

5 mins might save your life

HOW TO SPOT WOMB CANCER

Jackie was diagnosed with
womb cancer in 2016



The first step to being able to spot any cancer symptoms is to know your body and what is normal for you.

What is the womb?

The womb is an organ which is a similar shape and size to an upside down pear. It is where a baby grows during a pregnancy. The cervix is at the bottom of the womb, and this connects down to the vagina. At the top it is connected to the ovaries by the fallopian tubes.

9,700 women

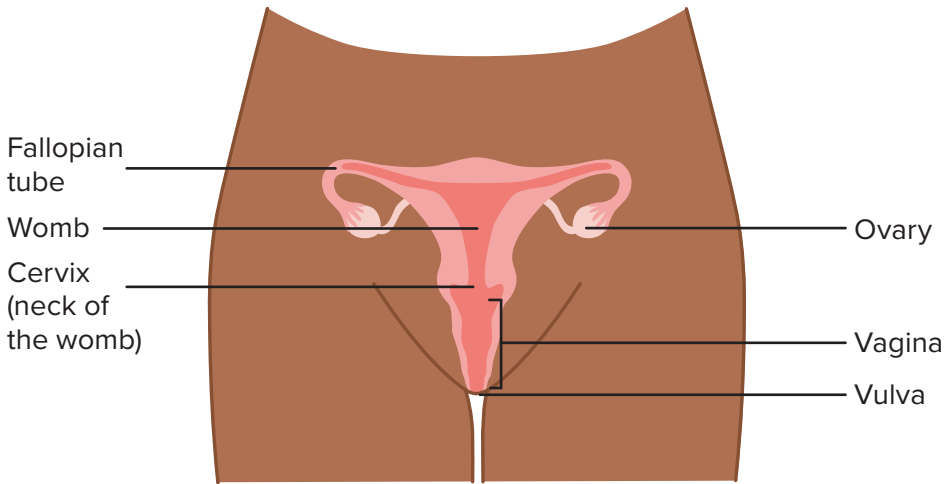
and people with gynae organs are diagnosed with womb cancer each year in the UK.

It is the fourth most common cancer

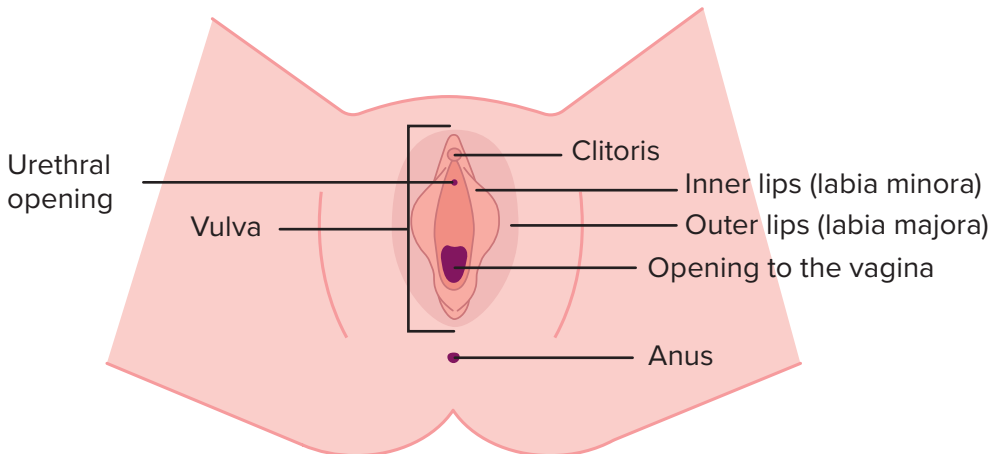
in women in the UK (it is also sometimes called uterine or endometrial cancer).

The reproductive system

You may or may not have been taught about the gynaecological organs (female reproductive system) at home or at school, but it is never too late to learn about our bodies, and how we can look after our health.



The vulva



Signs and symptoms

The most common sign of womb cancer is abnormal vaginal bleeding, with around 90% of diagnoses coming from post-menopausal or irregular vaginal bleeding.

Abnormal bleeding can include:

- ♥ Any bleeding after the menopause (including spotting and bloody discharge)
- ♥ Unusually heavy periods
- ♥ Bleeding in-between periods (in pre-menopausal women)
- ♥ Blood-stained vaginal discharge – red, pink, brown or prune coloured.

Womb cancer more commonly affects women after the menopause

(once you haven't had a period for a year or more), but can happen to anyone with a womb at any age.

Over 70% of womb cancer patients survive for at least 10 years.

Go get checked

If you have any of these symptoms, it is important that you see your GP. It is more likely to be caused by something less serious than cancer, but it is always worth getting them checked, just in case.



Risk factors

The earlier womb cancer is caught, the more treatment options there are available and the best possible chance someone will have of successful treatment, so knowing what to look out for and getting any concerning symptoms checked as soon as possible is really important.

Being overweight significantly increases the risk of womb cancer. This is because fat cells produce the hormone oestrogen, which is linked to womb cancer. The best way of reducing your risk is to maintain a healthy body weight.

Lynch syndrome, an inherited gene alteration (mutation), which can increase the risk of some cancers, like bowel, womb and ovarian cancer. Between 40-60% of affected women will develop womb cancer during their lives.

The oral contraceptive pill can reduce the risk of womb cancer (it also reduces the risk of ovarian cancer).

Oestrogen only hormone replacement therapy (HRT) can increase the risk of womb cancer. It is important to take combined HRT (oestrogen and progesterone) unless you have had a hysterectomy to reduce your risk of womb cancer.

Diabetes has been associated with an increased risk of womb cancer.

Women with polycystic ovary syndrome (PCOS) may have an increased risk of womb cancer.



Womb cancer is on the increase in the UK, possibly due to people living longer and increasing rates of obesity.

“You know when something is wrong, get it checked out and if you need to, get it checked again”

Jackie was diagnosed with womb cancer in 2016

For more information



You can visit our website
for more information
eveappeal.org.uk/womb

This leaflet is one of a series on the five gynaecological cancers – womb, ovarian, cervical, vulval and vaginal. If you have any questions or concerns about any symptoms you are having we run a **free** and confidential nurse-led information service, called Ask Eve. You can get in touch on **0808 802 0019** or email nurse@eveappeal.org.uk



The Eve Appeal believe in a future where gynaecological cancers are diseases of the past. We're the only UK national charity raising awareness and funding research into the prevention and early diagnosis of the five gynaecological cancers –womb, ovarian, cervical, vulval and vaginal.

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All information correct at time of publication. Sources available on request.

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