

**CONTINENTAL
HOSPITALS**
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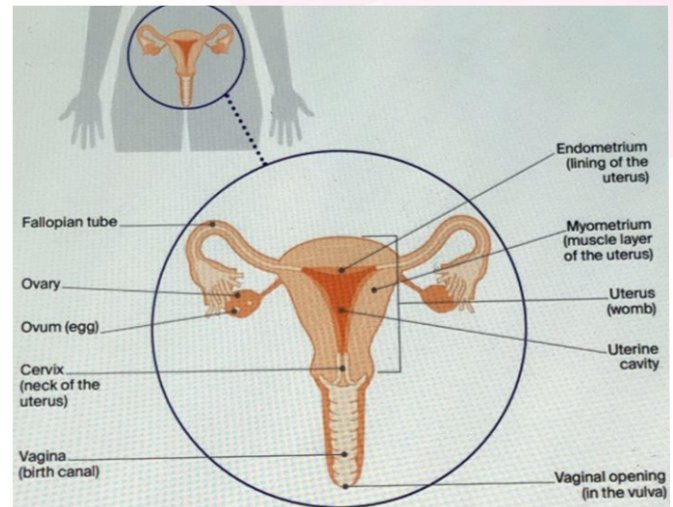
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Comprehensive
**CONTINENTAL
CANCER -CENTRE**
From Prevention to Palliative

**CANCER PREVENTION
STAY AHEAD OF CANCER**

**EARLY DETECTION
BETTER OUTCOMES**

UTERINE CANCER



The female reproductive system

In India, the uterine cancer rate in 4.3 per 100,000
Uterine cancer is the third most common female cancer in India
If the uterine cancer has not spread outside, survival rate at 5 years is 95% If the cancer has spread to other organs, 5 years survival rate is only 23%

**DEPARTMENT OF
CANCER PREVENTION AND
EARLY CANCER DETECTION**

Uterus or womb is located in the pelvis of the lower abdomen, where a baby grows during pregnancy. It looks like a upside down pear fruit. It is part of the female reproductive system. It lies between the bladder and rectum and is joined to the vagina by the cervix. It is a muscular organ and the inside is lined, called endometrium. During menstruation, the lining is shed and is under the influence of the hormones oestrogen and progesterone.

When the cells in any part of the uterus, proliferate, cancers occur. Of all uterine cancers 95% arise from the endometrium, called endometrial cancers and the remaining 5% are called sarcomas.

SYMPTOMS AND SIGNS

- Bleeding after menopause
- Bleeding between periods
- Persistent bleeding
- Foul smelling vaginal watery discharge
- Low abdominal pain
- Unintentional weight loss
- Difficulty passing urine
- Change in bowel habit

If you have any of the above symptoms, please consult your doctor promptly

EARLY DIAGNOSIS SAVES YOUR LIFE

Risk factors for developing the cancer

- Age-It is most common in the age group over 50 years, after they have stopped periods
- Being overweight, Diet high in animal fat
- Being obese, smoking, alcohol-excessive consumption
- Previous irradiation to pelvis for cancer
- Diabetes Type 2
- Known to have increase in thickness of endometrial lining. People who have some ovarian diseases
- Family history – Inheriting a condition called lynch syndrome, Cowden syndrome with known genetic abnormalities. Family history of either one or more blood relatives.
- Poly cystic ovarian syndrome
- History of not borne children
- Starting periods before age 12
- Delayed menopause after age 55
- History of taking hormone treatment oestrogen, tamoxifen (for breast cancer, an anti oestrogen medicine)

Diagnosis and care of uterine cancer

- Detailed family history, history of the presenting symptoms clinical examination which includes examination of the pelvis. At Continental, we have experienced Gynecologists who have special interest in this area of oncology. Several tests will be done which include blood tests, CA125, imaging tests like CT Scan, MRI Scan, transvaginal ultrasound where the specialist will insert a special probe into your vagina and take pictures of the uterus.

- Tissue samples are obtained by endometrial biopsy, where a thin, flexible tube is inserted in to the cervix and then into the uterus to remove a small portion of the endometrial lining of the uterus. This is sent to the laboratory for analysis.

- The specialist may insert through the cervix, a long lighted instrument called hyseroscope to view the inside of the uterus and take imges of the uterus. The gynaecologist may do dilation and curettage to remove uterine tissue under anegsthesia in the operaring theatre and the tissue is sent to the laboratory for analysis.

A common question asked, can Pap smear test detect uterine cancer? No.

After the diagnosis, staging will be done by the specialist. If distant spread is suspected, Pet scan will be requested. After confirmatory diagnosis, specialized genetic tests are available to know in which genes, mutation (alterations) have taken place.

- Uterine cancer is treated predominantly by:

SURGERY :

At Continental, once the diagnosis is made, the care will be discussed in the tumour board meeting consisting of surgical oncology, medical oncology, radiation oncology, pathologist, interventional, conventional imaging experts. A consensus will be arrived at to map out a treatment plan. The mainstay of treatment is by surgery if the disease has not spread to other distant organs. Other treatments which may be included are chemotherapies, radiation therapy, hormonal therapy, immunotherapy, targeted therapy.

- Surgery as a primary treatment involves removal of uterus and the cervix. Most of the times, the specialist will remove the ovaries and fallopian tubes and lymph nodes, if the cancer has spread there. Our team of gynecologic specialists are very interactive and you can talk to them to enquire about leaving the ovaries behind, if your age is less ben than 45.

How can uterine cancer be prevented?

- Maintain healthy weight
- Intake of healthy diet
- Good control of sugar level in your blood, if you are a diabetic
- If you are on oestrogen replacement therapy, talk to your doctor about cancer risks
- Annual pelvic examination after 45,
- Wellness check, pelvic ultrasound, prompt attention if symptoms arise
- If diagnosed early, survival rate at 5 years exceeds 90%
- Unfortunately in India, Presentation is often Late.

We Care for you at Continental