

Prevention and early detection

Finding gynaecological cancer early can mean the cancer is small, less likely to have spread to other parts of the body and there may be more treatment choices.

Of the gynaecological cancers, only cervical cancer has a screening test (a test for women with NO symptoms of cervical cancer). Cervical screening looks for HPV infection in the cells from the cervix. If HPV is found the same sample is re-tested to look for any changes in the cells of the cervix. Cervical cancer is rare. It usually takes 10 to 15 years for changes in cells caused by this virus to turn into cervical cancer. If you are a woman aged 25-74 years, and have ever been sexually active you should have a Cervical Screening Test every five years.

Girls and boys in year 8 can be vaccinated against HPV as part of the school-based immunisation program. The HPV vaccine protects against certain types of HPV, which can lead to a number of cancers in women and men in the genital and anal area as well as head and neck cancer. The vaccine doesn't protect against all types of HPV that can cause cervical cancer, 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 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) swelling and/or discomfort**
 - 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, 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 should see their doctor or health worker.

What can I do?

- Women aged 25-74 years of age can participate in 5 yearly cervical cancer screening to protect against cervical cancer.
- Support HPV vaccination for high school aged girls and boys, encourage them to get all of the doses of the HPV vaccine.
- Women who have been vaccinated against HPV still need regular cervical screening.
- Be aware of what feels 'right' for your body, discuss changes with your doctor or health worker.
- Talk to your doctor or health worker 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
health.wa.gov.au/cervical

Cancer Australia
T: 1800 624 973
canceraustralia.gov.au

Gynaecological Awareness Information Network (GAIN)
T: 08 9340 1670
gain.org.au

HPV Vaccine
hpvvaccine.org.au



For support and information on cancer and cancer-related issues, speak to a Cancer Council nurse on **13 11 20** or visit cancerwa.asn.au.

Calls are confidential and available statewide Monday to Friday during business hours.

Gynaecological cancers.



Women's cancers

13 11 20
Cancer Council

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WA

Gynaecological Cancers

Gynaecological cancers are cancers of the female reproductive system and include cervical, ovarian, uterine (womb), vaginal and vulval cancers.

Cervical cancer

The cervix is the opening of the uterus (womb), and is at the top of the vagina. Nearly all cervical cancers are caused by long-term infection by the human papillomavirus (HPV). HPV can cause cervical cell changes, producing the abnormal cells that may turn into cancer.

Regular cervical screening can find HPV and any cell changes it may cause. If cell changes are found they can be watched and if needed treated, before they have a chance to become cancer. This makes cervical cancer very preventable.

Ovarian cancer

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

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

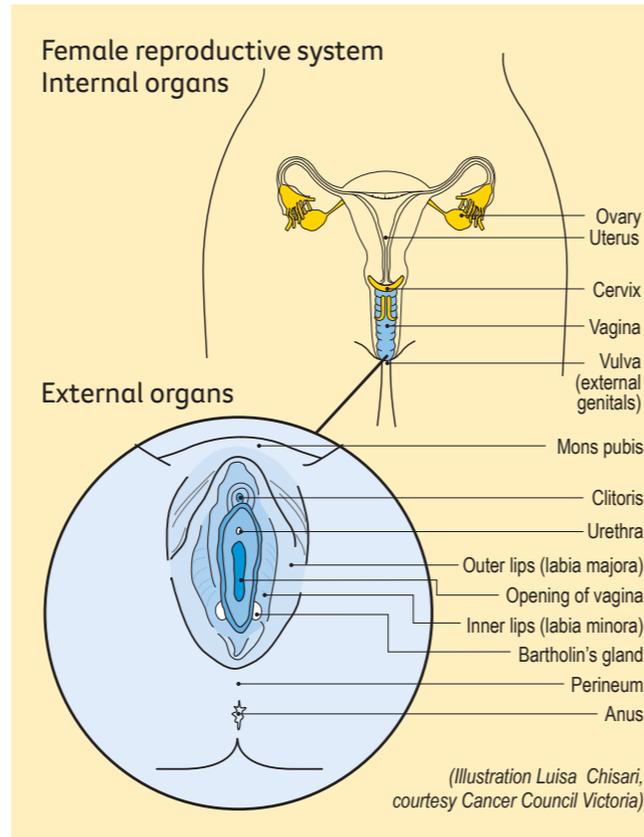
The vagina is a muscular tube from the cervix to the vulva. There are two types:

- **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.

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 and 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 growth of these cancers are known. 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, but 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 have a higher risk of developing ovarian and uterine cancer. If you are worried about your family history, talk to your doctor or health worker.

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.

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. Both men and women can get HPV. Most women and men 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 women who have a HPV infection will never develop these cancers. In most cases HPV is naturally cleared by the body in one to two years.

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
- young age at first period and/or late menopause.

Hormone replacement therapy (HRT) 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 HRT and/or tamoxifen must be considered and women should discuss their own risk and needs with their doctor.

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.

Women whose mothers were given the hormone diethylstilboestrol (DES) while pregnant with them 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.
- **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 changed hormone levels. In women with diabetes, 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.
- **Not enough physical activity:** regular activity may reduce the risk of ovarian cancer.
- **Sexual history:** Women and men who have many sexual partners are at increased risk of HPV infection.