surgery performed is that women cannot have children. The surgery also induces menopause.

If the cancer has spread beyond the uterus, then radiotherapy, hormone therapy or chemotherapy may be used in addition to surgery.

Treatment for cancer of the uterus has a very high cure rate.

Many years of treating cancer patients and the studies done to evaluate different treatments help doctors to know what is likely to work for a particular form and the stage of cancer.

Surgery

Surgery treats the cancer by removing the uterus in an operation called a hysterectomy. It also allows the doctors to find out which type of cancer of the uterus you have and to check for any signs of spread. The surgical incision is usually performed through the middle of the

abdomen from the pubic area to the belly button. Once the abdomen is open, the surgeon will wash out the abdominal cavity with a fluid, which is sent to the pathologist to be examined for cancer cells. The surgeon then looks through the entire abdomen and pelvis and feels all the abdominal organs, checking for signs of cancer spread. Cancer spread is often referred to as metastasis. This part of the operation is called a laparotomy.

The removal of the uterus (hysterectomy) is performed next. Both the fallopian tubes and the ovaries are also removed. This is called bilateral salpingo oophorectomy, a procedure that is always done when treating cancer of the uterus.

In a laparotomy a long incision or cut is made. The affected organs are removed.

As soon as the uterus is removed, it will be examined by a pathologist (sometimes this procedure is referred to as a 'frozen section') to establish the type of cancer and whether the cancer has invaded the muscle wall of the uterus. A frozen section is done while the operation is still underway. If the cancer is only on the surface or is in a very early stage, no further surgery or additional treatment will be needed.

If the cancer is shown to be invading into the muscle, this increases the risk of spread to the pelvic and abdominal lymph nodes. Removal of the pelvic and abdominal lymph nodes is called lymphadenectomy. This procedure will accurately identify patients with negative lymph nodes who need no further treatment. It also identifies patients with lymph nodes affected by cancer that may benefit from additional therapy.

If the cancer of the uterus has spread to the cervix, a small portion of the upper vagina and the ligaments supporting the cervix are also removed. If this is necessary, the operation will be longer.

When you wake up from the operation, you will find that you have several tubes in place. You will have an intravenous drip, which will give you fluid as well as medication. One or two tubes may also have been inserted into your abdomen to drain away fluid from the operation site.

There will be a catheter in your bladder to drain away urine. As you recover from the operation, these tubes will be removed, usually within three to five days.

As with all major operations, you will experience some discomfort or pain. Pain relievers will be given through an intravenous drip or through an epidural into your spine. The epidural pain relief is similar to that given to women during childbirth. It is best to let your nurse know when you are starting to feel uncomfortable – don't wait until the pain becomes severe. Some patients are comfortable using patient controlled analgesic (PCA). PCA is delivered through a drip and allows you to choose when you receive a dose of pain-relieving medication.

A few days after your operation, your doctor will have all the test results and will discuss any further treatment with you. Further treatment will depend on the type of cancer found, the stage of the disease and the amount of remaining cancer.

Side effects

This is a major surgery so you may be in hospital for up to seven days. Your recovery time will depend on several factors. Don't expect to get back to your normal activities too quickly. For some women it may take six weeks or longer. During this time, heavy work or lifting should be avoided. You may need help with household tasks such as vacuuming and doing the washing. Standing to prepare meals can be tiring too. It may take some women 6-12 months before they feel completely well.

After surgery, some women develop internal scar tissue called adhesions. This scar tissue can glue together internal body surfaces. Sometimes this can be painful and may affect the working of the bowel and the bladder.

If you have not been through menopause, the removal of your ovaries will induce menopause. This doesn't mean that you will be any less feminine, but with this sudden stop, you may develop strong symptoms such as hot flushes. These may be more severe than a 'normal' menopause where the gradual slowing of the production of hormones allows your body to become accustomed to being without them more easily.

You may want to discuss with your gynaecological-oncologist whether hormone replacement therapy (HRT) is suitable for you. Because cancer of the uterus can be hormone-sensitive, HRT may not be advisable for some women.

If surgery has induced an early menopause there are long and short term effects. You will not be able to get pregnant. The side effects of surgery and menopause are covered in more detail in Recovery and follow-up section and the impact of cancer, menopause and infertility is discussed in the Supportive care. Physical and emotional changes may affect how you feel

about sex and how you respond sexually. Some of these issues are also discussed in more detail in Relationships and sexuality.

Further treatment

Radiotherapy

Radiotherapy is the use of X-rays to destroy cancer cells. If radiotherapy is advised, you will be treated by a doctor who specializes in radiotherapy treatment for women with cancer of the uterus. This doctor will work closely with you gynaecological-oncologist.

Radiotherapy may be advised if you are not well enough for a major operation. It is also used if there is any suspicion at the time of your operation that minute amounts of cancer may remain after the operation which cannot be detected by the surgeon or the pathologist. In this case, radiotherapy may be advised as a protective additional therapy. Additional therapies are often referred to as adjuvant therapies.

Radiotherapy can be given by using both internal and external means. Internal radiotherapy and external radiotherapy have slightly different purposes in treatment; it is possible that you could have both forms of radiotherapy.

Internal radiotherapy

Internal radiotherapy is also called brachytherapy. Brachytherapy means that the radioactive material is placed close to the tumour. Women with cancer of the uterus generally receive radiotherapy using an internal implant. If there are any concerns about any risk of cancer developing in the scar at the top of the vagina following surgery, adjuvant internal radiotherapy may be advised. There are a number of different forms of internal implant and, depending on your cancer and your own medical history, your gynaecological-oncologist and radiation-oncologist will make a choice with you about the best form of treatment. The implant is inserted through the vagina or the tissues around the vagina using special applicators.

Recently there have been changes in the equipment and treatment options available so you will need to talk with your specialists about the options that are best for you and are available to you.

Internal radiotherapy can be done in two ways, either continuously for up to 30 hours as a low dose-rate treatment, or as high dose-rate treatment given as several short treatments.

If you are having low dose-rate continuous treatment, you will need to be in hospital to have an implant inserted under general anaesthetic. Because the implant is radioactive, it will be necessary to stay still in bed in a room on your own while the implant is in place. It is inadvisable for children or pregnant women to visit you during this time. Your radiation-oncologist and the nursing staff will explain the necessary precautions to you and your family. These may vary from hospital to hospital depending on the equipment that each uses.

High dose-rate treatment may be given to you without you needing to be admitted to hospital. You will need to make between 4-8 visits to the treatment centre as an outpatient. The actual treatment time for each high dose-rate radiation treatment can be as little as 5-10 minutes. Your choice about which form of treatment you will undertake may be shaped by how easy or difficult it is for you to arrange your life so that you can make several treatment visits. This may be a particular issue for women who live in the country.

External radiotherapy

In external radiotherapy, X-rays from a large machine are directed at the part of the body needing treatment. For women with cancer of the uterus, the area treated is the pelvic area but this can be extended to include other regions of the body if the cancer has spread.

External radiotherapy is usually given to you as an outpatient, five days a week for 4-6 weeks. The actual treatment takes a few minutes each time. However, the waiting and preparation time is longer. This sort of radiation treatment involves careful measurement and planning so the X-ray treatment is delivered just to the necessary areas. As with X-ray imaging, radiotherapy does not cause pain or discomfort as it is being given.

Side effects

Radiotherapy may cause a number of acute side effects, which are temporary and can be controlled. These may include tiredness, depression, loss of appetite, diarrhoea, pain when passing urine and frequent urination. There may also be skin problems, and the skin between your buttocks may look and feel as if it has been sun burnt. Sometimes, this effect occurs

after radiotherapy has been completed. Special creams can be used to relieve this burning feeling.

There may be some hair loss in the area where the radiotherapy has been targeted. In the pelvic area, this means that your pubic hair may become sparse. It will grow back over time after the treatment is finished; however, it could take a number of months before hair regrowth is completed.

Internal radiotherapy can also have the effect of narrowing the vagina. Techniques to improve this narrowing of the vagina include using dilators and lubricating jelly. If you have talked this through with your doctor you may be more prepared if this does happen.

Sometimes the effects of having radiotherapy may not become apparent for some time after your radiotherapy treatment has been completed. These late side effects may also be long-term; for some women they will be permanent. The effects can include inflammation of the rectum and perhaps the bowel and the bladder. Bladder inflammation is called radiation cystitis.

When undergoing radiotherapy, allow plenty of time to rest. Remember to drink lots of water and have small but frequent meals. Ask your doctor and nurse about how to manage any side effects.

Hormone therapy

Cancer of the uterus is one of those cancers that is hormone-sensitive, that is, the cancer is stimulated to grow by certain hormones. Some women with cancer of the uterus have cancers that are more dependent than others on hormones for growth. Your ovaries are always removed during surgery for cancer of the uterus for two main reasons. Firstly, as a source of the hormone oestrogen, they may contribute to the growth of your cancer. Secondly, the cancer may have spread to the ovaries. When your operation is done, the samples taken for the pathologist will be tested to check if your cancer is likely to respond to hormone treatment. There are a variety of drugs, including Provera, that block the body's use of oestrogen.

Provera is a form of the female hormone progesterone. Tamoxifen, an anti-oestrogen drug is also commonly used. Drug-based hormone therapy is taken orally. This type of hormone therapy tends to be used when cancer has returned after other treatments, if the cancer is widespread, or if the cancer is considered to be a high-risk type.

Hormone therapy can be extremely effective for advanced or recurring cancer of the uterus. It also has the advantage of few and sometimes no side effects for women taking it.

Chemotherapy

Chemotherapy is the treatment of cancer using anti-cancer drugs. The aim is to destroy cancer cells while causing the least possible damage to the normal cells. The drugs kill cancer cells by stopping them from multiplying.

Chemotherapy is usually given to women who have a very high risk cancer, to women whose cancer is quite advanced when they are first diagnosed, or whose cancer has returned. It is also the treatment given when a cancer of the uterus is not responsive to hormone therapy.

Chemotherapy is usually given through a needle inserted in a vein. You may need to stay in hospital overnight or you may be treated as a day patient. This depends on the drugs you are given and how you are feeling. A number of chemotherapy treatments, usually six, may be given every 3-4 weeks over several months. The amount of time will depend on the actual disease and what other treatment is being used. Before each treatment, blood tests are taken to make sure your body's normal cells have had time to recover.

Side effects

The side effects of chemotherapy vary according to the particular drugs used. These may include feeling sick, vomiting, depression, feeling off-colour and tired, and some thinning or loss of your body and head hair. These side effects are temporary and measures are always taken to either prevent or reduce them.

Outlook

The vast majority of women with early cancer of the uterus will be cured of their disease. For women with more advanced cases of the disease, a cure may still be possible. For other women, treatment can keep the disease under control for long periods of time. You will need to talk with your gynaecologist-oncologist about what your own outlook is. Your own medical

history is unique to you, so you will need to discuss with someone who knows your medical history what you expect and the treatment options best for you.

Clinical trials

New treatments are constantly being sought for cancer of the uterus. Clinical trials help doctors compare the effectiveness of different and new treatments. If your doctor asks you to take part in a clinical trial, make sure you understand the reasons for the trial and what it may mean for you in terms of treatment and outlook. Many women are prepared to take part in these clinical trials; however, you do not have to agree to be part of one. As with all treatment, even if you start on a clinical trial, you can change your mind at any time. The decision is always yours.

Making decisions about treatment

Sometimes making decision about what is the right treatment for you is very difficult. You may feel that everything is happening so fast that you don't have time to think things through. Other women find that waiting for test results and for treatment to begin is very difficult. While some women feel they are overwhelmed with information, others may feel that they don't have enough. You need to make sure that you understand enough about your illness, the possible treatment and side effects to make your own decisions. Don't be hurried into making decisions. Waiting a few days will not make a difference to the success of your treatment. If you are offered a choice of treatments, you will need to weigh up the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been advised. Some women with more advanced cancer will always choose active treatment, even if it only offers a small chance of cure. Others want to make sure that the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offer them the best quality of life. Once you have discussed your treatment choices with your doctor, you may want to talk them over with your partner, family or friends. You may want to ask for a second opinion from another gynaecologist-oncologist. This is understandable and may be a valuable part of your decision-making process. Your specialist or local doctor can refer you to another specialist and you can ask for your records to be sent to the second-opinion doctor. You can still ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.

Recovery and follow-up

Recovery and follow-up are difficult for everyone and depend on the treatment you have received. It takes time to recover from the various types of treatment; there are physical and emotional changes to cope with. You may need to talk with your employer about how the treatment may affect your work and with your family about the support that you need. You will need regular health checks that will include blood tests and examinations after the treatment is over. As well as checking to make sure your cancer hasn't come back, follow-up visits may be necessary because of the possible physical changes that will occur as a result of the cancer and the cancer treatment.

Checkups will continue to be necessary even if you haven't had any sign of cancer for some years. This can make it difficult to put the experience of the cancer diagnosis and treatment behind you. For family and friends, your cancer may be a thing of the past, but checkups may well bring it into the present for you again. – You may feel quite anxious at checkup time. Finding ways of supporting yourself and taking care of yourself when a checkup is scheduled is part of living with cancer.

Supportive Care

Emotional changes

When you are going through treatment, all your attention can be focused on the treatment process, which can happen very quickly. It may not be until your treatment is over that you are able to think clearly about the impact of having cancer. It can take a while to come to terms with what has happened to you. This process can still be going on when other people think you are over it, that the cancer is behind you.

The emotional impact of a cancer diagnosis is powerful. You may feel that your body has betrayed you. Your sense of identity as a woman may have to be renewed as you deal with

the losses caused by necessary treatment. Women with cancer of the uterus who haven't already gone through menopause face the loss of their ability to have children. Even if you have completed your family or had decided against having children, having the choice and the chance taken away from you could be an unexpected grief. Cancer of the uterus can be emotionally stirring even if loss of childbearing potential isn't an issue for you.

Women react in many ways when they learn that they have cancer. It is normal to feel a range of intense emotions for some time after your treatment.

When you first knew that you had cancer, you may have felt afraid. Your emotions might include being sad, depressed, angry or frustrated. It is important to acknowledge these reactions and understand that just as your body will take time to adjust; your emotional state may take months or a year or more to adjust, to find a new balance.

There may be times when the emotions and experiences associated with having cancer can cause you to question your life. If you had been carrying unresolved feelings of difficulties in your life before you were diagnosed with cancer, it is possible for the emotions associated with those issues to become entangled with your response to your cancer. This can make it awkward to deal with the ongoing and everyday aspects of your life. It may be helpful to talk about your feelings with your partner, family members or friends, or with professionals such as a counselor.

Sometimes you may find that your friends and family don't know what to say to you; you may have difficulty with their feelings as well. Some people may feel so uncomfortable that they avoid you. They may expect you to 'lead the way' and tell them what you need. This can be very difficult to bear and can make you feel very lonely. You may feel able to approach your friends directly and tell them what you need. You may prefer to ask a close family or a friend to talk with other people for you.

Some women find joining a cancer support group helpful. Through such groups you can share your experiences with others that have had similar experiences. Other women find relaxation or meditation techniques helpful. Call The Resource and Wellness Centre for information about support groups in your area. Telephone 03 2698 7300 or email contact@cancer.org.my

Relationships and sexuality

A diagnosis of cancer of the uterus may affect how you feel about yourself and about your relationships, which may change as a result of the diagnosis. This is a time when you need support. Long-term or new partners may also have difficulty adjusting to the impact of this cancer and may need reassurance.

You may find it helpful to share your feelings with each other. However, this isn't always possible. As with all crises, some relationships suffer under the strain. Both of you may need to seek separate support for yourselves.

If you are without a partner, you may be worried about forming new relationships. Talking about this with a close friend, a family member, a social worker or telephoning The Resource and Wellness Centre on 03 2698 7300 maybe helpful.

After you have had your checkup following surgery you will be able to recommence sexual intercourse if you wish. You don't have to wait for the doctor's okay to be affectionate and physically demonstrative but you might find that it takes time before you feel physically and emotionally ready for sexual intercourse.

If you have had internal radiotherapy, you may find that your vagina has changed and shortened and it may be dry as well. Talk with your doctor and the clinic nurses about this. Lubricant, (eg KY jelly) which can be bought at chemists or supermarkets, can be helpful when dryness is a problem, or you may try different positions. If you are having external radiotherapy, you are usually able to continue having intercourse as long as you are comfortable and you feel like it. Everyone is different; be guided by your own feelings. You may find that, particularly near the end of treatment, you don't feel like intercourse.

It may be some time until you feel ready for vaginal intercourse and you may need to build up your confidence first. Sharing affection with your partner through kissing, caressing and touching can give you both much pleasure. When you do feel ready again for vaginal intercourse, you may wish to proceed slowly. Talking about your needs together is important to help you feel more confident and to reduce any fears.

Sometimes you might be ready for sexual intercourse and your partner may be anxious about hurting you when giving you pleasure. If you find that you are having difficulty regaining your

sexual relationship, you may need specialist help and advice. You and/or your partner may want to talk with your doctor or nurse about this or to seek advice from them on where you might get help.

Tiredness

Many women complain that tiredness is a major problem. This tends to be particularly a problem if you need to have radiotherapy and other treatments. Traveling backwards and forwards to hospitals and clinics for treatment and appointments is also very tiring. If you start work again during the treatment or if you have a home and a family to care for, you will almost certainly be very tired.

Your tiredness may continue for quite a while even after treatment has finished. Some women find it takes up to one to two years to feel really well again. It may help to talk with your family and friends about how you feel and discuss ways in which they can help you. You may need to plan your activities during the day so that you get regular periods of rest.

As with any cancer, the food you eat is important in helping you with your recovery. Once you have recovered from your treatment, it is best to keep as fit and active as you can, eat a balanced diet and live as full and normal a life as possible.

Dealing with menopause

Women who go through menopause as a direct result of the cancer treatment will have to adjust to the symptoms and bodily changes that are part of no longer producing large amounts of the female hormones. It may be appropriate to consider hormone replacement therapy (HRT) not only to help with these symptoms but to also reduce the risk of heart disease and osteoporosis (thinning of the bones). You will need to discuss with your gynaecologist-oncologist what the benefits and risks are for you of having HRT. If you were already on HRT when your cancer was diagnosed, you will need to weigh up the risks of continuing with your specialist.

Bladder problems

Bladder sensations or control may change after cancer treatment. Some women find they need to go to the toilet more often. Others find they need to go in a hurry and sometimes don't get there in time. Still others find that they pass urine when they cough or sneeze. While these problems may improve, even a small loss of bladder control can be distressing. If bladder control is a problem for you, you should seek help. Your specialist will be able to suggest ways to help with bladder control. These may include special exercises to strengthen the muscles of your pelvic floor. Ask to see a physiotherapist who can teach you about these exercises, or you can The Resource and Wellness Centre on 03 2698 7300 or email contact@cancer.org.my

Bowel Problems

After surgery some women have problems with their bowels for a while. This may be wind pain which can be helped by sucking strong peppermints or drinking peppermint tea. There may be other simple therapies you can investigate. Some women find that they become constipated or suffer from diarrhoea; they may need to make adjustments to their diet or take medication. Talk to your doctor if your bowel problems or pain don't improve.

Lymphoedema

Lymphoedema is swelling of part of the body, usually the legs or the arms. It may occur after treatment for cancer of the uterus if you have had the lymph glands in your pelvis removed (lymphadenectomy). Removal of the glands may prevent normal draining of the lymph fluid from the legs. As a result fluid can build up in one or both legs causing swelling, this usually does not occur until some time after the original treatment.

It isn't possible to predict whether you will have problems with lymphoedema. If you have problems seek immediate help as symptoms are better managed if treated early. Seek advice from your specialist or nurse. You may be given special stockings to wear after your operation that can help prevent this problem.

Some hospitals have specialist physiotherapists who can advise you on how you may be able to reduce your risk of developing lymphoedema. They also help you manage if lymphoedema does occur in the future. The Resource and Wellness Centre has more information and may be contacted on 03 2698 7300 or email contact@cancer.org.my.

Rebuilding confidence

You may feel some anxiety each time you return for a checkup. Waiting for test results is a strain, even if you understand that it is unlikely that the cancer has come back. The need for ongoing checkups can remind you of the uncertainty that a cancer diagnosis can bring to your life, or remind you that you have had a serious illness.

It can take time before you feel reassured by checkup visits. You will need to rebuild your confidence in your body and in the future.

You may find that you need constant reassurance from your specialist. This is quite normal.

Ask lots of questions if you want to and try to be sure that all your concerns are answered.

Remember that you aren't alone and that your feelings are normal. Be patient with yourself as you find your way to live with having and having had cancer.

Cancer Helpline

The Resource and Wellness Centre provides a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specially trained staff. The staff can send you written information and can put you in touch with appropriate services in your own area.

Telephone 03 2698 7300 or email contact@cancer.org.my

Information Checklist

You may find the following checklist helpful when thinking about the questions you may want to ask your doctor about illness and treatment.

What type of cancer do I have?

How extensive is my cancer?

What treatment do you advise for my cancer and why?

Will a doctor certified to specialise in gynaecological cancer perform my treatment and surgery?

Are there other treatment choices for me? If not, why not?

What sort of scars will I have?

Will I have a lot of pain with the operation? What will be done about this?

When will you be able to tell if I need further treatment? If so, what treatment?

If I need further treatment, what will it be like and when will it begin?

Will I still be able to have children?

Will I go through menopause? What are the effects of menopause?

If you remove the lymph nodes are there any side effects?

Will the treatment affect my sexual relationships?

How long will I be off work?

How frequent will my checkups be and what will they involve?

Are there any problems I should watch out for?

I'd like to have a second opinion. Can you refer me to someone else?

Is my cancer hereditary?

If there are answers you do not understand, feel comfortable to say, 'Can you explain that again', or 'I'm not sure what you mean by...'

Other questions and notes

It can be useful to jot down any other points you may want to discuss with your doctor

Glossary

Adenocarcinoma

A cancer arising from a glandular lining or organ such as the endometrium or breast.

Adjuvant treatment

Post-operative cancer treatment used to reinforce the main treatment intended to cure.

Anti-oestrogen

These are drugs such as Provera and Tamoxifen that are used to treat cancers that depend on hormones to grow (see Hormone replacement therapy).

Barium enema

A special X-ray of your bowel in which fluid is inserted into your bowel through your back passage (rectum) and X-rays are then taken.

Bilateral salpingo oophorectomy

Surgical removal of both ovaries and Fallopian tubes.

Biopsy

Removal of a small sample of tissue from the body for examination under a microscope; helps to diagnose a disease.

Brachytherapy

The use of radioactive implants to treat cancer; a form of radiotherapy.

CT scan

Computer-controlled X-rays; many pictures are taken and are built up into a two- and three-dimensional image of the body.

Endometrial sampling

Taking a biopsy or sample of the lining of the uterus to test for cancer or other conditions.

Endometrium

Glandular lining of the inside of the uterus that is stimulated by the hormones oestrogen and progesterone and shed each month as the 'period'.

Gynaecologist-oncologist

Gynaecologists as a specialist in treating women diagnosed with cancer of the reproductive organs.

Hormone replacement therapy (HRT)

Drug therapy that supplies the body with hormones that it is no longer able to produce; used to alleviate menopausal symptoms.

Hormone therapy

Treatment of some types of cancer with drugs that help to starve cancer cells of the hormones necessary for their growth.

Hormones

Substances that have specific effects on the way the body works. Made in very small amounts by a gland, various hormones help to regulate and coordinate growth, metabolism and reproduction. They are distributed in the bloodstream.

Hyperplasia.

Excessive growth of the lining of the uterus (endometrium) that may be a pre-cancerous condition.

Hysterectomy

Surgical removal of the uterus and the cervix.

Laparoscopy

A keyhole operation that allows the doctor to examine some of the organs in the lower abdomen and pelvis, using a telescope-like instrument with a powerful light source.

Laparotomy

Operation in which a long cut is made in the abdomen to examine the internal organs; also sometimes called an exploratory operation.

Lymph glands

Small, pea-sized structures along vessels draining waste and infectious material from areas of the body; cancer can travel through this system to other parts of the body.

Lymphadenectomy

Operation that removes lymph glands.

Lymphoedema

Swelling caused by a buildup of fluid; can occur sometimes after lymph glands have been removed.

Menopause

The time in a woman's life when the ovaries stop producing eggs and monthly periods stop; the woman is no longer able to have children. Menopause can also be caused by the surgical removal of the ovaries, chemotherapy or by giving drugs such as Tamoxifen that stop the ovaries from functioning.

Node

Lymph glands are also referred to as lymph nodes.

Oestrogen

Female sex hormone, mainly made by the ovaries.

Omentum

Protective membrane or fatty tissue that hangs down in front of the abdominal organs like an apron.

Oncologist

Doctor who specialises in the study of cancer.

Oncology

The branch of medicine concerned with the study and treatment of cancer. Osteoporosis

Osteoporosis

Loss of tissue from the bones, causing bones to become thinner and break more easily.

Pap test

Sample of cells taken from the cervix and cervical area that is tested for cancer of the cervix and abnormal cell changes; also known as Pap smear.

Progesterone

Hormone produced by the ovary that prepares the inner lining of the uterus (endometrium) for pregnancy.

Radiation-oncologist

Doctor who specialises in treating cancer by using X-ray therapy.

Radiotherapy

Use of particular forms of radiation, usually x-rays or gamma rays, to kill diseased cells. Sometimes called radiation therapy.

Ultrasound

Soundwaves of a very high frequency, higher than a human can hear; used to examine structures within the body.

Uterus

Also called the womb, this is the hollow muscular organ in which female eggs and male sperm can combine to grow a baby.

X-ray therapy

Use of ionising radiation to treat cancer tumours (also called radiotherapy).