

# Cancer in Women



PHILIPPINE CANCER SOCIETY

# Magnitude of Cancer Problem in the Philippines

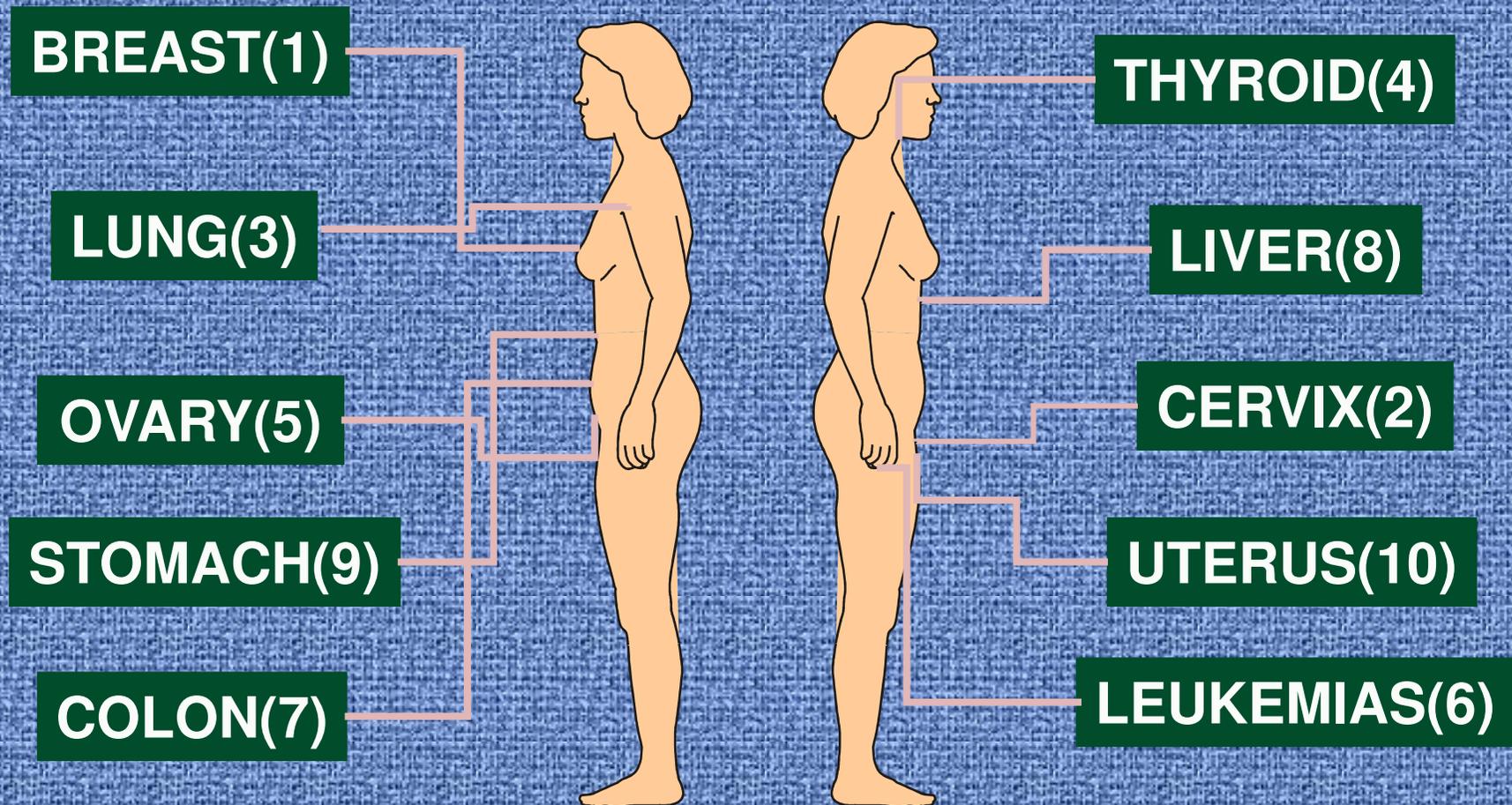
## ***INCIDENCE***

- 3rd in incidence after communicable & cardiovascular diseases
- 1 out of 1,000 Filipinos has cancer
- 114:103 Females to Males, Filipino
- Incidence rates increase w/ Age:
  - 0-14 yr.: 3.6% of cancers
  - >35 yr.: 91% of cancers
  - >=50 yr.: 76% of cancers

# What are the Top Ten Cancers in the Philippines?

Male	Female	Child
Lung	Breast	Leukemia (ALL)
Liver	Cervix	Lymphoma (NHL)
Stomach	Lung	Brain/ Spinal (Medullablastoma; Astrocytoma)
Colon	Ovary	Retinoblastoma
Rectum	Stomach	Bone (Osteosarcoma)
Nasopharynx Leukemia Oral cavity Pancreas NHL	Liver Thyroid Oral cavity Colon Rectum	STS (Rhabdo-myosarcoma) Kidney (Wilm's) Gonadal GCT Epithelioma

# TEN LEADING CANCER SITES IN WOMEN

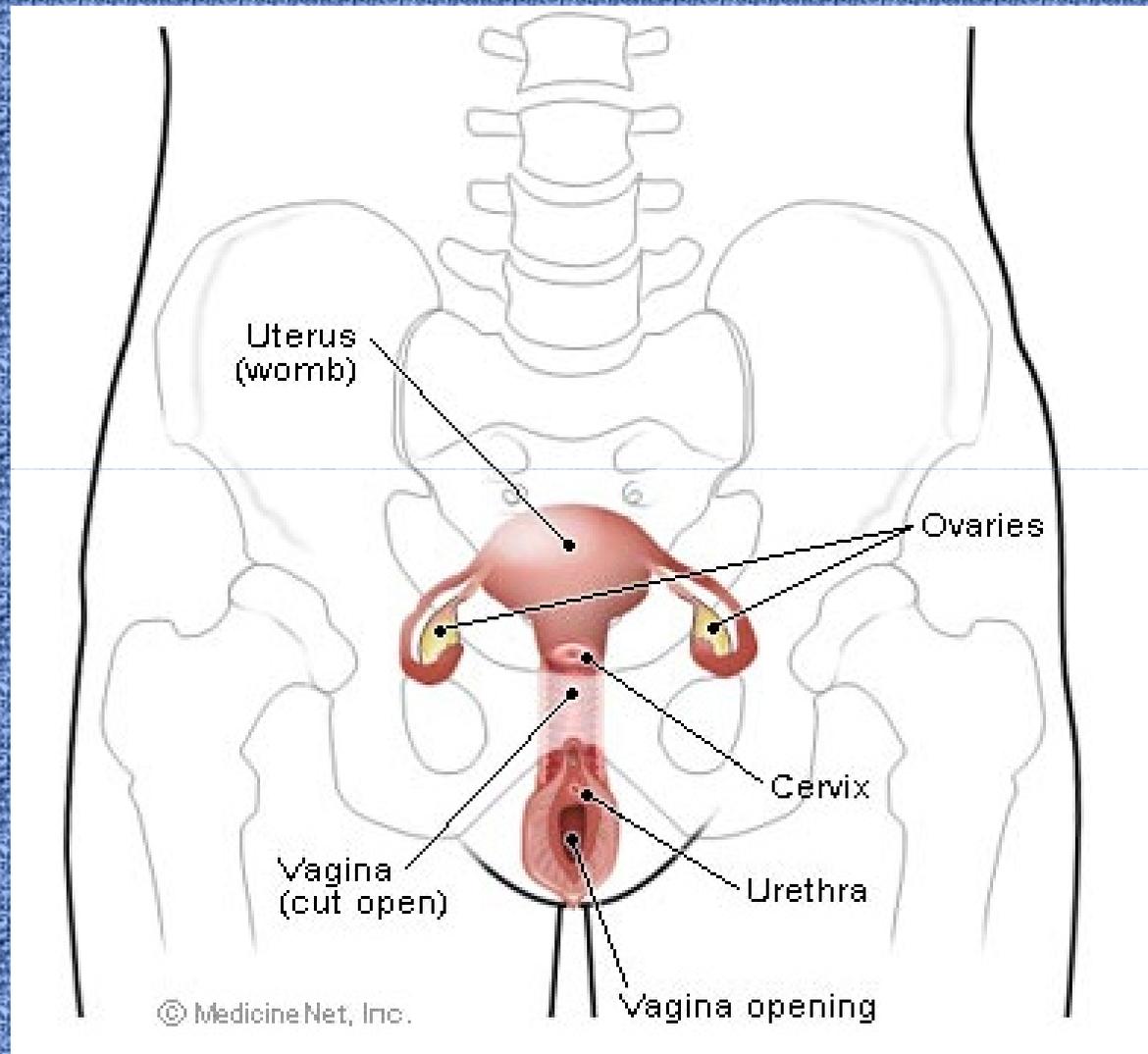


# FEMALE-RELATED LEADING CANCER SITES

- Breast
- Cervix
- Uterus
- Ovary



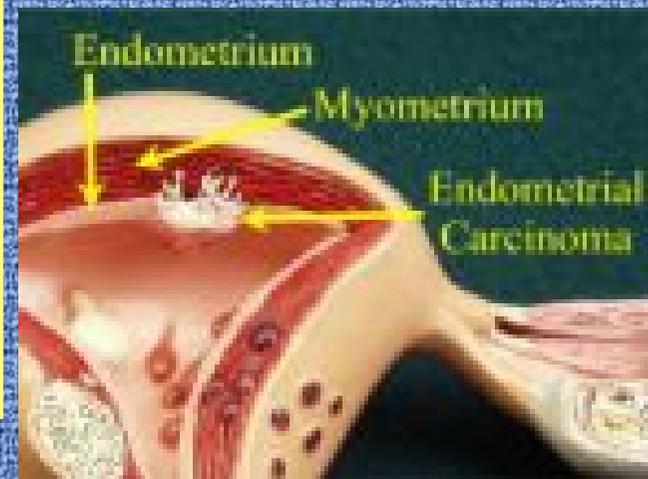
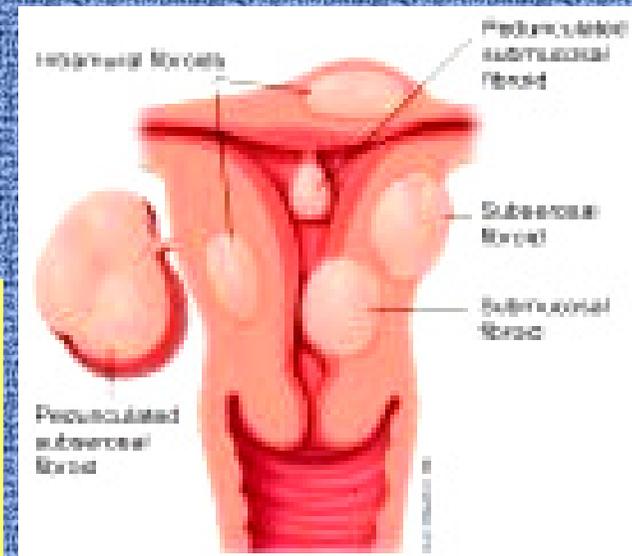
# FEMALE Reproductive Organs



# Tumors of Uterus

Tumors can be benign or malignant (cancer):

- **Benign tumors** are not cancer. Usually, doctors can remove them.
  - Cells from benign tumors do not spread to other parts of the body.
  - In most cases, benign tumors do not come back after they are removed.
  - Most important, benign tumors are rarely a threat to life.
- **Cancer** is a group of many related diseases. All cancers begin in cells, the body's basic unit of life. Cells make up tissues, and tissues make up the organs of the body.
  - Normally, cells grow and divide to form new cells as the body needs them. When cells grow old and die, new cells take their place.
  - Sometimes this orderly process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor.



# Benign Tumors of Uterus

**Fibroids** are common benign tumors that grow in the muscle of the uterus.

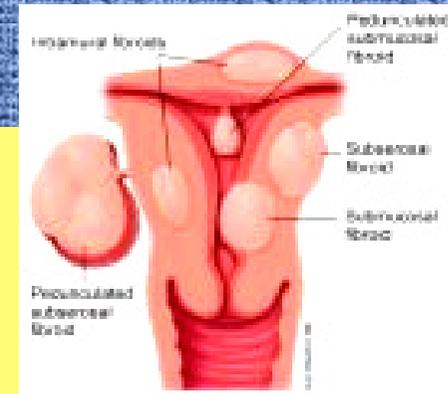
- Occur mainly in women in their forties. Women may have many fibroids at the same time.
- Do not develop into cancer.
- As a woman reaches menopause, fibroids are likely to become smaller, and sometimes they disappear.
- Usually, fibroids cause no symptoms and need no treatment.
  - But depending on their size and location, fibroids can cause bleeding, vaginal discharge, and frequent urination.
    - Women with these symptoms should see a doctor.
    - If fibroids cause heavy bleeding, or if they press against nearby organs and cause pain, the doctor may suggest surgery or other treatment.

**Endometriosis** is another benign condition that affects the uterus.

- Most common in women in their thirties and forties, especially in women who have never been pregnant.
- Occurs when endometrial tissue begins to grow on the outside of the uterus and on nearby organs.
- May cause painful menstrual periods, abnormal vaginal bleeding, and sometimes loss of fertility (ability to get pregnant), but it does not cause cancer.
- May be treated with hormones or surgery.

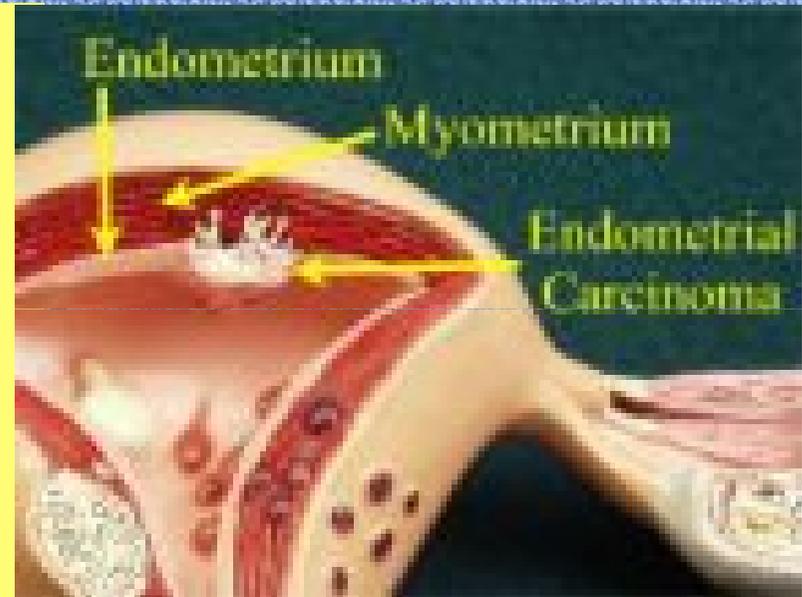
**Endometrial hyperplasia** is an increase in the number of cells in the lining of the uterus.

- It is not cancer, but sometimes it develops into cancer.
- Heavy menstrual periods, bleeding between periods, and bleeding after menopause are common symptoms of hyperplasia.
- Most common after age 40.
- To prevent endometrial hyperplasia from developing into cancer, the doctor may recommend surgery to remove the uterus (hysterectomy) or treatment with hormones (progesterone) and regular follow-up exams.



# Cancer of Uterus

- The most common type of cancer of the uterus begins in the lining (endometrium).
  - Endometrial carcinoma, **uterine carcinoma**, or carcinoma of the uterus.
- A different type of cancer, **uterine sarcoma**, develops in the muscle (myometrium).



# Cancer of Uterus: Risk Factors

**Who is at risk for uterine cancer?** A risk factor is something that increases a person's chance of developing the disease.

- No one knows the exact causes of uterine cancer.

## Risk factors:

- **Age.** Cancer of the uterus occurs mostly in women over age 50.
- **Endometrial hyperplasia.** The risk of uterine cancer is higher if a woman has endometrial hyperplasia.
- **Hormone replacement therapy (HRT).** HRT is used to control the symptoms of menopause, to prevent osteoporosis (thinning of the bones), and to reduce the risk of heart disease or stroke.
  - Women who use estrogen without progesterone have an increased risk of uterine cancer. Long-term use and large doses of estrogen seem to increase this risk.
  - Women who use a combination of estrogen and progesterone have a lower risk of uterine cancer than women who use estrogen alone. The progesterone protects the uterus.
- **Obesity** and related conditions.
  - The body makes some of its estrogen in fatty tissue. That's why obese women are more likely than thin women to have higher levels of estrogen in their bodies. High levels of estrogen may be the reason that obese women have an increased risk of developing uterine cancer.
  - The risk of this disease is also higher in women with diabetes or high blood pressure (conditions that occur in many obese women).
- **Tamoxifen.** Women taking the drug tamoxifen to prevent or treat breast cancer have an increased risk of uterine cancer. This risk appears to be related to the estrogen-like effect of this drug on the uterus.
  - The benefits of tamoxifen to treat breast cancer outweigh the risk of developing other cancers.
- **Race.** White women are more likely than African-American women to get uterine cancer.
- **Colorectal cancer.** Women who have had an inherited form of colorectal cancer have a higher risk of developing uterine cancer than other women.
- Other risk factors are related to **how long a woman's body is exposed to estrogen.** Women who have no children, begin menstruation at a very young age, or enter menopause late in life are exposed to estrogen longer and have a higher risk.



# Cancer of Uterus: Symptoms

Uterine cancer usually occurs after menopause. But it may also occur around the time that menopause begins.

- **Unusual vaginal bleeding or discharge**
  - Abnormal vaginal bleeding is the most common symptom of uterine cancer. Bleeding may start as a watery, blood-streaked flow that gradually contains more blood.
  - Women should not assume that abnormal vaginal bleeding is part of menopause.
- **Difficult or painful urination**
- **Pain during intercourse**
- **Pain in the pelvic area**

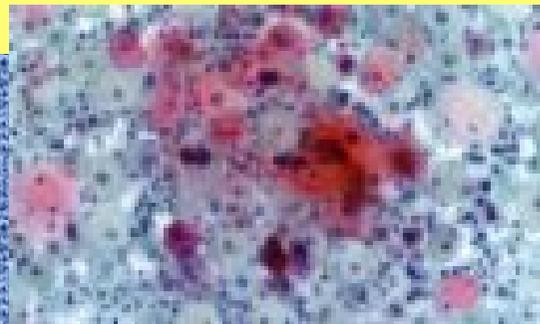
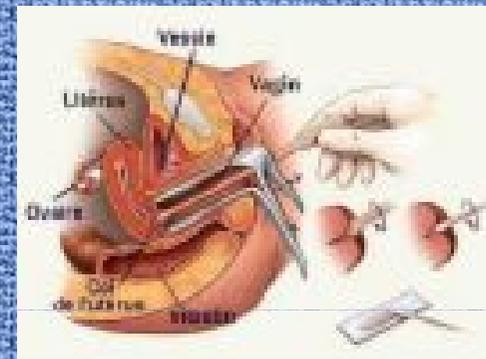
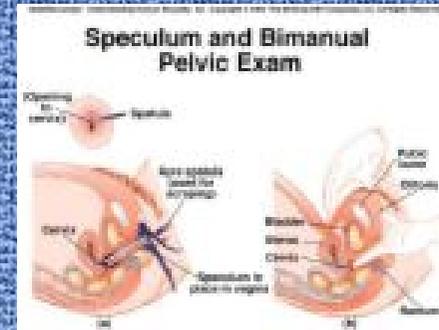
# Cancer of Uterus: Diagnosis

**Pelvic exam** -- A woman has a pelvic exam to check the vagina, uterus, bladder, and rectum. The doctor feels these organs for any lumps or changes in their shape or size. To see the upper part of the vagina and the cervix, the doctor inserts an instrument called a speculum into the vagina.

**Pap test** -- The doctor collects cells from the cervix and upper vagina. A medical laboratory checks for abnormal cells. Although the Pap test can detect cancer of the cervix, cells from inside the uterus usually do not show up on a Pap test. This is why the doctor collects samples of cells from inside the uterus in a procedure called a biopsy.

**Transvaginal ultrasound** -- The doctor inserts an instrument into the vagina. The instrument aims high-frequency sound waves at the uterus. The pattern of the echoes they produce creates a picture. If the endometrium looks too thick, the doctor can do a biopsy.

**Biopsy** -- The doctor removes a sample of tissue from the uterine lining. This usually can be done in the doctor's office. In some cases, however, a woman may need to have a dilation and curettage (D&C). A D&C is usually done as same-day surgery with anesthesia in a hospital. A pathologist examines the tissue to check for cancer cells, hyperplasia, and other conditions. For a short time after the biopsy, some women have cramps and vaginal bleeding.



# Cancer of Uterus: Staging

If uterine cancer is diagnosed, the doctor needs to know the stage, or extent, of the disease to plan the best treatment. **Staging** is a careful attempt to find out whether the cancer has spread, and if so, to what parts of the body.

- The doctor may order blood and urine tests and chest x-rays. The woman also may have other x-rays, CT scans, an ultrasound test, magnetic resonance imaging (MRI), sigmoidoscopy, or colonoscopy.
- In most cases, the most reliable way to stage this disease is to remove the uterus (hysterectomy). After the uterus has been removed, the surgeon can look for obvious signs that the cancer has invaded the muscle of the uterus. The surgeon also can check the lymph nodes and other organs in the pelvic area for signs of cancer. A pathologist uses a microscope to examine the uterus and other tissues removed by the surgeon.

## Stages of Uterine Cancer

- **Stage I** -- The cancer is only in the body of the uterus. It is not in the cervix.
- **Stage II** -- The cancer has spread from the body of the uterus to the cervix.
- **Stage III** -- The cancer has spread outside the uterus, but not outside the pelvis (and not to the bladder or rectum). Lymph nodes in the pelvis may contain cancer cells.
- **Stage IV** -- The cancer has spread into the bladder or rectum. Or it has spread beyond the pelvis to other body parts.



# Cancer of Uterus: Surgery

Most women with uterine cancer have surgery to remove the uterus (**hysterectomy**) through an incision in the abdomen. The doctor also removes both fallopian tubes and both ovaries (**bilateral salpingo-oophorectomy**)

The doctor may also **remove the lymph nodes** near the tumor to see if they contain cancer.

- If cancer cells have reached the lymph nodes, it may mean that the disease has spread to other parts of the body.
- If cancer cells have not spread beyond the endometrium, the woman may not need to have any other treatment.



# Cancer of Uterus: Radiotherapy

In **radiation therapy**, high-energy rays are used to kill cancer cells. Like surgery, radiation therapy is a local therapy. It affects cancer cells only in the treated area.

- Some women with Stage I, II, or III uterine cancer need both radiation therapy and surgery. They may have radiation before surgery to shrink the tumor or after surgery to destroy any cancer cells that remain in the area. Also, the doctor may suggest radiation treatments for the small number of women who cannot have surgery.

**Two types of radiation therapy** to treat uterine cancer:

- **External radiation:** In external radiation therapy, a large machine outside the body is used to aim radiation at the tumor area. The woman is usually an outpatient in a hospital or clinic and receives external radiation 5 days a week for several weeks. This schedule helps protect healthy cells and tissue by spreading out the total dose of radiation. No radioactive materials are put into the body for external radiation therapy.
- **Internal radiation:** In internal radiation therapy, tiny tubes containing a radioactive substance are inserted through the vagina and left in place for a few days. The woman stays in the hospital during this treatment. To protect others from radiation exposure, the patient may not be able to have visitors or may have visitors only for a short period of time while the implant is in place. Once the implant is removed, the woman has no radioactivity in her body.
- Some patients need both external and internal radiation therapies.



# Cancer of Uterus: Drug Therapy

**Hormonal therapy** involves substances that prevent cancer cells from getting or using the hormones they may need to grow.

- Hormones can attach to hormone receptors, causing changes in uterine tissue. Before therapy begins, a hormone receptor test may be requested. If the tissue has receptors, the woman is more likely to respond to hormonal therapy.

Hormonal therapy is called a systemic therapy because it can affect cancer cells throughout the body. Usually, hormonal therapy is a type of **progesterone** taken as a pill.

- For women with uterine cancer who are unable to have surgery or radiation therapy.
- For women with uterine cancer that has spread to the lungs or other distant sites (metastatic).
- For women with uterine cancer that has come back (recurrent).



# Cancer of Uterus: Prognosis

If patients are diagnosed at an early stage and with an optimal grade, most patients are cured.

Nevertheless, stage for stage it is just as bad a cancer as any other. Most recurrences will occur in the first two years. If none have occurred by five years the patient is considered cured.

## **FIVE YEAR SURVIVAL FOR UTERINE ADENOCARCINOMA**

- Stage I            80%
- Stage II           65%
- Stage III          30%
- Stage IV          10%



The prognosis depends on the **sub-stage** and the **grade**.

- Stage IA, grade I, cancers have a five year survival in excess of 95%.

# Uterine Sarcoma

**Uterine sarcomas** are rare cancers and are not easy to generalize. There are several types each with several gradations from low grade to high grade malignancies. There is no standard treatment. Each case must be managed separately.

The thick muscular wall of the uterus gives rise to the benign leiomyoma and the malignant leiomyosarcoma.

- **Benign leiomyoma** is also called a **fibroid tumor**.
  - Common and often require no treatment.
  - Often diagnosed by physical examination when the examiner feels an enlarged lumpy, bumpy uterus. An ultrasound test can also indicate a possible fibroid. Fibroids can become very large and then should be removed. Often there are multiple fibroids and occasionally these can be removed and the uterus preserved. Fibroids should diminish in size after the menopause.
- **Leiomyosarcomas**
  - Any enlarged uterus in a postmenopausal woman not known previously to have fibroids should be removed because it could be a leiomyosarcoma. An enlarging fibroid in a premenopausal woman should also be removed. If there is no need for future pregnancies then the whole uterus should be removed.
  - Leiomyosarcomas are graded by the number of cells undergoing cell division.
    - If few dividing cells are noted then it may be a low grade cancer or not a cancer at all.
    - If a high number are noted ,i.e. a high mitotic count, then this will be a very aggressive cancer.
      - Even stage I leiomyosarcomas, if high grade, will be very aggressive and most will recur. Unfortunately, there is no convincing scientific proof that either radiation or chemotherapy can prevent a recurrence from happening.
  - The endometrial stroma gives rise to a variety of sarcomas, some low grade and some very high grade. There are even benign conditions that can metastasize through the veins. There is no way to generalize about uterine sarcomas. Each specific type and its grade will have to be individually considered.

