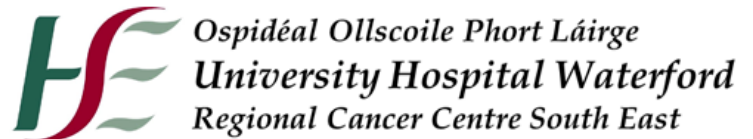


Patient Information for Consent



OG35 Endometrial Cancer (Treatment Options)

Expires end of March 2021

Further Information

If you have any questions related to the content of this Patient Information Leaflet, please contact the UHW Quality and Patient Safety Office:

Telephone: 051-848527

Email: uhwsafetyandquality@hse.ie

Your query will be forwarded to your doctor/medical team. Urgent concerns about your clinical condition or treatment cannot be responded to through this office.

The Quality and Patient Safety Office is open from Monday to Friday between 09.00 and 17.00hrs. Please leave a message on the voicemail if the phone is unattended.

You may also get more information and references at www.aboutmyhealth.org

Tell us how useful you found this document at www.patientfeedback.org



Information about COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures, however, it is impossible to make sure you don't catch coronavirus either before you come into the hospital or once you are there. You will need to think carefully about the risks associated with the procedure, the risk of catching coronavirus while you are in hospital, and of not going ahead with the procedure at all. Your healthcare team can help you understand the balance of these risks. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

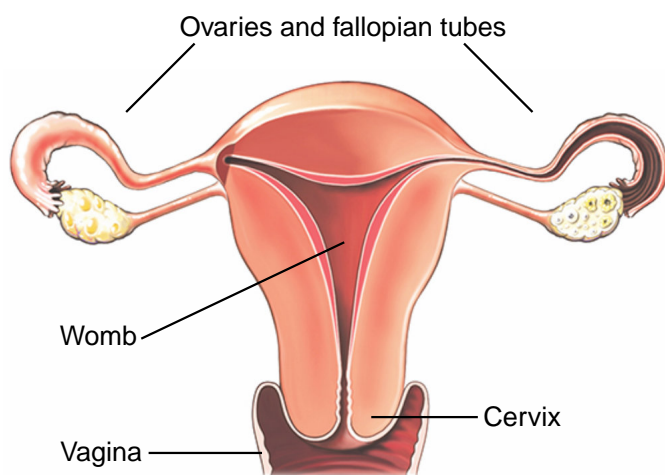
You have been told that you have endometrial cancer. Your endometrium is the lining of your uterus (womb). We know that you will be distressed by this news and may not have been able to take in everything that your doctor or specialist nurse has told you.

This document will give you information about endometrial cancer and will reinforce what your doctor has told you. If there is anything you do not understand, please ask your doctor or the healthcare team.

You are now being looked after by a team of specialists dedicated to providing care for women with endometrial cancer. Their aim is to make sure you receive the best treatment to meet your needs. The healthcare team will take account of your views on the treatment you want to have, and will fully involve you in making decisions about your treatment.

What is endometrial cancer?

Most womb cancers start in the lining of your womb.



The womb and surrounding structures

About 9,300 women develop endometrial cancer every year in the United Kingdom. It is more common in women who have gone through the menopause. Only 1 in 100 endometrial cancers happen in women under the age of 40.

The first sign of endometrial cancer is usually abnormal vaginal bleeding.

Sometimes the cancer spreads outside the lining of your womb to your cervix (neck of your womb) or nearby tissues such as your ovaries and fallopian tubes, or further into other organs such as your bladder, bowel or liver.

There are two main types of endometrial cancer.

- Endometrial adenocarcinomas – Over 75 in 100 womb cancers develop in the glands in the lining of your womb and are associated with excess oestrogen. These cancers are usually slow-growing and are less likely to spread outside your womb.
- Uterine serous carcinomas and clear cell carcinomas – These types of cancer are usually fast-growing and are more likely to spread outside your womb.

How can endometrial cancer be treated?

Most womb cancers are diagnosed early and treated successfully. Your recommended treatment will be based on a number of factors, including how advanced the cancer is, the risk of the cancer spreading, your age and how fit you are.

- A hysterectomy gives the best chance of you being free of endometrial cancer and is the most effective treatment. A hysterectomy is usually performed using laparoscopic (keyhole) surgery and involves removing your womb and cervix. Your ovaries and fallopian tubes are usually also removed.
- Radiotherapy can be used after surgery to reduce the risk of the cancer spreading or coming back, or in some cases to shrink the cancer and kill off cancer cells.
- Brachytherapy is a type of radiotherapy that involves placing small radioactive beads in your vagina after your womb and cervix have been removed. The beads give a high dose of radiation to kill off cancer cells.
- Chemotherapy is only used occasionally if you have a uterine serous carcinoma or clear cell carcinoma, or if the cancer has spread outside your womb.
- Hormone therapy is sometimes used if the cancer has spread or has come back.
- Biological therapy is sometimes used but is not as effective as in some other types of cancer.

Your doctor or specialist nurse will help you to decide which treatment, or combination of treatments, is best for you.

How do I know what is the best treatment for me?

Removing the cancer by surgery gives you the best chance of being free of endometrial cancer.

If you have an advanced endometrial cancer, where the cancer has spread to other areas of your body, it is unlikely that surgery will lead to you being cured. However, treatment may control the cancer for a long time and improve your quality of life.

Some women who have other medical problems may not be strong enough to have surgery and so non-surgical treatments may be offered.

To decide on the best treatment for you, you may need to have a number of tests. If you have recently had some of these tests, they may not need to be repeated.

- Transvaginal pelvic ultrasound – This shows if the lining of your womb has thickened.
- Endometrial biopsy – This procedure involves using a small tube placed into your womb through your vagina to take small samples of tissue from the lining of your womb. The tissue will be examined under a microscope to help find out if the cancer is likely to spread.
- Hysteroscopy – This procedure involves using a small telescope to look at the inside of your womb. A biopsy can be performed at the same time.
- CT scan – This shows if the cancer has spread to your liver or other areas of your body.
- MRI scan – A powerful magnetic field and radio waves give pictures of your abdomen.
- Heart and lung function tests – These tests show if you are fit enough for surgery. They may include cardio-pulmonary exercise tests.

Once all the information is available, your doctor will discuss the results at a team meeting with the other specialists involved in your care.

- Gynaecological cancer surgeons – Surgeons who specialise in cancer in a woman's reproductive organs.

- Oncologists – Doctors who specialise in treating cancer with medication and radiotherapy.
- Radiologists – Doctors who specialise in x-rays and scans.
- Histopathologists – Doctors who examine tissue to confirm the diagnosis.

The team will recommend the best treatment for you. Your doctor or specialist nurse will discuss the recommendation with you and give you further written information to help you to decide what to do.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewers: Jeremy Hawe (MBChB, MRCOG), Melisa Thomas (MBChB, MRCOG)
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