

ABOUT GRACE

GRACE supports women with gynaecological cancers by raising awareness, funding research and providing local hospitals with vital surgical and other equipment.

OUR MISSION IS TO:



- **Raise standards** of gynaecological cancer care and treatment for women across Surrey, West Sussex and Hampshire;
- **Promote** early diagnosis through awareness and;
- **Raise funds** to support research into the cause, progression and treatment of cancers that include cervical, womb and ovarian.

Established in 2005, GRACE undertakes work in a neglected area of cancer research. Over 21,000 women are diagnosed with a gynaecological cancer in the UK every year. This is 58 women a day. 58 women who are your grannies, mothers, sister, aunts, nieces or daughters. 21 of these women will sadly succumb to their cancer.

GRACE is dedicated to research that will improve the treatment, recovery and survival rates of women diagnosed with a gynaecological cancer in the future. Most of the clinical and translational work that we support takes place locally through the Guildford Gynaecology Research Group at the University of Surrey and within the Department of Gynaecology at the Royal Surrey County Hospital. The results of this work will feed into the wider UK research network, helping to influence and shape the diagnostic and therapeutic journey of women now and in the future.

WE NEED YOUR HELP TO:



- **Raise awareness** of the symptoms of these cancers so women seek help at an early stage. Early detection of gynaecological cancers saves and lengthens lives and can spare the fertility of young women
- **Improve the clinical services** available to women by the provision of state-of-the-art theatre and radiotherapy equipment, diagnostic tools and the development of minimally invasive and fertility-sparing treatments
- **Fund researchers** and nurse specialists who will investigate possible new treatments and enable greater understanding of these cancers

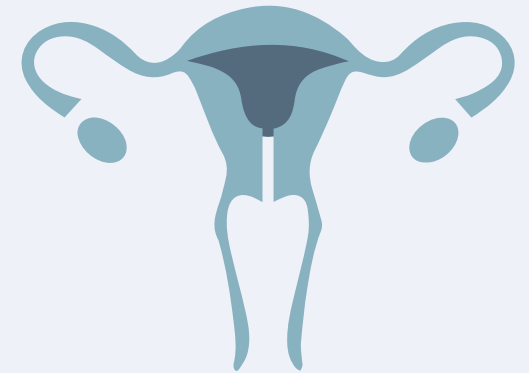
If you would like to be involved please email us at info@grace-charity.org.uk



ENDOMETRIAL CANCER



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ENDOMETRIAL CANCER

WHAT IS ENDOMETRIAL CANCER?

Your doctor may refer to cancer of the womb by various different names. These include 'uterine cancer' (uterus being the medical term for the womb), or 'endometrial cancer' (cancer within the lining of the womb).

Womb cancer is the fourth most common cancer in women in the UK. Due to changes in our lifestyles, this is increasing, with over 9022 women currently diagnosed every year in the UK alone.

Each year over 9,300 women are diagnosed with Endometrial cancer.

HOW DOES IT DEVELOP?

Most womb cancers start in the womb lining (endometrium), the cells of which make up each month's menstrual period. These cells are shed if they are not used to help nourish an egg into an embryo. When a cancer develops in the endometrium, these lining cells mutate and increase in size until a lump of tissue called a tumour is formed.

A common side effect of a growing tumour is an unexpected vaginal bleed, and if you notice any unexpected bleeding after you stopped having your periods (menopause) or outside of your normal monthly period, you should report it to your doctor straight away. If the cancer is identified at an early stage (e.g. in the lining of the womb) then it can most often be cured with just surgery. However, if it has spread into the next layer, further treatment such as radiotherapy is sometimes required to manage the development of the cancer.

KEY SIGNS & SYMPTOMS:

Abnormal or unexpected bleeding from the vagina is the most common symptom of endometrial cancer. Although it is important to note that most unexpected vaginal bleeding does not mean you have cancer, the appearance of unexpected vaginal bleeding does account for around 90% of all womb cancer diagnoses.

This bleeding can include:

- Post-menopausal bleeding
- Unusually heavy bleeding, or bleeding between periods
- Pink, brown, or even prune-coloured vaginal discharge

Causes:

The majority of womb cancers, approximately 90%, appear to develop without any obvious cause (sporadic), although some types are linked to genetic causes in a condition called Lynch Syndrome.

RISK FACTORS

One of the most heightened risks for the development of womb cancer is a hormone imbalance, and a high level of oestrogen will increase your risk significantly. This hormone imbalance can be caused by many factors, including being overweight, so in order to help prevent the development of womb cancer, maintaining a healthy normal weight is recommended.

HOW IS IT DIAGNOSED?

Although unexpected vaginal bleeding is more often than not unconnected to a possible womb cancer, it is always best to be checked by your GP just in case.

Your GP will ask you about any symptoms you may have experienced, as well as performing a physical examination of your pelvic area. You may also be referred for further tests such as a transvaginal ultrasound scan (TVS) and a biopsy from the womb lining to check affected tissues for mutations.

Most unexpected vaginal bleeding does not mean you have cancer, the appearance of unexpected vaginal bleeding does account for around 90% of all womb cancer diagnoses.

TVS

A TVS is an ultrasound scan where a small probe is inserted into the vagina to obtain a detailed view of the inside of the womb. This shouldn't be painful, although can feel slightly uncomfortable for women with vaginismus, or for women who haven't had sex.

The TVS checks whether there are any changes to the thickness of the lining of your uterus that could be caused by the presence of cancerous cells.

BIOPSY

A biopsy involves removing a small amount of tissue from the lining of the womb and analysing the cells to detect any abnormalities. This is usually carried out if the TVS detects a change in the thickness of the endometrium. This is sometimes performed in the clinic but you may require a telescope into the womb (hysteroscopy) to look more closely at the lining of the womb. This can be performed as an outpatient procedure or under a short general anaesthetic, depending on individual patient circumstances.

TREATMENT

A hysterectomy (surgical removal of the womb) is the recommended treatment for endometrial cancers. If the cancer is in an early stage, a hysterectomy can possibly even provide a cure. At the Royal Surrey you will normally be offered minimally invasive robotic surgery. However, this means that in women of child-bearing age, you will no longer be able to have children and it is likely that the surgery will also involve removal of the ovaries and fallopian tubes. Depending on the type of womb cancer, you may be advised to have radiotherapy after surgery to reduce the risk of your cancer coming back.

If you are still hoping to have children, there is a possibility of undergoing hormone treatment instead of a hysterectomy, although your ability to opt for this treatment will depend on what type of womb cancer you have, and your understanding of the risks involved.

Even if your cancer cannot be cured, some treatments can still be undertaken to help relieve symptoms in order to improve quality of life and prolong survival/life in some cases.

If you would need more information, please visit www.grace-charity.org.uk