

Treating Womb Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating womb cancer' from CancerHelp UK. You will find more detailed information on the website.

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Stages of womb cancer

What is staging?

The stage of a cancer tells the doctor how large it is and whether it has spread. It is important because treatment is often decided according to the stage of a cancer. Doctors normally use a simple staging system for womb cancer. This system has four stages, numbered 1 to 4.

The number stages of womb cancer

- **Stage 1** cancer means the cancer is limited to the womb
- **Stage 2** cancer means the cancer has spread to the cervix
- **Stage 3** cancer means the disease is more advanced but it is still in the pelvis or lymph nodes nearby
- **Stage 4** means the cancer has spread to another body organ

Doctors usually give a 'grade' to the cancer, depending on how the cells look under the microscope. Generally speaking, low grade cancers tend to grow more slowly and are less likely to spread than high grade cancers.

Statistics and outlook for womb cancer

Outlook means your chances of getting better. Your doctor may call this your. The outcome of treatment for cancer of the womb depends on a number of different factors.

On CancerHelp UK, we present further information about the likely outcome of



womb cancer. There are no national statistics available for different stages of cancer or treatments that people may have received. The statistics we present here are pulled together from a variety of different sources, including the opinions and experience of the experts that check each section of CancerHelp UK. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for womb cancer

Surgery is the first and most important treatment for almost all women with womb cancer. Women with very early womb cancer may need no further treatment.

Depending on the type of womb cancer you have, whether it has spread and how far your doctor may recommend radiotherapy, hormone therapy or chemotherapy.

Surgery

The amount and type of surgery you have will depend on the stage, grade and type of cancer you have. Most women with cancer of the womb will be advised to have a total hysterectomy, with the womb and both ovaries removed.

Radiotherapy

You may have radiotherapy instead of surgery if you are not fit enough for an

operation, or you do not want to have an operation. You might also have radiotherapy as your main treatment if it may be difficult to remove all your womb cancer with surgery. Your specialist may suggest radiotherapy after surgery if there is a moderate to high risk that the cancer may come back.

Other treatment

You may have hormone therapy to help slow down the growth of an advanced cancer. Doctors use chemotherapy sometimes to help control advanced womb cancers. You may also have chemotherapy before or after surgery.

Surgery to remove womb cancer

If you have stage 1 womb cancer, you will have a hysterectomy to remove your womb, and usually your ovaries and fallopian tubes.

If you have stage 2 womb cancer, your surgeon will also remove the tissues holding your womb in place, the cervix, the top of your vagina, and all the lymph nodes around your womb. This operation is called a 'radical hysterectomy' or 'Wertheim's hysterectomy'.

If you have stage 3 womb cancer, your doctor may suggest surgery. You will need to have a radical hysterectomy. After surgery, you will probably have radiotherapy. Your doctor may also discuss hormone therapy or chemotherapy.

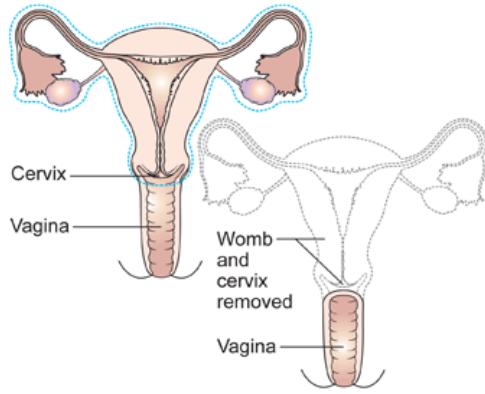


Diagram showing parts of the body removed with a radical hysterectomy
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If you have stage 4 womb cancer, you may not be offered surgery because it will not cure the cancer. But your specialist may suggest removing as much of the cancer as possible to slow down the growth of the cancer.

Sometimes it is possible to try to cure womb cancer with surgery, even when it has come back. If the cancer is only within your pelvis, you may have surgery to remove organs in the pelvis such as the bladder and rectum. This operation is called pelvic exenteration.

Surgery to relieve symptoms of womb cancer

If you have a stage 4 womb cancer, it is more difficult to treat with surgery. The cancer has already spread to another part of the body, and so surgery to remove the womb will not cure it. Even so, your specialist may still suggest an operation to remove as much of the cancer as possible. This is sometimes called debulking. It can slow down the growth of the cancer and help to relieve any symptoms you are having. Treatment to help with symptoms is called palliative treatment. So you may

hear your doctor talking about palliative surgery.

Deciding about treatment

If you have a very advanced cancer, you may not be well enough for a big operation. Your cancer may be a more quickly growing type that is likely to come back within a few weeks or months after your operation. Your doctor may then suggest radiotherapy instead to try to shrink the cancer and slow down its growth.

You will need time to think about your options for treatment. And you will need support from your family as well as your doctor in making your decision. Don't be afraid to ask your doctor or nurse any questions you may have about your treatment.

It often helps to write down a list of questions that you want to ask. You could also take a close friend or relative with you when you go to see the doctor to help you remember what was said.

Having your operation for womb cancer

Before the operation

When you go into hospital, your surgeon, anaesthetist and physiotherapist will all come to talk to you. The surgeon will give you a detailed explanation of what to expect. Ask as many questions as you want to. It may help to make a list beforehand.

After your operation

When you wake up, you are likely to have several tubes in place to give you fluids, drain the wound, drain your urine, and drain fluid from your stomach to stop you feeling sick. Your nurses will encourage you to get



out of bed and sit in a chair one or two days after your surgery. This helps prevent blood clots and chest infections. Your physiotherapist will visit every day to help with breathing and leg exercises.

You may well have pain for the first week or so. Tell your doctor or nurse who will work with you to find the right painkiller for you. After surgery to the abdomen, the bowel usually stops working for a while. Until it starts up again, you will not be able to eat or drink anything. You should be eating and drinking normally again within a couple of days.

Getting over your surgery

After this type of surgery, you will need to rest at home for at least a month after you come out of hospital. Your first outpatient appointment is usually arranged for about 6 weeks after the date of your surgery.

What to ask your doctor about surgery for womb cancer

- Is it possible for me to have an operation to try to cure my cancer?
- Why do I need an operation?
- Which type of operation should I have and why?
- Will you take both my ovaries out, or just my womb?
- What else will you remove?
- What are the risks and benefits of having this operation?
- Will the operation cure the cancer?
- When I wake up, will I be in intensive care?
- Will I have pain after this operation?
- How long will I have a drip after surgery?
- When will I be able to start eating again?

- Will I be able to eat and drink normally after this operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- What are the long-term effects of this operation?
- How long will it take me to get better?
- How can I help myself get over the operation?
- Can I take hormone replacement therapy after the operation?

About radiotherapy for womb cancer

Radiotherapy uses high-energy waves to kill cancer cells. You may have radiotherapy for womb cancer as well as surgery or instead of surgery. Your specialist may suggest radiotherapy as your main treatment if your cancer is locally advanced. In other words, it has grown outside the womb and would be difficult to completely remove surgically, but may be curable with radiotherapy.

Radiotherapy after surgery aims to treat lymph nodes around the womb and pelvis that the cancer might have spread to. Radiotherapy can also be useful for a womb cancer that comes back after surgery (recurrent cancer), for example in the vagina.

How you have radiotherapy

Most women will have radiotherapy both externally and internally. You usually have a course of a few weeks of treatment



externally. This means going to the radiotherapy department daily.

For internal treatment, the doctor puts the radioactive source inside your vagina. You may have internal radiotherapy as an in patient or out patient. This depends on the type of treatment you are having and on the type of equipment the hospital has.

You can find more information in the 'radiotherapy' section of CancerHelp UK.

External radiotherapy for womb cancer

Planning your treatment

This type of treatment is also called external beam radiation or teletherapy. You have the treatment in the hospital radiotherapy department. Your specialist will plan your radiotherapy very carefully. At your first visit you will lie under a large machine called a simulator. The doctor uses this to work out where to give your treatment to kill the most cancer cells and miss as much healthy body tissue as possible. It's like having a scan – you won't feel anything. The picture below is of a simulator.



Having treatment

You have treatment once a day, from Monday to Friday. You usually have a rest at the weekends. The total length of your treatment course depends on your individual situation. For example, whether radiotherapy is your only treatment, or you are having it after surgery. The radiotherapy treatment itself is painless and only takes a few minutes each day.

Having external radiotherapy does not make you radioactive. It is perfectly safe to be with other people, including children. Travelling back and forth to hospital each day means this type of treatment can be very tiring. Tiredness is also one of the side effects of radiotherapy.

Internal radiotherapy for womb cancer

Internal radiotherapy means the radiation source is put inside your body instead of being directed at your body from a radiotherapy machine. For womb cancer, the radiation source goes into the vagina so that a high dose of radiation is given to the area of the womb.

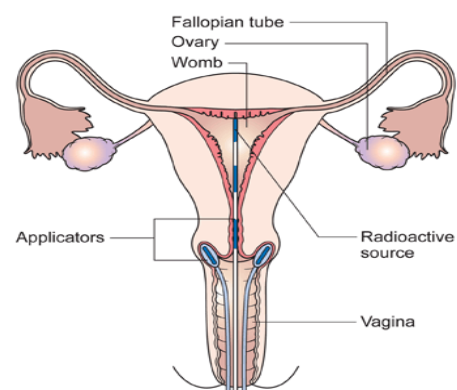


Diagram showing the position of the applicators for internal radiotherapy for womb cancer
Copyright © CancerHelp UK

The way you have the treatment is different, depending on whether you have



radiotherapy as your main treatment or whether you have it after surgery. It will also vary depending on whether your hospital is using a high dose rate system or low dose rate system. Doctors may call high dose rate treatment fast treatment. And low dose rate treatment slow treatment. The type you have doesn't make any difference to how well the treatment works. They give the same total dose.

For internal radiotherapy, you may have to go into hospital for a few days for the slower low dose rate treatment. Or you may have to make several hospital trips to have a series of faster high dose rate treatments.

CancerHelp UK has a lot more information about having internal radiotherapy.

Side effects of radiotherapy for womb cancer

Radiotherapy has side effects. Your vagina may become sore and you will have an increased risk of vaginal infection during your course of treatment and for a few weeks afterwards. Other side effects include diarrhoea, irritable bladder (or radiation cystitis), feeling sick and tiredness. All these side effects usually disappear within a few weeks of finishing your treatment.

Radiotherapy can have long term effects on your vagina, which can affect your sex life. It can make healthy tissues become stiffer and less stretchy. To try to prevent or minimise this, it is important to start using vaginal dilators. These gently stretch the vagina and help to stop it from narrowing.

There is more about how radiotherapy affects sex and fertility for women in the radiotherapy section of CancerHelp UK.

Long term side effects

After your treatment you will find that your ovaries stop working and may cause an early menopause. Your vagina becomes less stretchy and drier. You may find you have to pass urine more often or have persistent diarrhoea. Your doctor can give you medicine to help control the diarrhoea.

Do see your radiotherapist again if you develop problems in the months after your treatment. There are likely to be ways your doctor or specialist nurse can help you.

There is more about all these side effects in the radiotherapy section of CancerHelp UK

What to ask your doctor about radiotherapy for womb cancer

- Why are you recommending radiotherapy for me?
- What will the treatment do for me?
- Do I need external radiotherapy or internal or both?
- How long will the treatment take?
- Do you use the 'fast rate' treatment or the 'slow rate' treatment for internal radiotherapy?
- How long will it take to get over the treatment?
- What are the side effects likely to be?
- Are there any long term side effects I should know about?
- Is there anything I can do to help with side effects?
- Is there anything I can do to help stop long term side effects?
- Should I use vaginal dilators to stop narrowing of the vagina?



- When should I start using these?
- How long should I go on using them?
- Where do I get a set of dilators?
- What should I do if I am worried about a side effect – is there a number I can call

Chemotherapy for womb cancer

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells. It isn't usual to have chemotherapy after surgery for early stage womb cancer. Doctors do sometimes use chemotherapy to treat advanced womb cancers and womb cancer that has come back. You are most likely to have chemotherapy as an outpatient. You have the drugs as injections or through a drip into a vein, and go home afterwards.

Chemotherapy side effects

Chemotherapy does have side effects. Which ones you get depend on which drugs you have, how much of each drug you have and how you individually react to the drug.

Common side effects include

- A drop in the number of blood cells causing increased risk of infection, bruising or bleeding and anaemia
- Feeling sick
- Diarrhoea
- Hair loss or thinning
- Sore mouth and mouth ulcers
- Feeling tired and run down

There is more information in the chemotherapy section of CancerHelp UK.

What to ask your doctor about chemotherapy for womb cancer

- Why do I need chemotherapy?
- How will I feel during chemotherapy?
- Is there another treatment I can have instead?
- What do you hope the chemotherapy will do for me?
- Are there any long term side effects?
- Do I have any choice of treatment?
- What drugs will I have?
- What effect will the drugs have on the cancer?
- How will chemotherapy affect my immune system?
- Can I take anything to help boost my immune system?
- How long will my course of treatment be?
- What side effects can I expect?
- How can I reduce the side effects?
- What can I do to help myself feel well during chemotherapy?
- What other support is available?
- How will I know if I get an infection?
- Who should I call if I get an infection while I am having chemotherapy?

Hormone therapy for womb cancer

Hormones occur naturally in the body. They control the growth and activity of our cells. The female sex hormones, oestrogen and progesterone, can affect growth of the cells in the womb lining. Progesterone treatment can shrink larger womb cancers or cancers that have come back. Up to 25 out of every 100 advanced womb cancers (25%) respond well to progesterone.

Doctors use progesterone mainly to treat stage 3 and 4 womb cancers, particularly if the cancer has spread to the lungs. You



take progesterone as a tablet. The main side effects of progesterone therapy are water retention and weight gain, breast discomfort, tiredness, feeling sick and loss of sex drive.

Most people only have one or two of these side effects. If you have side effects, tell your nurse or doctor. They may be able to help.

What to ask your doctor about hormone therapy for womb cancer

- How do you decide which hormone treatment is best for me?
- Are hormone treatments safe?
- What side effects might I have during my treatment?
- Will there be long term side effects?
- What are the benefits to me of taking hormone therapy?
- How long should I take hormone tablets for?
- Is there anything that can help with side effects?
- Are there any other treatments I can have instead of hormone therapy?

Controlling symptoms of advanced womb cancer

Sometimes womb cancer can't be cured, but treatment is available to control your symptoms.

Radiotherapy, hormone therapy, surgery and chemotherapy can all be used to treat womb cancer that has spread or cannot be cured. Which treatment you have will depend on where your cancer has spread and how big it is, the symptoms the cancer is causing and the treatment you have already had.

Deciding about treatment

When you have advanced cancer it can be difficult to decide which treatment to try, or whether to have treatment at all. You will need to consider how the treatment will affect you. Your doctor will discuss the options for treatment with you. There may be a specialist nurse you can talk to. And you may wish to talk things over with a close friend or relative.

It can be helpful to talk over difficult decisions with someone who is outside your circle of family and friends. Look in the coping with cancer section of CancerHelp UK to find out more about counselling.

Womb cancer follow up

What happens during check ups

After your treatment has finished, your doctor will want you to have regular check ups. Your doctor will examine you and ask how you are feeling, whether you have had any symptoms and if you are worried about anything. At some visits, you may have blood tests, X-rays, CT scans or ultrasound scans.

If all is well, your appointments will gradually become less and less frequent. If a womb cancer is going to come back, it is most likely to do so within 3 years of your diagnosis. So your doctor will see you most often during this time.

Many people find their check ups quite worrying. If you are feeling well and getting on with life, a hospital appointment can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling. If you are worried or notice any new



symptoms between appointments, tell your doctor know as soon as possible. You don't have to wait until your next appointment.

It is quite common nowadays for people to have counselling after cancer treatment. To find out more about counselling, look in the coping with cancer section of CancerHelp UK.

Womb cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe. First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to use are they tested in people, in clinical trials.

There is research looking into the genetics of womb cancer, hormone replacement therapy (HRT), surgery, treatment after surgery, radiotherapy, and support for women with womb cancer.

What to ask your doctor about treating womb cancer

- What can you tell me about the stage of my cancer?
- What can you tell me about the grade of my cancer?
- What sort of treatment do I need?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- Why do I need the treatment you recommend?
- What are the risks and benefits of the treatments?
- What are the short term side effects of the treatments?
- What are the long term side effects of the treatments?
- How can I help to reduce side effects?
- How often will I have to come to the hospital for treatment?
- Is there any transport available? Is it possible to have help paying my fares?
- How long will the course of treatment be?
- Could you arrange for me to have a second opinion?
- Are there any experimental treatments or clinical trials you would recommend for me?
- Is there a counsellor here I could talk things through with?
- What happens if I decide not to have treatment?
- How often will you want to see me after my treatment is finished?
- What will happen at these follow up appointments?
- What should I do if I am worried between appointments?



Notes

Notes

More information

For more information about womb cancer, visit our website

<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in September 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).