



What to expect during each stage of treatment and beyond

Endometrial cancer support

For information about endometrial cancer call the Cancer Council on **13 11 20**. The Cancer Council can answer your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other community resources.

If you need an interpreter, call TIS (the Translating and Interpreting Service) on 13 14 50.

For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral

Your general practitioner (GP) will assess your symptoms (for example, vaginal bleeding or pelvic pain) and conduct a physical examination.

Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.

Results should be available within four weeks. If endometrial cancer is suspected or confirmed, you will be referred to a specialist for further testing. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and results of the initial tests.

It can be helpful to bring a family member or friend with you to your appointments.

Tests you may have:

Pelvic examination

The doctor will examine your abdomen and vagina to check for masses or lumps.

Pap test (also known as a cervical smear)

The doctor will use an instrument (called a speculum) to separate the walls of your vagina to take a sample of cells from the surface of your vagina and cervix.

Transvaginal ultrasound

A handheld device inserted into your vagina produces high-frequency sound waves that are used to create an image of your uterus. It is important that this procedure is performed by a practitioner experienced in gynaecological ultrasounds.

2. Diagnosis and staging

The specialist might conduct further tests to find out whether cancer is present and, if it is, the stage of development and if it has spread.

Other investigations may also be considered. Investigations should be completed within two weeks.

It can also be helpful to contact cancer peer support groups and support groups for carers.

Further tests you might have:

Transvaginal ultrasound

(If not already done)

Blood tests

You may have a blood test to assess your general health.

3. Treatment

To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs.

The team will be made up of professionals who have experience managing and supporting a woman with endometrial cancer. Your specialist will tell you when the team will be discussing your case.

Your team should discuss the different treatment options with you including the likely outcomes, possible side effects and the risks and benefits. You might want to ask for more time before deciding on your treatment, or ask for a second opinion.

Your doctor may also suggest you consider taking part in a clinical trial.

Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.

There are a number of ways to treat endometrial cancer including surgery, radiation therapy, chemotherapy and hormonal therapy. In some cases more than one type of treatment may be used to get the best outcome.

Treatment options:

Surgery is the most common treatment for endometrial cancer. It is important that this surgery is performed by a specialist who is very experienced in performing endometrial cancer surgery and performs several operations every year.

Radiation therapy (also called radiotherapy) uses x-rays to kill or damage cancer cells. Radiation therapy may be external or internal (brachytherapy) where radiation is delivered via an implant placed in or near the tumour. Radiation therapy may be given with or without surgery.

3. Treatment cont'd

Chemotherapy uses drugs to stop the growth of cancer cells. It may benefit some patients and may be used in combination with radiation therapy.

Hormone treatment removes hormones or blocks their action to stop cancer cells from growing. It may be suitable for young women who wish to retain their fertility, or to help relieve symptoms.

For more information about treatment and treatment side effects ask your doctor or **visit** www.cancer.org.au/about-cancer/treatment

Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

4. After treatment

Treatment for endometrial cancer sometimes results in hormonal changes and, in some cases, early menopause. This can lead to side effects such as night sweats, hot flushes and reduced libido. Fortunately, there are many ways to reduce or manage the side effects of treatment.

After your treatment is completed, your doctor should provide you with a treatment summary with details of the care you received including:

- diagnostic tests performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- support services provided to you.

To monitor your health, and make sure the cancer has not returned, you will need regular check-ups. You and your GP will receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment, should they occur
- how to get specialist medical help quickly if you think the cancer has returned or got worse.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. If cancer returns

Sometimes endometrial cancer can come back after treatment. This is why it is important to have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer

Side effects: Some people experience side effects (for example tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished. For more information about side effects ask your doctor or **visit** www.cancervic.org.au/about-cancer/survivors/long-term-side-effects

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a

formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or **visit** www.advancecareplanning.org.au/

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life. For more information about palliative care ask your doctor or **visit** www.palliativecare.org.au

7. Questions of cost

There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have. If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.

For more information about cost of treatment **visit** www.canceraustralia.gov.au/affected-cancer/living-cancer/dealing-practical-aspects-cancer/costs-treatment

For more information about accommodation and travel costs **visit** www.cancercouncil.com.au/get-support/practical-support-services

