

Quick Facts about Endometrial Cancer

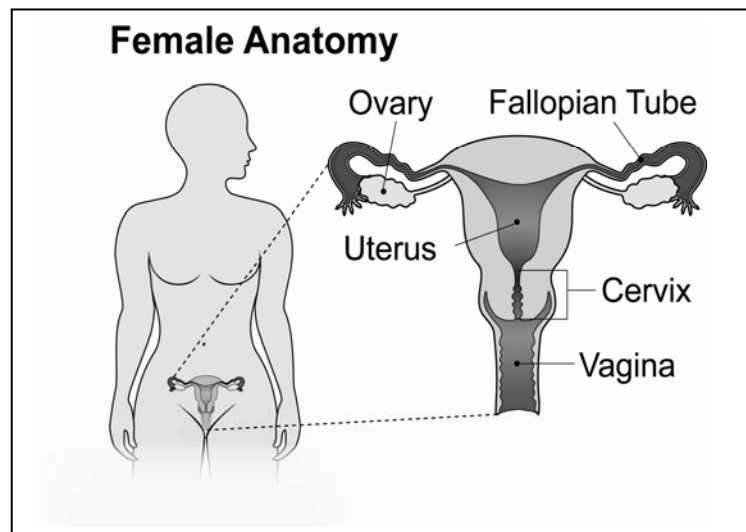


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What are the uterus and endometrium?

The uterus is located between a woman's bladder and rectum. It is where a baby grows during pregnancy (also called the womb). The inside of the uterus has two layers of tissue:

- endometrium: the inner layer (the layer that sheds during menstruation)
- myometrium: the outer layer of muscle



What is Endometrial Cancer?

Endometrial cancer (endometrial adenocarcinoma) is a disease in which normal cells from the lining of uterus begin to change, grow out of control, and form a mass of cells called a tumour. Endometrial cancer is the most common cancer of a woman's reproductive system diagnosed in Canada.

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What does stage mean?

The stage is a way of describing a cancer. Stage can describe:

- where the cancer is located
- if or where it has spread
- if it is affecting other organs in the body

There are four stages for endometrial cancer (Stage 1 to Stage 4). Your doctor will use the stage of your cancer to decide which treatment is best for you.

How is endometrial cancer treated?

The treatment of endometrial cancer depends on:

- the size and location of the tumour
- whether the cancer has spread
- your overall health
- your desire for having children

A hysterectomy is usually the first treatment. A hysterectomy is a surgery to remove the uterus and cervix. Usually, one or both ovaries and fallopian tubes are also removed. This type of surgery is called a salpingo-oophorectomy.

Radiation therapy can be given after surgery to destroy any remaining cancer cells. Chemotherapy may be used to treat more advanced cancer either as the main kind of treatment or after surgery. In very rare cases, hormone therapy (using progesterone) may be used for women who cannot have surgery or radiation therapy, or want to keep their ability to have children.

Most side effects of endometrial cancer treatment can often be prevented or managed with help from your health care team. When making treatment decisions, you may also consider a clinical trial. Talk with your doctor about all treatment options.

Coping with Endometrial Cancer

Dealing with the news of a cancer diagnosis can be very difficult. You are not alone. Your health care team is here for you so feel comfortable speaking with them about your concerns and needs. As a patient in the Princess Margaret Cancer Program, you have access to many resources to help you cope. These include:

- social workers who can help you better cope with your illness
- clinical dietitians that specialize in cancer and can help you with your nutrition and diet concerns
- the PMH Cancer Survivorship Program which has programs and services to help you cope with cancer and its treatment, including:
 - a Survivorship Consult to answer questions you may have about your diagnosis and treatment and the resources available to you
 - Caring Voices (www.caringvoices.ca), an online support community where you can connect with other gynecologic cancer survivors through the Gynecologic Cancer Community
 - a Patient & Family Library where you can ask a Librarian to search for specific health information and borrow books, CDs and DVDs

For more information about the services available to you or to contact a social worker or dietitian, speak to a member of your health care team. To contact the PMH Cancer Survivorship program visit:

- The Cancer Survivorship Centre located on the 2nd floor of PMH
- The Patient & Family Library located in the atrium on the main floor of PMH
- ELLICSR: the Health, Wellness and Cancer Survivorship Centre located in the basement of the Clinical Services Building in the Toronto General Hospital

Questions to Ask your Doctor

Speaking to your health care team is important in helping you make decisions about your health care. Sometimes preparing a list of questions you want to ask can be helpful. Here is a list of common questions you may want to ask your doctor:

1. What type of endometrial cancer do I have?
2. Can you explain my pathology report (test results) to me?

3. What stage is the endometrial cancer?
4. Has cancer spread to my lymph nodes or anywhere else?
5. Would you explain my treatment options?
6. What clinical trials are open to me?
7. How will this treatment benefit me?
8. How will this treatment affect my daily life? Will I be able to work, exercise, and do my usual activities?
9. Will this treatment affect my ability to become pregnant or have children?
10. What is the expected timeline for my treatment plan?
11. What are the possible long-term side effects of my cancer treatment?
12. Where can I find emotional support for me and my family?
13. Whom do I call for questions or problems?
14. Is there anything else I should be asking?

Medical Terms to Know

Benign: A tumour that is not cancerous

Biopsy: Removal of a tissue sample that is then looked at under a microscope to check for cancer cells

Chemotherapy: The use of drugs to destroy cancer cells

Dilation & curettage (D&C): Removal of a tissue sample from the uterus

Fibroid: A noncancerous tumour in the uterine muscle

Hysterectomy: Removal of the uterus

Lymph node: A tiny, bean-shaped organ that fights infection

Malignant: A tumour that is cancerous

Metastasis: The spread of cancer from where the cancer began to another part of the body

Oncologist: A doctor who specializes in treating people with cancer

Prognosis: Chance of recovery

Radiation therapy: The use of high-energy x-rays to destroy cancer cells

Salpingo-oophorectomy: Removal of one or both ovaries and fallopian tubes

Tumour: A mass of tissue that requires a biopsy/removal

Adapted with permission from the American Society of Clinical Oncology's *ASCO Answers Fact Sheet: Uterine Cancer*.