

Gynaecological cancers.



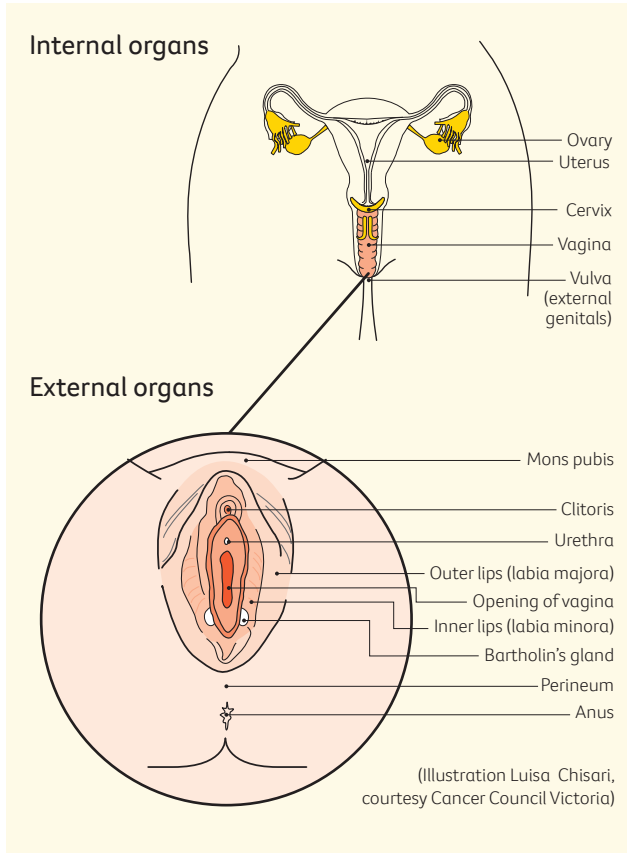
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Cancer Council



Gynaecological cancers

Gynaecological cancers are cancers of the female reproductive system and include uterine, ovarian and fallopian tube, cervical, vaginal and vulval cancers.

Female reproductive system



Uterine cancer

Uterine cancer is cancer of the uterus (womb) and is the most common gynaecological cancer in Australia.

The uterus is hollow and holds a developing baby during pregnancy. The uterus sits low in the pelvis between the bladder and rectum.

There are two main types of uterine cancer:

- **Endometrial cancer** is cancer of the uterus lining and is the most common type of uterine cancer.
- **Uterine sarcoma** forms in muscle or other tissues of the uterus.

Ovarian and fallopian tube cancer

The female reproductive system usually has two ovaries and two fallopian tubes, with one of each being located on either side of the uterus. Ovarian cancer is not one single disease and there are different subtypes. Some ovarian cancers occur when cells grow abnormally in the outer covering of an ovary. The most common subtype of 'ovarian' cancer actually begins in the fallopian tube. These are high-grade serous cancers and are known as tubo-ovarian cancer. You can have a primary ovarian cancer that does not involve the fallopian tube.

Cervical cancer

The cervix is the opening of the uterus, and is located at the top of the vagina.

There are two main types of cervical cancer:

- **Squamous cell carcinoma:** the most common type that begins in the cells on the outer part of the cervix.
- **Adenocarcinoma:** less common and begins in cells that are higher up, in the opening of the cervix.

Most, but not all cervical cancers are caused by long-term infection by some subtypes of human papillomavirus (HPV). HPV can cause cervical cell changes, that may turn into cancer in some cases.

Having a regular (five-yearly) Cervical Screening Test (CST) can detect HPV and any cell changes it may cause. If cell changes are found they can be monitored and if need be, treated before they have a chance to develop into cancer.

Vulval cancer

The vulva is the external part of the female sex organs, and includes the labia majora (outer lips), the labia minora (smaller inner lips) and the clitoris. Cancer of the vulva can start in any part of these tissues.

Vaginal cancer

The vagina is a muscular tube from the cervix to the vulva.

There are two types of vaginal cancer:

- **Squamous cell carcinoma:** the most common type that begins in the cells covering the vagina.
- **Adenocarcinoma:** begins in the gland cells that line the vagina.



Risk factors

Age

Gynaecological cancers are more common in the post menopausal years (over the age of 50), but they can occur at younger ages.

Family history

Being a carrier of variants in genes called *BRCA1* and *BRCA2*, and some other less common genes, increases your risk of tubo-ovarian cancer and other cancers such as breast cancer. Having a close relative who has had cancer of the breast, bowel or ovary may increase your risk of tubo-ovarian cancer. Of those who do develop tubo-ovarian cancer most do not have a family history of the disease.

A diagnosis of Lynch Syndrome increases the risk of developing tubo-ovarian and uterine cancer.

A family history of cervical, vaginal or vulval cancer does not increase your risk of developing these cancers. If you are worried about your family history, talk to your doctor or health worker.

Personal history of cancer

Any previous cancer diagnosis may increase your risk of developing any type of cancer in the future.

Human papillomavirus (HPV)

HPV is a common infection. Anyone can get HPV. There are more than 100 different types of HPV, which infect different parts of the body. Some types of HPV cause common warts on the hands and feet.

About 40 types of HPV are known as genital HPV as they affect the anal and genital area.

Genital HPV is spread by intimate skin to skin contact, including sexual intercourse. Most people will have at least one type of genital HPV in their lifetime.

HPV is a key risk factor in the development of cervical cancer and causes some vaginal and vulval cancers. Most HPV infections will never develop into cancer. In most cases HPV is naturally cleared by the body within one to two years.

Vaccination against HPV infection is recommended for adolescents aged approximately 12 to 13 years and is available to Year 7 students through the school-based immunisation program.



Reproductive and hormonal factors

Some reproductive and hormonal factors have been shown to have an impact on the risk of some gynaecological cancers, for example:

- **Having few or no pregnancies** increases the risk of some tubo-ovarian and uterine cancers.
- **Young age at first period and/or late menopause** increases the risk of some tubo-ovarian and uterine cancers.
- **Menopausal Hormone Therapy (MHT) and Tamoxifen** (a drug that may be used to treat breast cancer) have both been linked with an

increased risk of uterine cancer (The benefits of MHT and/or Tamoxifen must be considered and women should discuss their personal risk and needs with their doctor).

- **Use of the oral contraceptive pill** may slightly increase the risk of cervical cancer, but decrease the risk of tubo-ovarian and uterine cancer.
- **If your mother was given the hormone diethylstilboestrol (DES) while pregnant with you**, then you may be at increased risk of a rare cervical and vaginal cancer (Between 1940 and the 1970s DES was given to some pregnant women to prevent miscarriage).

Other risk factors

- **Smoking:** along with many other cancers, smoking increases the risk of cervical, vulval and tubo-ovarian cancer.
- **Having high body fat:** fat tissue produces hormones that increase the risk of certain cancers, including ovarian and endometrial cancer.
- **Diabetes:** altered hormone levels may increase the risk of certain cancers. Additionally, vulval itch and ulcers may go unnoticed (due to less sensitivity of peripheral nerves), which increases the risk of vulval cancer going undetected if it does develop.
- **Sexual history:** most people who have ever been sexually active will have HPV at some point in their lives. The risk of HPV infection increases with the number of sexual partners.
- **Physical activity:** regular physical activity reduces the risk of certain cancers, including endometrial and ovarian cancer.

How can I reduce my risk?

Lifestyle

Quitting smoking, being physically active, and avoiding excess weight gain are great for our overall health and wellbeing, and can reduce the risk of some gynaecological cancers. For support with these, speak to a suitably trained health professional. Cancer Council WA also has resources on the website to help get started.

Immunisation

HPV causes almost all cases of cervical cancers, 95 per cent of other HPV-related cancers and about 90 per cent of genital warts. By having the HPV vaccine, you reduce your risk of contracting the types of HPV which can be harmful to your health. The one-dose HPV vaccination is free for people living in Australia aged 12 to 25 under the National Immunisation Program. Three doses of HPV vaccine are recommended for some immunocompromised people.



The vaccine doesn't protect against all types of HPV that can cause cervical cancer, which is why it is important that you still have a regular Cervical Screening Test even if you have had the HPV vaccine.

Early detection

Screening

Of the gynaecological cancers, only cervical cancer has a screening test (a test for use when there are NO symptoms of cervical cancer).

The Cervical Screening Test (CST) can be collected through a self-collected vaginal sample or a clinician collected cervical sample. Both are accurate and effective.

Collecting your own sample only checks for the presence of HPV, and if found you will need to return to have a sample collected by a healthcare provider to check for abnormal cervical cell changes.

If you have a sample taken by a clinician or health care provider, this sample is collected from the cervix and checks for both HPV and abnormal cervical cell changes, if HPV is detected.

Persistent HPV infection can cause abnormal cervical cell changes that may lead to cervical cancer. This usually takes a long time, about 10 to 15 years.

If you are aged 25 to 74 years, and have ever been sexually active you should have a Cervical Screening Test every five years.

Noticing symptoms

Being aware of changes in your body and seeking medical advice if you notice any signs can help to find gynaecological cancer early which can mean the cancer is smaller, less likely to have spread to other parts of the body and there may be more treatment choices.

If you have any symptoms for more than three to four weeks and they are unusual for you, see your doctor or health worker.

- **Abnormal vaginal bleeding:**
 - » for post-menopausal women: any vaginal bleeding or spotting
 - » for women who still have their period, including women who are peri-menopausal (transition into menopause):
 - bleeding or spotting not linked with your period
 - Polymenorrhoea (periods more often than usual)
 - Menorrhagia (heavier periods than usual)
- **Bleeding or spotting after sexual intercourse:**
This is abnormal at any age and should be checked straight away.
- **Abnormal vaginal discharge**
- **Lower abdominal (tummy) symptoms:**
 - » discomfort or pressure in the lower tummy
 - » swelling or bloating
 - » feeling of fullness even after a light meal
- **Pain:**
 - » difficult or painful to pee
 - » pain during sexual intercourse
- **Changes in bowel or bladder function:**
 - » hard poo
 - » runny poo
 - » urge to pee more often
- **Severe itchiness of the vulva**
- **Any changes to the vulva or vagina, including:**
 - » blood, pus or other vaginal discharge
 - » itching, burning or soreness
 - » a new or changing lump, a sore or swelling
 - » a mole on the vulva that has changed shape or colour

Remember that having any of these symptoms does not mean you have cancer, but it is important to see a doctor or health worker as soon as possible because if you do have a cancer, early detection can improve the chances of successful treatment.

Further information

WA Cervical Cancer Prevention Program (WACCPP)

T: 08 6458 1740

W: healthywa.wa.gov.au/cervicalscreening

National Cancer Screening Register (NCSR)

Contact the NCSR to find out when you are next due for cervical screening.

T: 1800 627 701

W: ncsr.gov.au

Cancer Council

W: cancer.org.au/cervicalscreening

W: atyourcervix.org.au

Cancer Australia

T: 1800 624 973

W: canceraustralia.gov.au/affected-cancer/cancer-types

HPV Vaccine

W: hpvaccine.org.au

Gynaecological Awareness Information Network (GAIN)

T: 08 6458 1670

W: gain.org.au

ONE IN THREE CANCERS CAN BE PREVENTED.



Make smoking history

- Plan and prepare to quit and stay quit.



Be SunSmart

- Protect your skin when the UV is 3 or above.



Eat more plants

- Include plenty of vegetables, legumes, fruit, wholegrains, nuts and seeds.



Be active

- Sit less and move more every day.



Avoid alcohol

- Have alcohol-free days and swap to low- or no-alcohol drinks.



Avoid excess weight gain

- Eat well and be physically active.



Make time for your health

- Participate in screening and vaccination programs.
- Visit a health care professional if you notice a change in your body.



For support and information on cancer and cancer-related issues, speak to a cancer nurse on **13 11 20**. Calls are confidential and available statewide Monday to Friday during business hours. Local call costs apply, except for mobiles.