

Saint Louis University Cancer Center  
**GYNECOLOGIC CANCERS**



*What  
you should  
know about  
gynecologic  
cancers.*

**SAINT LOUIS UNIVERSITY  
CANCER CENTER**  
A Service of SLUCare and Saint Louis University Hospital

## FACTS ABOUT GYNECOLOGIC CANCERS

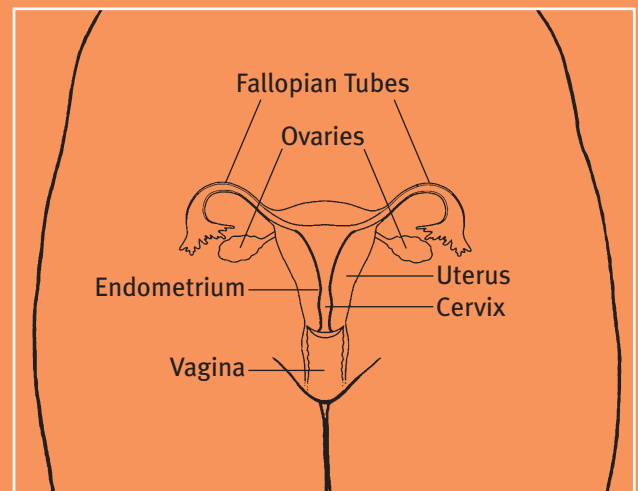
Cancers of the female reproductive organs usually occur in the cervix, uterus or ovaries. Cancer of the uterus is the most common of the three; approximately 49,000 women in the United States are diagnosed each year with either endometrial or uterine sarcoma cancer. Ovarian cancer is found in more than 22,000 women annually, and cervical cancer in about 15,000.

If these cancers are detected in their early stages, they are more easily treated and women can go on to live full, productive lives. However, it is sometimes extremely difficult to know when you have gynecologic cancer – symptoms may not appear until the cancer is at an advanced stage. For that reason, it is important for you to receive regular checkups and testing, be aware of any symptoms that may occur, and report these symptoms to your doctor immediately.

This brochure is designed to give you the information you need to understand and help detect gynecologic cancers. Let's start by answering some basic questions.

## WHAT ARE THE OVARIES, CERVIX AND UTERUS?

The ovaries are a pair of female reproductive organs. Each is about the size and shape of an almond. Their job is to produce eggs and female hormones, which control the development of female body characteristics and regulate the menstrual cycle and pregnancy. Each month, an egg is released from one of the ovaries, traveling from the ovary through a fallopian tube to the uterus.



The uterus, or womb, is a hollow, pear-shaped organ. The walls of the uterus are made up of two layers of tissue: the inner layer or lining called the endometrium, and the outer layer or muscle called the myometrium. Each month, the endometrium grows and thickens so that it will be ready should a pregnancy occur. Menstruation begins when this tissue is not used. The tissue and blood passes out of the body through the vagina. The narrow, lower portion of the uterus is the cervix, which opens into the vagina.

## WHAT ARE THE RISKS FOR DEVELOPING GYNECOLOGIC CANCERS?

All women have some possibility of developing gynecologic cancers, but some people have higher risk factors. Risk factors are things that increase your chance of developing the disease. Not everyone at high risk develops gynecologic cancers. But knowing the signs will help you contact your physician immediately should a symptom appear.

If you have a strong family history of gynecologic cancers, you may want to learn more about genetic testing and what it means for yourself and your family by contacting the genetic counseling program offered by the SLUCare Division of Hematology and Oncology at Saint Louis University Hospital. This comprehensive, confidential program can help you and your family members identify your gynecologic cancer risks, take steps that may help reduce the risk and undergo screenings to detect cancer in its early stages. Intensive education and counseling are important parts of the program.

## OVARIAN CANCER: WHAT ARE THE RISKS AND SYMPTOMS?

Ovarian cancer usually occurs in women between the ages of 40 and 60. Often this “silent” cancer has no symptoms in its early stages, with the result that when it is found, it has already

spread. Even when symptoms appear, they may be so unclear that they are ignored. Therefore, your best defense against ovarian cancer is an annual pelvic examination.

### *Risk factors*

- family history of the disease, especially among close relatives like your mother, sister or daughter
- personal or family history of breast or colon cancer
- personal history of no pregnancies, infertility and/or endometriosis (when the inner lining of the uterus, the endometrium, grows on the outside of the uterus)

### *Signs and symptoms*

- vague, unexplained abdominal pain or swelling
- a sense of abdominal fullness
- loss of appetite and weight
- nausea, vomiting, gas and indigestion
- diarrhea, constipation or frequent urination

### *Early detection*

- Have an annual pelvic examination. If you have persistent, unexplained abdominal problems, you should be evaluated for ovarian cancer.
- If you have a family history of ovarian cancer or other risk factors, talk to your doctor about having an ultrasound and CA-125 blood test.

## CERVICAL CANCER: WHAT ARE THE RISKS AND SYMPTOMS?

Cervical cancer often occurs between the ages of 40 and 55. Symptoms usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue. Fortunately, the number of cases has decreased dramatically over the last 40 years because Pap tests often detect precancerous cervical problems.

### *Risk factors*

- sexual intercourse before age 18, either by you or your partner
- multiple sexual partners, either by you or your partner
- a partner previously involved with a woman with cervical cancer
- personal history of sexually transmitted viruses such as herpes infections or human papillomaviruses (HPVs)
- personal history of an abnormal Pap test or dysplasia (abnormal cells that are not cancerous) of the cervix
- exposure to diethylstilbestrol (DES) when your mother was pregnant with you (DES was used from 1940 to 1970 to prevent miscarriages)
- more than three pregnancies
- a weakened immune system
- smoking

### *Signs and symptoms*

- abnormal Pap test
- abnormal vaginal bleeding or spotting

### *Early detection*

You should begin having an annual Pap test and pelvic examination when you become sexually active or by the age of 18.

### *Prevention*

- Wait until later in life to become sexually active.
- Have a single sex partner.
- Stop smoking.

## UTERINE (ENDOMETRIAL) CANCER: WHAT ARE THE RISKS AND SYMPTOMS?

This is the most common gynecologic cancer, and it usually occurs after menopause. It affects white women more often than black women. If bleeding occurs after menopause, see your doctor immediately.

### *Risk factors*

- family history of uterine cancer
- personal history of infertility problems
- few or no children
- beginning menstrual periods before age 12 or experiencing a late menopause (after age 50)
- personal history of irregular menstrual periods
- personal or family history of breast, colorectal or ovarian cancer
- personal history of endometrial hyperplasia (an abnormal increase in the number of endometrium cells)

- personal history of diabetes and/or high blood pressure
- obesity
- high-fat diet
- prolonged use of estrogen hormones after menopause
- use of the drug Tamoxifen

#### *Signs and symptoms*

- abnormal vaginal bleeding, spotting or discharge
- difficult or painful urination
- pain during intercourse
- pain in the pelvic area

#### *Early detection*

- Have an annual pelvic examination with a Pap test.
- At menopause, talk to your doctor about a baseline endometrial biopsy. If you are at high-risk, you should have this biopsy more frequently.

#### *Prevention*

- If you choose to take estrogen hormones after menopause, take the lowest dose possible and make sure you are carefully monitored by your doctor.
- Maintain the correct body weight for your age, height and bone structure.

## HOW CAN GYNECOLOGIC CANCERS BE DETECTED EARLY?

If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer developed. Most invasive cancers could be prevented, and any invasive cancer that did occur would likely be found at an early, curable stage.

#### *Pelvic Exam*

The American Cancer Society recommends all women have an annual pelvic examination at the onset of sexual activity or at age 18. During the pelvic exam, your doctor inserts a gloved, lubricated finger in your vagina and places the other hand on your abdomen. In this way, he or she may check your uterus, vagina, ovaries, vulva and cervix for any abnormality in size or shape. Your doctor also checks your rectum for any abnormalities. This exam is particularly helpful for detecting cancers of the uterus and ovaries.

#### *Pap Test*

The Pap test (or Pap smear) can detect as many as 95 percent of precancerous conditions and cancers of the cervix. It also can detect some cancers of the uterus and endometrium. The American Cancer Society recommends all women who are or have been sexually active or who have reached age 18 have a Pap test. Once you have had three or more annual consecutive normal Pap tests, the test may be performed less frequently on the advice of your doctor.

Even after menopause, you should continue having regular Pap tests. An annual test is important if you have risk factors for cervical cancer. If you have had a hysterectomy, you should consult your doctor for a schedule of how frequently a Pap test is needed.

During a Pap test, your doctor inserts a speculum (an instrument used to look at the cervix) into your vagina so the cervix and vaginal walls may be directly examined. A small scraping of cells is taken from several areas of the cervix. These are placed on a microscope slide and sent to the lab. After looking at these cells under a microscope, the pathologist (a specialist in diagnosing abnormal changes in tissue) reports to your doctor any changes in cell shape or color.

The way Pap test results are reported is changing. The newest method is the Bethesda System. Many doctors believe this system provides more useful information than an older system, which uses numbers ranging from class 1 (normal) to class 5 (invasive cancer). With the Bethesda System, results are reported as normal or “other.” All Pap smears containing cells that are not completely normal include a description of why the pathologist thinks the changes in the cells are not normal. Types of changes include signs of infection, noncancerous changes, precancerous changes (sometimes called dysplasia) or changes that suggest cancer. Any changes detected on a Pap smear should be treated before they become more serious.

You can help improve the accuracy of your Pap test by not douching, applying vaginal medications or having sexual intercourse for 24 hours before the test. If you are having regular menstrual periods, the best time for you to have a Pap test is about one to two weeks after your period starts.

## HOW DOES HYGIENE AFFECT MY HEALTH?

To maintain your overall health, good hygiene habits also are important. Remember to:

- wipe from the front to the back after urinating or having a bowel movement
- use white, unscented toilet paper
- wear white panties or pantyhose with a 100 percent cotton crotch
- sleep without panties
- use mild, unscented soap when bathing
- avoid “feminine hygiene products,” including sprays, deodorants, wipes and powders
- avoid scented tampons, sanitary pads and panty liners

## SAINT LOUIS UNIVERSITY CANCER CENTER

Our standing as an academic medical center puts us at the forefront in developing and providing the latest medical treatment and procedures for cancer patients. For more information on the programs available through the Saint Louis University Cancer Center, call (314) 268-7015 or toll-free (866) 977-4440. Or visit the Grand Vision Cancer Information Center located on the first floor of the Cancer Center.



*Saint Louis University Cancer Center  
3655 Vista Avenue  
St. Louis, Missouri 63110-2539  
(314) 268-7015 or (866) 977-4440*

*<http://cancercenter.slu.edu>  
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