Women’s cancers

- Being overweight or obese: Excess fatty tissue turns certain hormones into a form of oestrogen and women with high levels of oestrogen are twice as likely to develop uterine cancer.
- Type II diabetes: May increase the risk of endometrial cancer as a result of altered hormone levels. In women with diabetes vulval itch and ulcers may go unnoticed (because diabetes can alter the sensitivity of peripheral nerves), which increases the risk of vulval cancer going undetected if it does develop.
- Not enough physical activity: Regular activity may reduce the risk of ovarian cancer.
- Sexual history: Women who have had many sexual partners, and women whose partner has had many sexual partners, are at an increased risk of HPV infection.

Prevention and early detection
The earlier a gynaecological cancer is diagnosed, the better the chance of a successful outcome. Of the gynaecological cancers, only cervical cancer has a screening test (a test for women with no symptoms of cervical cancer). Cervical screening finds abnormal cervical cells early and allows them to be watched and, if needed treated, before they have a chance to progress to cancer. Up to 90 per cent of the most common forms of cervical cancer could be prevented if every woman aged 18 to 69 years had regular cervical screening with a Pap smear every two years. Women 70 years and older should talk to their doctor about the need for cervical screening tests.

Girls and boys aged 12 to 13 years can be vaccinated against human papillomavirus (HPV), as part of the school-based immunisation program. Older girls/women and older boys/men can also be vaccinated against HPV; however the vaccine will still need regular cervical screening.

HPV types, which is why it is important that women still have regular cervical screening even if they have had the HPV vaccine.

Symptoms of gynaecological cancers
If you experience any symptoms for more than 3 to 4 weeks and they are unusual for you, see your doctor. But remember, these symptoms are common to many conditions and most women with these symptoms will not have cancer.

- 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 associated with your period
    - Polymenorrhoea (more frequent periods than usual)
    - Menorrhagia (heavier periods than usual for you)

- Bleeding or spotting after sexual intercourse
  - This is abnormal at any age and should be investigated promptly

- Abnormal vaginal discharge

- Lower abdominal (tummy) swelling and/or discomfort
  - Discomfort or pressure in the lower abdomen
  - Abnormal swelling or bloating
  - Feeling of fullness even after a light meal

- Pain
  - Difficult or painful urination
  - Pain during sexual intercourse
  - Changes in bowel or bladder function
  - Constipation (straining to poo)
  - Diarrhoea (looser poo)
  - Urge to pass urine more frequently

- Severe itchiness of the vulva

- Any changes to the vulva, including:
  - blood, pus or other vaginal discharge
  - itching, burning or soreness
  - a new or changing lump, sore or swelling
  - a mole on the vulva that changed shape or colour.

Remember, that most women with these symptoms will not have cancer, but will need to be checked.

What can I do?
- Girls, boys, young women and men can be vaccinated against HPV
- Women who have been vaccinated against HPV will still need regular cervical screening
- Currently the best protection against cervical cancer is for all women aged 18 to 69 years, who have ever been sexually active, to have regular cervical screening
- Be aware of what feels ‘right’ for your body and discuss any changes with your doctor.
- Talk to your doctor about any family or personal history of cancer.
- Maintain a healthy lifestyle.
- Quit smoking.

Further information:
WA Cervical Cancer Prevention Program
T: 13 15 56
Cancer Australia
T: 1800 624 973
canceraustralia.gov.au
Gynaecological Awareness Information Network (GAIN)
T: 08 9340 1670
www.gain.org.au
HPV Vaccine
www.hpvvaccine.org.au

To access any of our services, programs or information about cancer, call one of our Cancer Nurses on 13 11 20. This is a confidential service, available Statewide Monday to Friday during business hours.
Gynaecological Cancers

Gynaecological cancers refers to all cancers of the female reproductive tract and includes cervical, ovarian, uterine (womb), vaginal and vulval cancers.

In Western Australia in 2014, 503 women were diagnosed with a gynaecological cancer (8 per cent of all cancers diagnosed in women), and 170 women died from one (almost 10 per cent of all cancer deaths in women).

Number of new cases in 2014

- Cervix (113 cases)
- Uterus (142 cases)
- Ovary (18 cases)
- Vagina (7 cases)
- Vulva (29 cases)
- Other gynaecological (14 cases)

What is cancer?

Cancer is a disease of the body's cells. Cancer occurs when our cells become damaged and begin to grow abnormally and out of control. Abnormal cells may grow into lumps or lumps (tumours), which may be benign (not cancer) or malignant (cancer).

Cervical Cancer

The cervix is the opening of the uterus (womb), and is at the top of the vagina. Almost all cervical cancers are caused by long-term (persistent) infection by the human papillomavirus (HPV). HPV can cause cervical cell changes, producing the abnormal cells that may develop into cancer. Regular cervical screening can find these cell changes early so the abnormal cells can be watched and if needed treated, before they have a chance to become cancer. This makes cervical cancer very preventable.

Vulval cancer

The vulva is the external part of a woman’s 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 that extends from the cervix (the opening of the uterus) down to the vulva. There are two types:
- Squamous cell carcinoma, which is the most common type that begins in the cells covering the vagina.
- Adenocarcinoma, which begins in the gland cells that line the vagina.

Ovarian cancer

Women usually have two ovaries, which are located on either side of the uterus. Ovarian cancer is the result of abnormal cell growth of one or both ovaries, usually starting in the outer covering of an ovary.

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Uterine cancer

Uterine cancer is cancer of the uterus (womb), and is the most common gynaecological cancer. 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:
- Endometrial cancer is cancer of the lining of the uterus. The lining of the uterus is called the endometrium. Endometrial cancer is the most common type of uterine cancer.
- Uterine sarcoma forms in muscle or other tissues of the uterus.

Risk factors for gynaecological cancers

The exact cause of most gynaecological cancer is not known. Some factors that have a role in the development of these cancers have been identified. These vary for the different cancers. Having one or more of these risk factors does not mean you will develop a gynaecological cancer.

Age

Gynaecological cancers are more common in post-menopausal women over the age of 50, however they can occur in younger women.

Family history of cancer

A family history of cervical, vaginal or vulval cancer does not increase your risk of developing these cancers. Having a close relative who has had cancer of the breast, bowel or ovary may increase your risk of ovarian cancer. Most women who develop ovarian cancer do not have a family history of the disease. Women with Lynch syndrome (Hereditary Non Polyposis Colorectal Cancer) are also at higher risk of developing ovarian and uterine cancer. If you are concerned about your family history, talk to your doctor.

Personal history of cancer

A woman who has had any previous cancer diagnosis may have an increased risk of developing any type of cancer in the future.

Reproductive and hormonal factors

Reproductive and hormonal factors that have been shown to increase the risk of ovarian and uterine cancer include:
- Having few or no pregnancies
- Early menarche (age at first period) and/or late menopause.
- Women who have used the oral contraceptive pill may have a slightly increased risk of cervical cancer, but a decreased risk of ovarian and uterine cancer.

Hormone replacement therapy (HRT) and tamoxifen (a drug that may be used in the treatment of breast cancer) have both been linked with an increased risk of uterine cancer. However, the likely benefits of HRT and/or tamoxifen must be considered and women should discuss their own risk and needs with their doctor.

Women whose mothers were given the hormone diethylstilboestrol (DES) during pregnancy may be at increased risk of cervical and vaginal cancer. Between 1940 and the 1970s DES was given to some pregnant women to prevent miscarriage.

Lifestyle factors

- Smoking: Along with many other cancers, smoking increases the risk of cervical, vulval and possibly ovarian cancer.
- Poor diet: A diet low in fruit, vegetables and grains, and high in saturated fat may increase ovarian cancer risk.

Human papillomavirus

Human papillomavirus (HPV) is a common infection. There are more than 100 different types of HPV. 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, and commonly occurs in the early years of sexual activity or with a new sexual partner. Two HPV types cause most cases of cervical cancer and some vaginal and vulval cancers. Most women who have a HPV infection will never develop these cancers as, in most cases, HPV is naturally cleared by the body in one to two years.

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