

## Cancer of the Womb

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

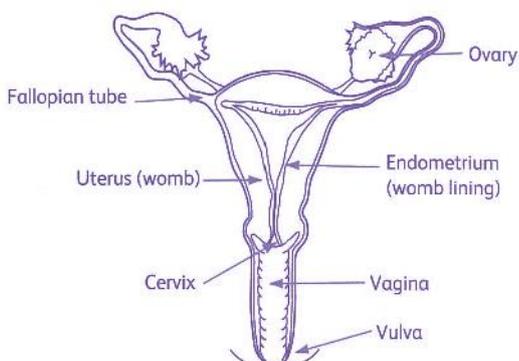
You may wish to discuss some aspects with your doctor or Gynaecology Clinical Nurse Specialist (CNS) Team.

### What is Cancer?

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

### The Womb

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



## How does Cancer of the Womb develop?

We may not know the exact cause of your cancer; yet, we do know womb cancer is the 4th most common cancer in females in the UK, accounting for 5% of all new cancer cases in females (NHS, 2023). There were 9703 new cases of womb cancer reported in the UK between 2016 and 2018 (Cancer Research UK 2021). Womb cancer risk, like most cancer types, increases with age, with the highest rates of womb cancer found in the 75-79 years age group.

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

There are different types of endometrial cancer:

- Endometrioid cancer
- Serous endometrial carcinoma
- Carcinosarcoma
- Clear cell carcinoma
- Mucinous carcinoma
- Mixed cell endometrial cancer (Macmillan, 2021)

## Potential Risk Factors?

There are certain factors that can increase the risk of developing womb cancer such as age, hormonal factors, obesity and lack of physical activity. Other medical conditions may cause an increased risk of pre-cancerous changes in the womb or womb cancer such as; thickening of the womb lining, diabetes, polycystic ovary syndrome. An additional risk factor is current or previous use of Tamoxifen, a hormonal drug used to treat breast cancer. There are also some known genetic conditions that can increase the risk of womb cancer such as Lynch Syndrome, also known as HNPCC or hereditary nonpolyposis colorectal cancer. (Macmillan, 2021)

## What are the signs and symptoms?

The most common early presentation is unusual vaginal bleeding (Macmillan, 2021).

This could be:

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

Other symptoms could include:

- Pain or discomfort in pelvic area
- Pain during sex (Macmillan, 2021)

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

## Diagnosing Cancer of the Womb

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

- vaginal examination

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

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

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

## How treatment is planned

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

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

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

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

## Stage and Grade of Cancer

You may hear your cancer being talked about in terms of staging and grading.

### Staging

The stage of the womb cancer describes:

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

### Grading

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

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

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

**Grade 3 or high-grade or poorly differentiated** – The cancer cells look very different from normal cells and may grow more quickly. (Macmillan, 2021)

## Treatment Options

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

- Surgery
- Radiotherapy
- Chemotherapy
- Hormone Therapy
- Targeted therapy and immunotherapy

Your treatment may involve one or more of these treatment options and your consultant will discuss these options with you during your appointment. Your nurse specialist can support you with any questions you may have regarding your treatment options.

### Surgery

Surgery is the main treatment for womb cancer.

The surgeon usually removes:

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

Your surgeon may also remove:

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

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

### Radiotherapy

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

You may have radiotherapy:

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

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

### Chemotherapy

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

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

## **Hormone Therapy**

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

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

The aim of hormone therapy is to try to shrink the cancer and relieve symptoms.

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

## **Targeted therapy and Immunotherapy**

Newer treatments called targeted therapy and immunotherapy may be used to treat womb cancer that has spread. These can help to control the cancer and slow down the growth. Your doctor will send a sample of the cancer cells taken during a biopsy or surgery to be tested. This helps to check which type of treatment may work best for you. Your doctor or specialist nurse will explain if these treatments are suitable.

## **Clinical Trials**

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

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

## **Your feelings**

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

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

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

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

## **Talking to children**

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

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

## **Health and wellbeing after your diagnosis**

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

### **Keep to a healthy weight**

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

### **Eat Healthily**

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

### **Be Physically Active**

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

### **Stop Smoking and Drink Sensibly**

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

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

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

## **Complementary Therapies**

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

You may also wish to explore information and coping methods to help yourself. Macmillan cancer support has developed a range of booklets that may also be helpful to you. Your CNS team can advise you on appropriate therapies and booklets available to you and give you more information on how to access these.

### **Work, help with money worries and benefits**

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

Your CNS team can offer further advice or referral to a specialist welfare benefits adviser, or you may also prefer to contact the National Macmillan Benefits Advice on 0808 808 0000. Macmillan Grants can also be available; they offer a one off payment to people with cancer to cover a wide range of practical needs. However, these are means tested. If you wish for more information contact your CNS team or National Macmillan Benefits Advice on 0808 808 0000.

### **Your Follow up Care**

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

### **Equal Opportunities**

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

### **Support Networks Available Locally**

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

Lyndale Cancer Support Centre - Knowsley  
Tel: 0151 489 3538  
Email: [support@knowsley-cancer-support.co.uk](mailto:support@knowsley-cancer-support.co.uk)

Sefton Support Group  
Website: [seftonsupportgroup.org](http://seftonsupportgroup.org)  
Tel: 01704 879352  
Email: [hello@seftonsupportgroup.org](mailto:hello@seftonsupportgroup.org)

St Helens Cancer Support Group  
Website: [sthelenscancersupportgroup.org.uk](http://sthelenscancersupportgroup.org.uk)  
Tel: 01744 21831  
Email: [contact@sthelenscancersupportgroup.org.uk](mailto:contact@sthelenscancersupportgroup.org.uk)

Halton Cancer Support Group  
Website: [www.haltoncancersupport.org.uk](http://www.haltoncancersupport.org.uk)

Tel: 0151 423 5730

Macmillan Delamere cancer centre

Tel: 01928 753502

Email: [Whh.macmillandelamerecancercentre@nhs.net](mailto:Whh.macmillandelamerecancercentre@nhs.net)

Isle of Man

Lisa Lowe centre & Manx Cancer Help

Website: [www.manxcancerhelp.org](http://www.manxcancerhelp.org)

Tel: 01624 679118

Email: [info@manxcancerhelp.org](mailto:info@manxcancerhelp.org)

Liverpool Sunflowers

Website: [www.liverpoolsunflowers.com](http://www.liverpoolsunflowers.com)

Tel: 0151 726 8934

Email: [info@liverpoolsunflowers.com](mailto:info@liverpoolsunflowers.com)

The Holistic Cancer Centre (Wirral)

Website: [www.holisticcancercentre.org.uk](http://www.holisticcancercentre.org.uk)

Tel: 0151 652 9313

Maggie's: Wirral

Website: [www.maggies.org/our-centres/maggies-wirral](http://www.maggies.org/our-centres/maggies-wirral)

Tel: 0151 334 4301.

Email: [wirral@maggies.org](mailto:wirral@maggies.org)

### **Macmillan Information Centres**

Royal Liverpool University Hospital - 0151 706 3720

University Hospital Aintree - 0151 529 4742

St Helens and Whiston Hospital - 01744 647000

Broadgreen Hospital - 0151 706 3720

Southport and Formby – 01704 533024

Countess of Chester - 01244 364948

Halton Hospital - 01928 753502

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

National Resource Organisations for Gynae Oncology Patients

Macmillan Cancer Support

89 Albert Embankment London SE1 7UQ

0808 8080000

Mon-Fri 9am-8pm

[www.macmillan.org.uk](http://www.macmillan.org.uk)

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

## **Other National organisations;**

### **The Daisy Chain Network**

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

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

### **The Eve Appeal**

[www.eveappeal.org.uk](http://www.eveappeal.org.uk)

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

### **Menopause Matters**

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

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

### **Womb Cancer Support UK**

[www.wombcancersupportuk.weebly.com](http://www.wombcancersupportuk.weebly.com)

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

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Liverpool Women's NHS Foundation Trust  
Crown Street  
Liverpool  
L8 7SS

Tel: 0151 708 9988

Issue Date: 21/07/2021

Reference: Gyn/2024-327-v2

Review Date: 21/07/2027

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