Cancer Society
Te Kāhui Matepukupuku
o Aotearoa

UNDERSTANDING CANCER

Cancer of the Uterus
Matepukupuku o te Kōpū

A guide for women with cancer of the uterus

PO Box 12700, Wellington 6011.

First edition 2012
ISBN 0-908933-93-2

Other titles from the Cancer Society of New Zealand / Te Kāhui Matepukupuku o Aotearoa

Advanced Cancer/Matepukupuku Maukaha
Bowel Cancer/Matepukupuku Puku Hamuti
Bowel Cancer and Bowel Function: Practical advice
Breast Cancer/Te Matepukupuku o nga-Ū
Breast Cancer in Men: From one man to another
Cancer Clinical Trials
Cancer in the Family: Talking to your children
Chemotherapy/Hahau
Complementary and Alternative Medicine
Eating Well During Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku
Emotions and Cancer
Got Water?/He Wai?
Kanesa o le susu/Early Breast Cancer (Samoan)
Lung Cancer/Matepukupuku Pūkahukahu
Melanoma/Tonapuku
Prostate Cancer/Matepukupuku Repeure
Radiation Treatment/Haumanu Iraruke
Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū
Sexuality and Cancer/Hōkakatanga me te Matepukupuku
Understanding Grief/Te Mate Pāmamae

Brochures

Being Active When You Have Cancer
Being Breast Aware
Bowel Cancer Awareness
Gynaecological Cancers
Questions You May Wish to Ask
Talking to a Friend with Cancer
Thermography

Our key messages and important sections have been translated into te Reo Māori. Our translations have been provided by Hohepa MacDougall of Wharetuna Māori Consultancy Services and have been peer reviewed by his colleagues.

'Kia ita!'
Te Taura Whiri i te Reo Māori
MAORI LANGUAGE COMMISSION

Introduction

This booklet has been prepared to provide you with information about cancer of the **uterus**.

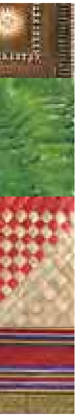
Cancer of the uterus is also called cancer of the womb, uterine cancer, endometrial cancer or cancer of the lining of the womb. The lining of the uterus is called the **endometrium**. Because cancer of the uterus usually starts in this lining, the cancer is sometimes called 'endometrial cancer'. In this booklet, we will talk about 'cancer of the uterus' or 'uterine cancer'.

Many women feel understandably shocked and upset when they are told that they have or may have cancer of the uterus. This booklet aims to help you to understand what cancer of the uterus is and how it is diagnosed and treated. We also include information about support services you may like to use.

We cannot tell you which is the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about the questions you want to ask your doctors.

If you find this booklet helpful, you may like to pass it on to your family and friends, who may also find it useful.

This booklet does not need to be read from cover to cover, but can be read in sections according to your needs or interest. The words in **bold** are explained in the glossary.



Kupu whakataki

I whakaritea tēnei puka hei hoatu pārongo ki a koe e pā ana ki te matepukupuku o te kōpū.

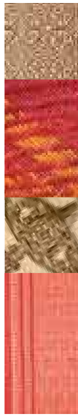
Ko ētahi atu ingoa mō te matepukupuku o te kōpū, ko te matepukupuku o te ewe, te matepukupuku ā-kōpū, matepukupuku endometrial, ko te matepukupuku o te whakapaparanga o te ewe rānei. Ko te ingoa o te whakapaparanga o te kōpū, ko te **endometrium**. I te mea tīmata ai te matepukupuku o te kōpū, i te nuinga o te wā, ki roto i tēnei whakapaparanga, ka kīia he ‘matepukupuku endometrial’. I roto i tēnei puka, ka kōrero mātou mō te ‘matepukupuku o te kōpū’, ko te matepukupuku ā-kōpū rānei.

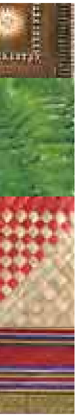
Tokomaha ngā wāhine ka whētuki, ka raru ohorere ki te rangona kua pāngia rātou ki te matepukupuku o te kōpū. Ko te whāinga o tēnei puka, ko te āwhina kia mārama ai koe, he aha te matepukupuku o te kōpū, me ngā mahi whakatau me te whakamaimoa i tēnei mate. Kua whakaurua hoki he pārongo e pā ana ki ngā ratonga tautoko tērā pea ka hiahia koe ki te whakamahi.

Kāore e taea e mātou te kōrero mō te maimoatanga pai ake mōu. Me kōrero kē koe ki ō rata e pā ana ki tēnei. Heoi, ko te tūmanako, ka whakautu ēnei pārongo i ētahi o ōu pātai, me te āwhina i a koe ki te whakaaro i ētahi atu pātai e hiahia ana koe ki te pātai i ō rata.

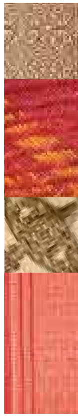
Mehemea he mea āwhina tēnei puka i a koe, tērā pea ka pīrangi koe ki te hoatu ki tō whānau, ki ō hoa rānei mei kore ka whaikiko mā rātou.

Ehara i te mea me pānuitia te katoa o tēnei puka, engari ka taea te pānui ā-wāhanga, e ai ki tāu e hiahia ana. Whakamāramatia ai ngā kupu kua miramiratia i roto i te rārangi kupu.





Contents



What is cancer?

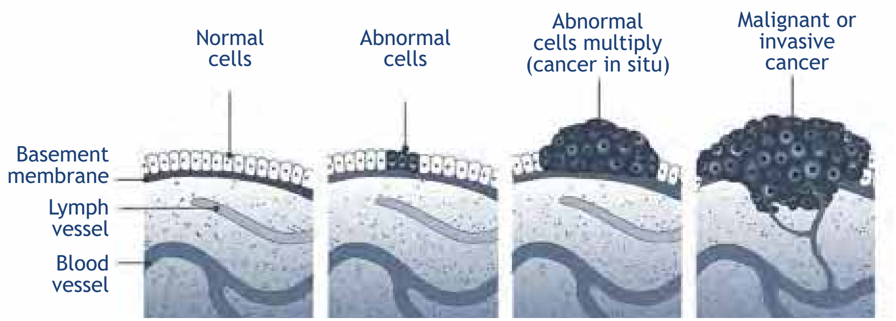
Cancer is a disease of the body's cells. Our bodies are always making new cells: so we can grow, to replace worn-out cells or to heal damaged cells after an injury. This process is controlled by certain genes. All cancers are caused by changes to these genes. Changes usually happen during our lifetime, although a small number of people inherit such a change from a parent.

Normally, cells grow and multiply in an orderly way. However, changed genes can cause them to behave abnormally. They may grow into a lump. These lumps can be benign (not cancerous) or malignant (cancerous).

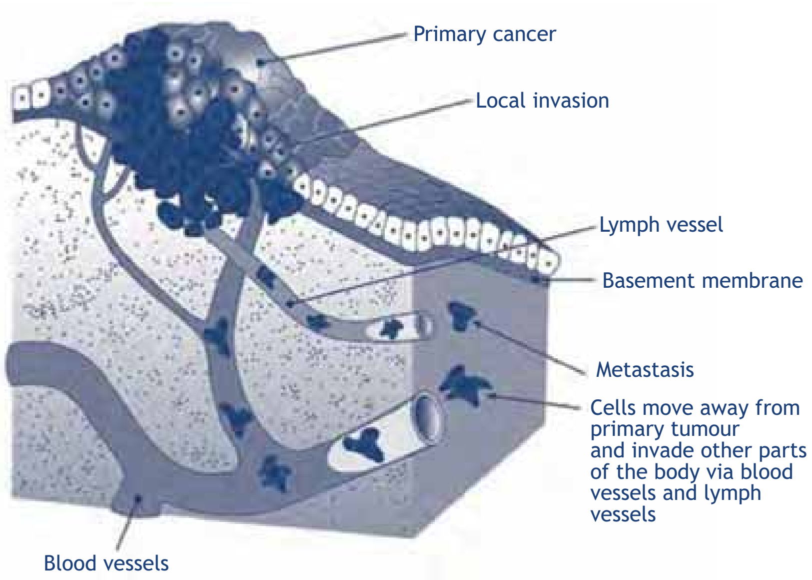
Benign lumps do not spread to other parts of the body.

A malignant lump (more commonly called a malignant **tumour**) is made up of cancer cells. When it first develops, this malignant tumour is confined to its original site. If these cells are not treated they may spread into surrounding **tissue** and to other parts of the body.

The beginnings of cancer

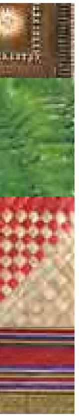


How cancer spreads



When these cells reach a new site they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis.



He aha te matepukupuku?

He mate ka pā ki ngā pūtau o te tinana te matepukupuku. E kore e mutu te mahi a te tinana ki te hanga pūtau hou; kia tipu ai tātou, hei whakahou anō i ngā pūtau kua ruha, ki te whakaora hoki i ngā pūtau kua hē, whai muri i ngā wharahanga noa. Whakahaerehia ai tēnei mahi e ētahi tino ira. Puta ai ngā matepukupuku katoa nā runga i ngā whakarerekētanga ka pā ki ēnei ira. Ka pā ēnei whakarerekētanga huri noa i te wā o tō tātou oranga, heoi, arā ētahi tāngata torutoru nei, ka heke tuku iho ēnei ira rerekē mai i tētahi o ō rātou mātua.

Ko te tikanga, ka tipu, ka nui haere ngā pūtau me te pai o te whai hātepe. Heoi anō tērā, ka tareka e te ira rerekē, te whakararu i te mahi a ngā pūtau. Tērā pea ka tipu hei puku. Ko ētahi puku he mārire (kore matepukupuku), he marere kē rānei (kawe matepukupuku).

Kāore ngā puku mārire e hōrapa ki ētahi atu wāhi o te tinana.

Ko te kurukuru marere (e mōhiotia nei he puku marere) he hanganga pūtau matepukupuku kē. I tōna putanga tuatahi, ka noho tēnei puku marere ki te wāhi taketake i puta ai. Ki te kore e maimoatia ēnei pūtau, tērā pea ka hōrapa ki roto i ngā kikokiko e karapoti ana, ki wāhi kē rānei o te tinana.

Ka tae ana ēnei pūtau ki wāhi hou kē, tērā pea ka tipu tonu, ā, ka puta anō he puku ki taua wāhi. Kīia ai tēnei ko te matepukupuku tuarua, ko te metastasis rānei.

Ki te tipu nui ake te matepukupuku i te kōhao o te ngira, me whakatipu anō ia i ōna ake ia toto. Ko te ingoa mō tēnei ko te angiogenesis.

The uterus

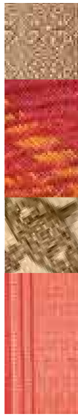
The uterus is part of the female reproductive system. It is also called the womb. The uterus is about the size and shape of an upside-down pear. The uterus sits quite low in the pelvis (below the abdomen, behind the pubic bone) and is held there lightly by muscle. The uterus is joined to the vagina by the cervix, or neck of the uterus.

Each month, in women who are able to have children, hormones are released in the body that cause ovulation and periods (menstruation).

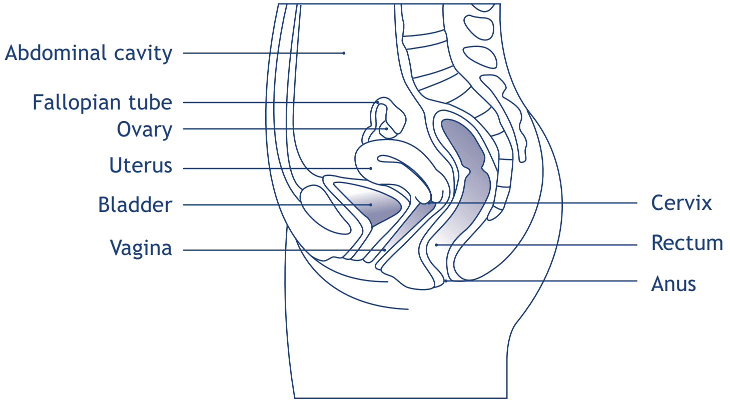
In ovulation, an egg travels from one of the ovaries down the fallopian tube. If the egg is fertilised, it implants in the lining of the uterus, where it grows into a baby.

The lining of the uterus is called the endometrium. The endometrium is made up of several layers that include skin-like cells (surface epithelium), blood vessels, tissue spaces and glands. Each month the endometrium grows thicker to prepare for pregnancy. If a woman does not become pregnant, the top layers of the endometrium are shed and flow out through the vagina in the monthly period.

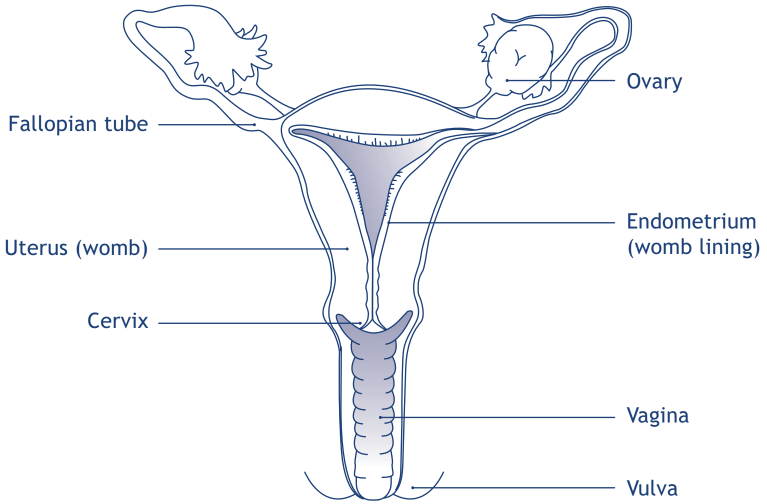
Menopause is when a woman's periods stop and she is no longer able to have a baby. Her body stops releasing the hormones that cause ovulation and periods.



Side view of woman



Woman's reproductive system



Te kōpū

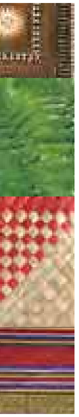
He wāhanga te kōpū o te pūnaha taihema uwha. Kīia ai anō, ko te ewe. Ko tōna hanga, he rite ki te rahi me te āhua o te pea kōaro. Noho ai ki raro rā anō o te papatoiake (ki raro ake i te puku, ki muri i te wheua tore, ā, pupuritia ai ki konā e tētahi ua. Hono ai te kōpū ki te tara mā te waha whare tangata, te kaki o te kōpū rānei.

Ia marama, ia mārama, mō ngā wāhine āhei ki te whai tamariki, ka rere he taiaki ki roto i te tinana, e puta ai te mahi tuku kākano me te mate marama (rerenga awa wāhine).

I te wā o te tuku kākano, ka puta he hēki i tētahi o ngā kiato kākano, ka heke i te pū kākano. Ki te whakatō te hēki, ka kuhu ki roto o te whakapaparanga o te kōpū, ka tipu hei pēpē.

Ko te ingoa o te whakapaparanga o te kōpū, ko te endometrium. Ko te hanga o te endometrium, he whakapaparanga maha me ētahi pūtau rite ki te kiri (surface epithelium), he ia toto, he kikokiko wātea, he repe hoki. Ia marama, ia marama ka tipu mātotoru ake te endometrium hei takatū mō te hapūtanga. Ki te kore te wāhine e hapū, ka maunu mai ngā whakapaparanga o runga i te endometrium, ka rere whakawaho mā te tāra i te wā o te mate marama.

Ko te koero, ko te wā ka mutu ngā mate marama a te wahine, ā, kua kore ia e āhei ki te whakawhānau pēpē. Ka mutu te tuku a te tinana i ngā taiaki whakaāhei ana i te mahi a te tuku kākano me te mate marama.



Cancer of the uterus

Cancer of the uterus is the most common gynaecological cancer affecting women in New Zealand. Most cancers of the uterus are cancers of the lining of the uterus (the endometrium). Cancers can also develop in the muscle layers of the uterus. Knowing which type of cancer you have is important because it affects the decisions you and your doctor will make about treatment.

Adenocarcinoma of the endometrium

An adenocarcinoma is a cancer that starts in glandular tissue. Most women who are diagnosed with cancer of the uterus have this type of cancer.

Other types of cancer of the uterus

The less common types are **adenosquamous carcinomas**, **papillary serous carcinomas** and, rarely, clear cell carcinomas or uterine sarcomas. These are called high-risk cancers because they are more likely to spread.

Matepukupuku o te kōpū

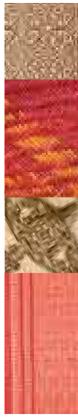
Ko te matepukupuku o te kōpū te tino matepukupuku ā-wāhine whai pānga ki ngā wāhine o Aotearoa. Ko te nuinga o ngā matepukupuku o te kōpū ko ngā matepukupuku o te whakapaparanga o te kōpū (te endometrium). Ka taea hoki e ngā matepukupuku te whanake i roto ngā whakapaparanga uaua o te kōpū. He mea nui te mōhio he aha tō momo matepukupuku, i te mea, ka pā tēnei ki ngā whakataunga ka whakatau kōrua ko tō rata e pā ana ki tō maimoatanga.

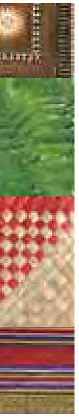
Te adenocarcinoma o te endometrium

He matepukupuku te **adenocarcinoma** ka tīmata i te kikokiko repe. Ko te nuinga o ngā wāhine ka whakatauria kei te pāngia ki te matepukupuku o te kōpū, ka whai i tēnei momo matepukupuku.

Ētahi atu momo matepukupuku o te kōpū

Ko ngā momo matepukupuku kāore e tino kitea ana ko ngā matepukupuku o te kiri adenosquamous, me ngā momo matepukupuku o te kiri papillary serous, me ēnei e kore tino kitea ana, ngā matepukupuku o te kiri clear cell, ko te sarcomas ā-kōpū rānei te ingoa. Kīia ai ēnei matepukupuku he mōrea-kaha i te mea he kaha ki te hōrapa haere.





Causes of cancer of the uterus

The exact cause of cancer of the uterus is not known. Some things seem to put women at more risk:

- being over 50 years of age
- being very overweight (obese)
- never having been pregnant
- **endometrial hyperplasia**: this is a non-cancerous condition where the lining of the womb becomes thicker
- menopause
- high blood pressure
- diabetes
- a family history of uterus, breast or bowel cancer: if you think you are at risk you should discuss this with your doctor
- being on **oestrogen hormone replacement therapy** *without* **progesterone**.

Uterine cancer is not caused by sexual activity and cannot be passed on this way.

Remember, most women who have known **risk factors** do not get cancer of the uterus. Many women who do get cancer of the uterus have none of these risk factors.

How common is cancer of the uterus?

In New Zealand each year, around 00 women are diagnosed with cancer of the uterus. It is more common in women over the age of 50 than younger women.

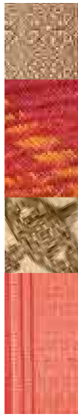
Ngā pūtake puta ai te matepukupuku o te kōpū

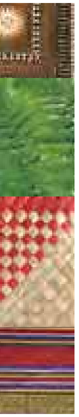
Kāore i te tino mōhiotia nā te aha ka pā te matepukupuku o te kōpū. Anei ētahi kaupapa, ko te āhua nei, piki ai te mōrea ki ngā wāhine:

- mehemea he pakeke ake ngā tau i te 50
- he tino taumaha rawa (tino mōmona)
- kāre i whai tamariki
- **endometrial hyperplasia**: he mate kore-matepukupuku tēnei, e tipu mātotoru ai te whakapaparanga o te ewe.
- te koero
- he toto pōrutu
- te mate–huka
- mēnā kei roto i te whakapapa o te whānau ngā matepukupuku kōpū, matepukupuku ū, matepukupuku puku hamuti rānei: mehemea ka whakaaro koe kei te noho mōrea koe, me kōrero ki tō rata.
- mehemea kei runga koe i te **oestrogen hormone replacement therapy** me te *kore* **progesterone**.

Kāore te matepukupuku ā-kōpū e puta nā te mahi ai, ā, kāre hoki e taea te hoatu ki tētahi atu mā te ai.

Me maumahara, kāre te nuinga ō ngā wāhine whai i ngā kaupapa mōrea e mate i te matepukupuku o te kōpū. Kāre hoki te nuinga o ngā wāhine pāngia ki te matepukupuku e whai ana i ēnei āhuatanga mōrea.





Pēhea te kaha o te pāngia o te matepukupuku o te kōpū?

Ia tau, ia tau, e 400 ngā wāhine i Aotearoa ka whakatauria kei te pāngia ki te matepukupuku o te kōpū. Whānui ake te kitea i roto i ngā wāhine e 50, neke atu rānei ngā tau, e ai ki te kitea i roto i ngā wāhine taitamariki ake.

Symptoms

The most common symptom is unusual or irregular bleeding or a watery, pink or dark bloody discharge from the vagina especially for women who have been through menopause and stopped having periods. Sometimes, this discharge can be smelly. Most cancers of the uterus are picked up because of irregular or post-menopausal bleeding.

Other, less common symptoms can include discomfort or pain in the abdomen, difficult or painful urination and pain during sex.

nusual bleeding or discharge can happen before and after menopause. It is usually not due to cancer of the uterus. However, all women with unusual bleeding or discharge should see their doctor for a check-up.

Tohumate

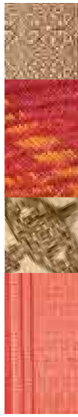
Ko te tohumate kaha kitea noatia ana, ko te rere pokapoka o te toto, ko te tuku waipara waiwai, māwhero, toto pango rānei i te tara; tae ake ki ngā wāhine kua uru ki te wā koero me te mutu o te mate marama. I ētahi wā, he haunga te tukunga i te tāra. Kitea ai te nuinga o ngā matepukupuku o te kōpū nā runga i te pokapoka noa o te rere o te toto, o te rere o te toto i te wā koero rānei.

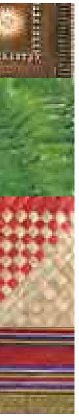
Ko ētahi atu tohumate iti ake te kitea, ko te auhi, ko te mamae rānei ka pā ki te puku, ko te uaua, ko te mamae rānei o te mahi mimi, me te mamae ka puta i te wā ai.

Doctors and other health professionals you may see

Your doctor will examine you. If your doctor has any concerns, they will refer you for tests to see if you have cancer. This can be a worrying and tiring time, especially if you need to have several tests.

If the tests show you have or may have cancer, your doctor will refer you to a gynaecologist, who will advise you about treatment options.





The treatment team

From the time that you are first diagnosed with cancer of the uterus you will be cared for by one or more of a team of health professionals:

- your *family doctor* – will often be the first person you see
- *gynaecologist* a doctor who specialises in the female reproductive system
- gynaecological oncologist a doctor who specialises in cancers of the female reproductive system
- **pathologist** a doctor who diagnoses disease by studying cells and tissues under a microscope
- radiation oncologist a doctor who specialises in the use of radiation in the treatment of cancer
- medical oncologist a doctor who specialises in the use of drug treatments for cancer
- *endocrinologists* a doctor who specialises in hormone treatment
- *radiation therapists* who prepare you and give you your radiation treatment
- *clinical nurse specialists* who specialise in gynaecology
- *oncology nurses* who give chemotherapy and support you through your treatment
- *dietitians* who will recommend the most suitable foods to eat
- *social workers, counsellors, physiotherapists, psychologists* and *occupational therapists* who will advise, support and treat you.

How cancer of the uterus is diagnosed

Physical examination

Your doctor will feel your abdomen to check for swelling.

Your doctor may also look at your vagina and cervix using a speculum (a bit like having a cervical smear).

Transvaginal ultrasound

In this test, sound waves are used to create a picture of internal organs.

A small device called a ‘transducer’ is put into your vagina. Using the **ultrasound**, the doctor can look at the size of your ovaries and uterus and the thickness of the endometrium. If there is anything unusual, your doctor will suggest that you have a **biopsy**.

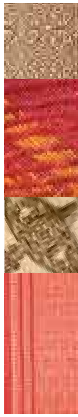
Biopsy

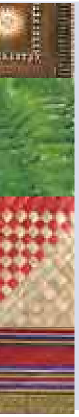
In a biopsy, a sample of the endometrium is taken to be looked at under a microscope. This is usually done in the doctor’s rooms using a small sampling instrumnent called a pipelle.

Another method of biopsy is called hysteroscopy.

Unuhanga

I roto i te mahi unuhanga, ka tangohia he tauira endometrium hei tirotiro i raro i te karu whakarahi. Kīia ai tētahi atu huarahi unuhanga, ko te hysteroscopy.





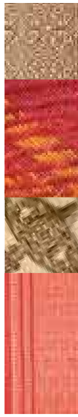
> ‘After the shock, I thought, well, I’m not going to let a few rogue cells beat me. My family said I was a “tough old bird” and I would get through.’
>
> **Sue**

Your doctor will look inside your uterus by stretching the cervix opening and inserting a device called a hysteroscope.

There are different ways of taking tissue samples from the inside of the uterus:

- Tissue can be snipped out, or a spray of fluid may be used to dislodge cells.
- Tissue can be removed using a suction device. This method is called endometrial aspiration.
- Sometimes most of the uterus lining is scraped out. This is called a D C (dilatation and curettage).

Afterwards, you may have period-like cramps and light bleeding, which can last for a few days.



X-rays

You may have a chest -ray.

Scans (CT, MRI and PET)

Scan this is a type of -ray that gives a cross-sectional picture of organs and other structures (including any tumours) in your body. This is the usual way of looking for cancer which has spread outside the uterus.

Magnetic Resonance Imaging (MRI) this test uses magnetism to build up pictures of the organs in your abdomen. The MRI machine is a long cylinder (tube), and when scanning is taking place it is noisy.

Positron Emission Tomography (PET) you will be given a small amount of low dose radioactive glucose which is ‘picked up’ by rapidly dividing cells. The position of radioactive glucose can be seen on the scan.

The scans take less than an hour. Most people are able to go home as soon as their scan is over.

Blood tests

You may have blood tests to check your general health and to help with making decisions about your treatment. You may have a CA125 blood test. CA125 is a tumour marker which is a chemical produced by cancer cells, which can get into the blood stream. Some women with cancer of the uterus have raised levels of CA125, but not all.

‘Staging’ the cancer

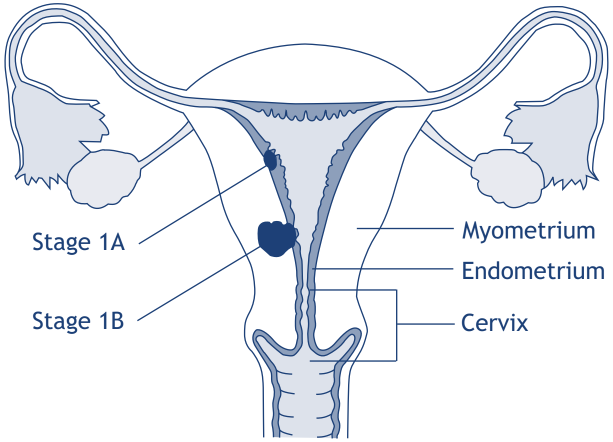
Staging is the process of assessing the extent of a cancer.

The ‘staging system’ used for cancer of the uterus is the ‘FIGO system’, which was developed by the International Federation of Gynaecology and Obstetrics.

Stage 1 Cancer of the uterus

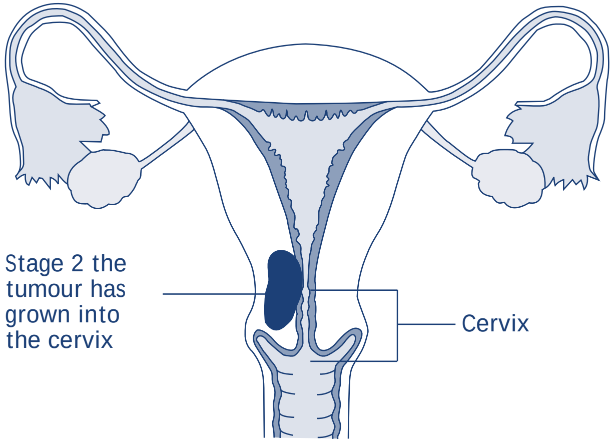
Stage 1 cancers are the easiest to treat. The cancer is limited to the uterus. There are two categories of stage 1 uterine cancer:

- 1A means that the cancer may have grown into the muscle wall (myometrium) of the uterus, but no more than halfway.
- 1B means the cancer has grown halfway or more into the muscle wall of the uterus.



Stage 2 Cancer of the uterus

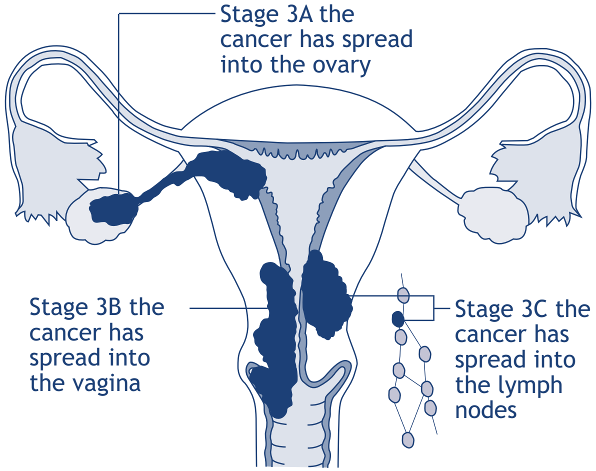
This means the cancer has spread to the cervix.



Stage 3 Cancer of the uterus

This stage means the cancer has spread further. There are three categories of stage 3 uterine cancer:

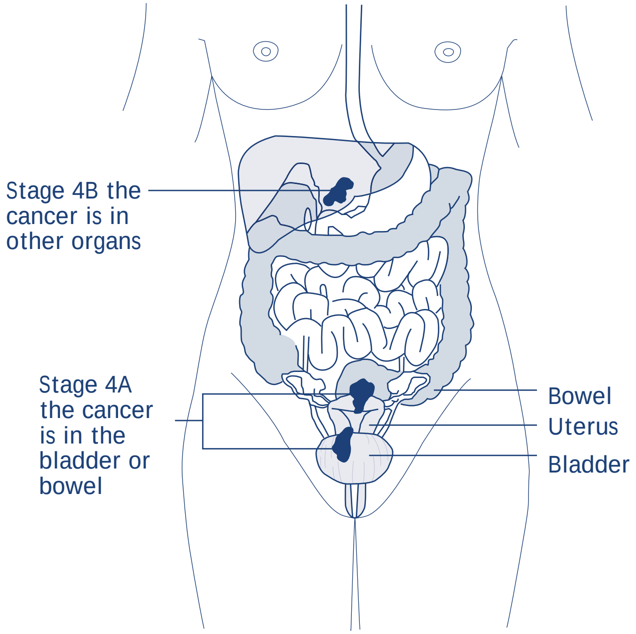
- 3A means the cancer has grown into the ovaries.
- 3B means the cancer has spread into the vagina or into the tissues surrounding the uterus (parametrium).
- 3C means the cancer has spread to nearby lymph glands.

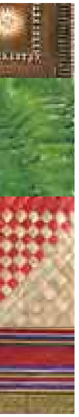


Stage 4 Cancer of the uterus

Stage means the cancer has spread to another body organ. There are two categories of stage cancer of the uterus:

- 4A means the cancer has spread to the bowel and bladder.
- 4B means the cancer has spread to other organs that are further away, such as lungs, liver, bones or brain.





Grading of your cancer

Cancers can grow quickly or more slowly. Doctors usually give a grade to the cancer depending on how the cells look under the microscope. The appearance of the cells will give the doctor an idea about how quickly or slowly the cancer is likely to grow, and the appearance decides the grade of the cancer. The more like normal uterus cells they look, the lower the grade of the cancer.

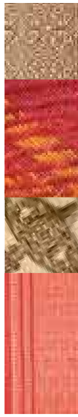
You may hear your doctor use the word differentiation. Differentiation means how developed or mature a cell is. So grade 1 (G1) cancer cells are well differentiated and look very like normal cells. Grade 2 cancer cells are moderately differentiated. Grade 3 cancer cells are poorly differentiated and look very abnormal. So the more abnormal the cancer cells look, the higher the grade of the cancer (G3 or G4).

Generally, low grade cancers tend to grow more slowly and are less likely to spread than high grade cancers. Most endometrial uterus cancers are the low grade, G1 types.

Source: Taken from CancerHelp UK, the patient information website of Cancer Research UK, on 9 May 2012: http://cancerhelp.cancerresearchuk.org/type/womb-cancer/treatment/stages-of-womb-cancer.

See page 10 for the diagram of a woman's reproductive system. You may hear a number plus a letter (for example, Stage 1A, Stage 3C). These are ways of further staging the disease. Ask your doctor about the stage of your cancer.

Treatment

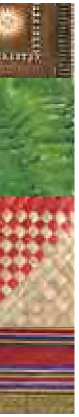


Many years of treating cancer patients and testing treatments in clinical trials has helped doctors know what is likely to work for a particular type and stage of cancer. Your doctor will advise you on the best treatment for your cancer. This will depend on the results of your tests, where the cancer is and if it has spread, your age and general health and your wishes.

Cancer of the uterus is often diagnosed early, before it has spread. This means that many women will only need **surgery**. The major side effect of the surgery is menopause (if you have not already gone through it). In young women this means you cannot get pregnant.

If the cancer has or is at high risk of spreading beyond the uterus, radiation treatment, hormone treatment or chemotherapy may be used as well as surgery. Your doctors will advise the best form of treatment based on your medical history and diagnosis.

Treatment for cancer of the uterus has a high cure rate.



Maimoatanga

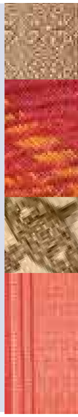
Nā te maha o ngā tau whakamaimoa tūroro matepukupuku me te whakamātau maimoatanga i ngā whakamātau haumanu, i āwhina i ngā rata kia mōhio he aha te huarahi pai mō ngā momo matepukupuku me te huarahi pai mō te maimoatanga e ai ki te wāhanga o taua matepukupuku. Mā tō rata koe e tohutohu ki te maimoatanga pai mōu. Ka hāngai ki ngā kitenga kei roto i ō whakamātau, ki te wāhi e noho ana te matepukupuku, mehemea hoki kua hōrapa ki wāhi kē, ki tō pakeke hoki, tō hauora whānui, me ōu ake hiahia.

I te nuinga o te wā, whakatauria moatatia ai te matepukupuku o te kōpū, i mua i tōna hōrapatanga. Nā tēnei, ko te hāparapara anake te huarahi hei whai mā te nuinga. Heoi anō rā, ko tētahi pānga nui ka puta i te taha, ko te koero (mēnā rā kāore anō i pā). Mō ngā wahine taitamāhine tonu ana, kāore rā koutou e hapū.

Mehemea kua hōrapa kē te matepukupuku i tua atu i te kōpū, kei te noho mōrea rānei ki tēnei āhuatanga, tērā pea ka whakamahia te maimoatanga iraruke, te maimoatanga taiaki, te hahau rānei, tae noa ki te mahi hāparapara. Mā ō rata e tohutohu ko tēhea te maimoatanga pai e ai ki tō hītori hauora me tō whakatau mate.

He nui te auau whai oranga i ngā matepukupuku o te kōpū.

> ‘It had all been so well explained to me. The oncology nurses were wonderful; I had the highest regard for them. I think if you ask questions, and really listen to what the staff tell you, you will be less frightened.’
>
> **Jill**

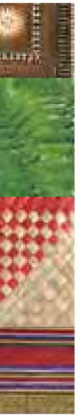


Surgery

Cancer of the uterus is usually treated by removing the uterus. The operation is called a hysterectomy. Sometimes the operation can be done through keyhole surgery, where four or five small holes are made in the abdomen. The surgeon uses a small camera to see inside the abdomen (laparoscopy) before removing the uterus through the vagina.

For a hysterectomy the cut is made along the pubic hair line or from the pubic area to the belly button. Once the abdomen is open, the surgeon washes out the area with a fluid, which is sent to a pathologist, who checks the fluid for cancer cells.

The surgeon checks all the organs in the abdomen, looking for signs of cancer spread (metastasis). This part of the operation is called a **laparotomy**.



The surgeon then removes the uterus (hysterectomy). The fallopian tubes and ovaries are usually removed. This is called a **bilateral salpingo oophorectomy**. The pathologist will look at the uterus to work out the type of cancer and whether the cancer has spread to the muscle wall of the uterus. If the cancer is only on the surface or is in a very early stage, you may not need to have any more treatment.

If the cancer has spread into the muscle wall of the uterus, this increases the risk of spread to the **lymph nodes** in the abdomen. Removal of lymph nodes is called a **lymphadenectomy**. If you have cancer in the lymph nodes, additional treatment may be recommended.

If the cancer has spread to the cervix, a small part of the upper vagina and the ligaments supporting the cervix are also removed. This operation takes longer.

All treatments have possible complications: for example, bleeding or an infection. Although they are uncommon, your doctor will discuss them with you before your surgery.

Hāparapara

I te nuinga o te wā, whakamaimoatia ai te matepukupuku o te kōpū mā te tango i te kōpū. Ko te ingoa o tēnei pokanga, ko te hysterectomy.

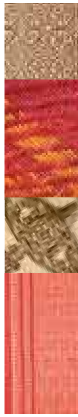
I ētahi wā, ka mahia te pokanga mā te hāparapara kōhaokī, ina ka mahia ngā kōhao iti e whā, e rima rānei, ki roto i te puku. Ka whakamahia e te mātanga tētahi kāmera iti hei titiro ki roto i te puku (laparoscopy) i mua i te tangohanga o te kōpū mā te tara.

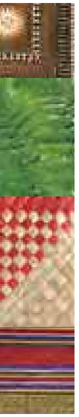
Mō te hysterectomy, ka mahia he tapahi ki runga ake o te pae huruhuru o te tara, mai i te taha mauī ki te taha katau, mai i te pae huruhuru rānei ki te pito. Ka tuwhera ana te puku, ka horoia e te mātanga o roto mā te kūtere, katahi ka tukunga ki tētahi mātanga rangahau mate, hei tirotiro i te kūtere ki te kimi mēnā he pūtau matepukupuku.

Ka tirohia e te mātanga ngā whēkau katoa i roto i te puku, me te rapu tohu mō te hōrapa o te matepukupuku (metastasis). Ko te ingoa mō tēnei wāhanga o te pokanga, ko te **laparotomy**.

Katahi ka tango te mātanga i te kōpū (hysterectomy). I ētahi wā, ka tangohia ngā pū kākano me ngā kiato kākano. Ko te ingoa mō tēnei ko te **bilateral salpingo oophorectomy**.

Ka titiro te mātanga rangahau mate i te kōpū ki te whakatau ko tēhea momo matepukupuku, me te kimi mehemea kua hōrapa ki te pātū uaua o te kōpū. Mehemea kei runga noa iho i te mata o te uaua, kei te wāhanga tīmatatanga rānei, tērā pea, kāore koe e whai anō i etahi maimoatanga.





Mehemea kua hōrapa te matepukupuku ki te pātū uaua o te kōpū, ka piki te mōrea o te hōrapa ki ngā tīpona waitinana o te puku. Ko te ingoa mō te mahi tango i ngā tīpona waitinana, ko te lymphadenectomy. Mehemea kua pā te matepukupuku ki ō tīpona waitinana, tērā pea ka taunakitia he maimoatanga tāpiri.

Mena kua hōrapa te matepukupuku ki te waha whare tangata, ka tangohia he wāhanga iti o te wāhanga runga o te tara me ngā nape tautoko i te waha whare tangata. Ka roa ake tēnei mahi pokanga.

Ka pā pea he raruraru ki ngā maimoatanga katoa: hei tauira, ko te rere o te toto, ko tētahi whakapokenga rānei. Ahakoa kāre ēnei e tino kitea ana, ka matapakitia ēnei e tō rata me koe, i mua i tō hāparapara.

After the operation

When you wake up from the operation, you will have several tubes in place. An intravenous drip will give you fluid as well as medication. There may also be one or two tubes in your abdomen to drain away fluid from the operation site. There may be a catheter in your bladder to drain away urine. As you recover from the operation, these tubes will be removed, usually within three to five days.

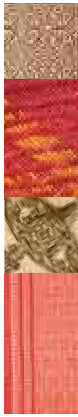
As with all major operations, you will have discomfort or some pain. You will have pain relievers through an intravenous drip or through an epidural into your spine. This epidural pain relief is similar to that given to women during childbirth. It is best to let your nurse know when you are starting to feel uncomfortable don't wait until the pain becomes severe.

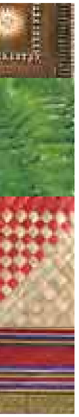
Some patients are comfortable using patient controlled analgesic (PCA). PCA is delivered through a drip and allows you to choose when you receive a dose of pain-relieving medication. A few days after your operation, your doctor will have all the test results and will discuss any further treatment with you. Further treatment will depend on the type of cancer, the stage of the disease and if there is any remaining cancer.

Side effects of surgery

This is major surgery so you may be in hospital for several days. Your recovery time will depend on different factors (type of surgery or general health). Don't expect to get back to your normal activities too quickly. For some women it may take six weeks or longer. During this time, avoid heavy work and lifting and housework (for example vacuuming, laundry tasks or driving) for the first few weeks. Standing for stretches of time can be tiring too.

After surgery, some women develop internal scar tissue called adhesions. Sometimes this can be painful and may affect the working of the bowel and the bladder. Occasionally, adhesions to the bowel or bladder may need to be treated with surgery.





If you have not been through menopause, removing your ovaries will cause menopause. This may cause strong symptoms such as hot flushes. These may be more severe than a ‘normal’ menopause, where the reduction of hormones happens more slowly. If you have been through menopause, there may be a recurrence of hot flushes. For more information, see the section on menopause on page 63. The Cancer Society has an Information Sheet titled Early Menopause and Cancer that you can view and print from our website (**www.cancernz.org.nz**).

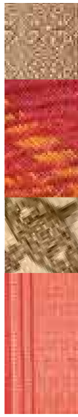
Physical and emotional changes may affect how you feel about sex and how you respond sexually. Changes to your sexual feelings or not being able to get pregnant may be very upsetting and difficult to accept. Some of these issues are discussed in the ‘Sexuality and cancer’ section of this booklet on pages 86 to 88.

Radiation treatment

Radiation treatment treats cancer by using radiation (energy) to destroy cancer cells. The radiation is targeted to cancer sites in your body. Treatment is also carefully planned to do as little harm as possible to your normal body tissues.

Radiation treatment may be advised:

- as your main treatment option
- to have after surgery
- with, before or after chemotherapy
- if you are not well enough for a major operation or if the cancer returns after surgery
- as an additional therapy (this is called **adjuvant** treatment).



Radiation treatment can be delivered:

- using a source placed internally (inside you) or
- as an invisible beam of energy directly from a machine (outside you).

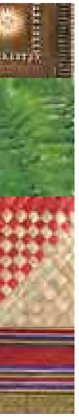
Since they can work in different ways, it is possible that you could have both forms of radiation treatment. Your radiation oncologist will advise which radiation treatment is best for you.

Maimoatanga iraruke

Ka maimoa te maimoatanga iraruke pūngao i te matepukupuku mā te tuku iraruke ki te patu i ngā pūtau matepukupuku. Ka hāngai te tuku i te iraruke ki ngā wāhi noho ai te matepukupuku ki roto i tō tinana. Ka ata maheretia hoki tō maimoatanga, kia iti ake te pā kino ki ngā kikokiko noa o te tinana.

Tērā pea ka tohua ko te maimoatanga iraruke:

- hei kowhiringa matua mō tō maimoatanga
- hei whai i te mahi hāparapara
- ki te taha o te mahi hahau, ki mua, ki muri rānei
- mēnā kei te māuiui rawa koe mō tētahi pokanga matua, ki te hoki mai rānei te matepukupuku whai muri i tō hāparapara.



- hei haumanu tāpiri (ko te ingoa o tēnei, ko te haumanu adjuvant)

Ka taea te tuku i te maimoatanga iraruke:

- mā te rau pū mā roto, (ki roto i a koe), rānei
- Ka tukua he hihi ngaro o te pūngao, e ahu mai ana i tētahi pūrere (kei waho i a koe) (titiro ki raro ake nei).

I te mea he rerekē te mahi a ia huarahi, tērā pea ka whiwhi koe i ngā maimoatanga iraruke e rua. Mā tō kaimātai matepukupuku koe e tohutohu ki te maimoatanga iraruke pai mōu.

Brachytherapy (radiation treatment from inside)

Brachytherapy is a type of radiation treatment where a hollow instrument is inserted into the vagina and placed close to the cancer or where the cancer was.

A tiny radioactive source (smaller than a grain of rice) on the end of a long wire is inserted into the instrument, so the source of radiation is very close to what needs to be treated. This tiny radioactive source is programmed to stay at each site for periods of time before being moved to the next site in order to give the correct dose. In New Zealand this treatment is likely to be high dose brachytherapy which means the dose is delivered over a short time (5 to 15 minutes) for each treatment.

Many women will have brachytherapy (radiation treatment from the inside), after surgery (**adjuvant treatment**). This means there is no known cancer left after the surgery but it is given to reduce the risk of the cancer coming back in the top of the vagina after surgery.

Your cancer doctors will advise the best form of treatment, based on your cancer and medical history.

This treatment is given only to women who have a higher risk of the cancer coming back. This treatment may be given with external beam irradiation. You will have internal radiation treatment as two to five short treatments. Most people can have their treatment as an outpatient but you may need to stay in hospital overnight.

Each treatment time can be as little as 5 to 10 minutes. Your doctors will tell you how many treatments you need.

External radiation treatment (or radiation from a machine that is outside the body, usually called a Linear Accelerator or LINAC)

Radiation treatment uses high energy radiation to destroy cancer cells or prevent them from reproducing. Radiation treatment only affects the part of the body at which the beam(s) are aimed. For cancer of the uterus, the lower abdomen area and pelvis are treated but if the cancer has spread this can be extended to include other areas.

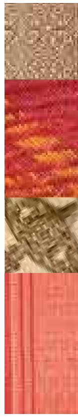


Image above The radiation therapist will explain your treatment to you

You usually have external radiation treatment as an outpatient, five days a week for five to six weeks. The actual treatment takes a few minutes. You will be in the room for, approximately, 15 minutes as you are positioned and other checks are done.

Radiation treatment does not cause pain or discomfort as it is being given. Radiation treatment involves careful measurement and planning so the treatment is delivered to where it is needed, avoiding as much normal tissue as possible. However, you will develop some symptoms and notice some changes from the treatment — called side effects.

Side effects of radiation treatment

Radiation treatment may cause a number of side effects, which are temporary and can be treated. Side effects may include tiredness, loss of appetite, diarrhoea, pain when passing urine and passing urine more than usual. There may also be skin problems, and the skin between your buttocks may look and feel as if it has been sunburnt. Sometimes this effect occurs after radiation treatment has finished. Use creams recommended by your treatment team to relieve this burning feeling.

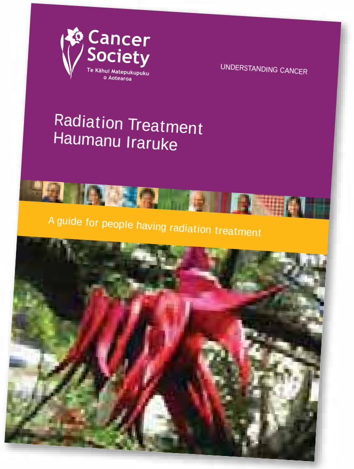
There may be some hair loss in the area where radiation treatment has been targeted. This means that your pubic hair may become thinner. It may grow back after the treatment is finished; this could take a number of months.

Radiation treatment will make the vagina inflamed at first but later can make the vagina narrower and drier. This can make sex uncomfortable. Using lubricating gel may be helpful.

A vaginal dilator may be recommended to try to reduce the likelihood of vaginal narrowing/shortening, and to make follow-up examinations easier. See page 87 for information on dilators in the section 'Sexuality and cancer' and for more information talk to your cancer care team.

Sometimes, side effects do not occur for some time after the end of treatment. These late side effects can be long term and for some women they will be permanent. The effects can include inflammation of the bowel and the bladder. Bladder inflammation is called radiation cystitis. Inflammation of the rectum is called radiation proctitis. Speak to your doctor or nurse about how to manage any side effects.

The Cancer Society has a booklet titled *Radiation Treatment/ Haumanu Iraruke: A guide for people having radiation treatment*. You can receive a copy by phoning our cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or by visiting your local Cancer Society. You can also read and download a copy of the booklet from the Cancer Society of New Zealand's website (**www.cancernz.org.nz**).



Cancer Society
Te Kāhui Matepukupuku o Aotearoa
UNDERSTANDING CANCER
Radiation Treatment
Haumanu Iraruke
A guide for people having radiation treatment

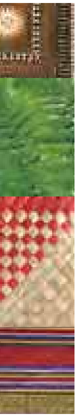
Hormone treatment

Some cancers of the uterus depend on hormones to grow. Ovaries are removed during surgery for two reasons:

- because the cancer may have spread to the ovaries
- because they produce oestrogen, which may help the cancer to grow.

Tissue removed during your operation will be tested to see if your cancer can be treated by hormones. Drugs such as provera block the body's use of oestrogen. Provera is a form of the female hormone progesterone. Tamoxifen, an anti-**oestrogen drug**, is also used.

Hormone treatment can work very well for **advanced** or **recurrent cancer** of the uterus. It can also be used to treat early stage cancer of the uterus if other medical problems prevent surgery or radiation treatment. Hormone treatment is taken as a pill.



Maimoatanga taiaki

Ka hāngai ētahi matepukupuku o te kōpū ki te tipu o ētahi taiaki. E rua ngā take ka tangohia ngā kiato kākano i te wā hāparapara:

- kua hōrapa pea te matepukupuku ki ngā kiato kākano
- i te mea ka mahi oestrogen ngā kiato kākano, ā, tērā pea ka aki i te tipu o te matepukupuku.

Ka whakamātauria ngā kikokiko ka tangohia i te wā o tō pokanga, ki te titiro mehemea ka taea te maimoa i tō matepukupuku mā ngā taiaki. Ka ārai ngā whakapōauau pērā ki te provera, i te mahi a te tinana ki te whakamahi oestrogen. He momo te provera o te taiaki wahine progesterone. Ka whakamahia te tamoxifen, he whakapōauau anti-oestrogen.

He tino pai te mahi a te maimoatanga taiaki mō te matepukupuku maukaha, matepukupuku tāruarua hoki o te kōpū. Ka taea hoki te whakamahi hei maimoa mō te wāhanga tīmatatanga o te matepukupuku o te kōpū, mehemea kāore e taea te maimoatanga hāparapara, te maimoatanga iraruke rānei. Ka haria te maimoatanga taiaki hei pire.

Side effects of hormone treatment

Side effects of provera include breast tenderness, nausea and fluid retention. In high doses, it may increase your appetite and cause some weight gain. Tamoxifen can cause side effects, such as hot flushes, headaches and fluid retention.

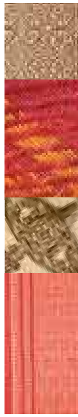
You may have some or none of these side effects. Discuss any problems or concerns with your doctors.

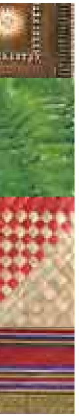
Chemotherapy

Chemotherapy is the treatment of cancer using anti-cancer drugs. The aim is to destroy cancer cells while causing the least possible damage to normal cells. The drugs kill cancer cells by stopping them from increasing in number.

Chemotherapy may be offered with radiation, and is usually given to women who have a high risk of the cancer returning, to try to prevent it coming back. It may also be advised for women whose cancer is advanced when they are first diagnosed to try to shrink the cancer or to relieve symptoms caused by the cancer. If cancer returns after surgery or radiation treatment, chemotherapy may be used to control the growth of the cancer and to help relieve symptoms. It is also used if the cancer does not respond to hormone treatment.

Chemotherapy is usually given through a drip inserted into a vein. At first it may be given with external beam radiation followed by internal radiation (brachytherapy). You may then have more chemotherapy. You will be closely monitored during this time. Treatment cycles are usually two to four weeks apart. Spacing out your treatment in this way gives your body a chance to recover from any side effects.





ahau

He maimoatanga whakamahi i ngā whakapōauau tauaro-matepukupuku te hahau. Ko te whāinga ko te whakamate i ngā pūtau matepukupuku me te whai kia iti noa iho te pānga ki ngā pūtau pai. Ka whakamate ngā whakapōauau i ngā pūtau matepukupuku mā te whakamutu i tā rātou tipu.

Tērā pea ka hoatuna te mahi hahau i te taha o te mahi iraruke, ā, ka hoatuna ki ngā wahine noho mōrea mō te hokinga mai o te matepukupuku, ki te ārai i tōna hokinga mai anō. Tērā pea ka tohua mā ngā wahine kua maukaha te matepukupuku i te wā ka whakatauria, ki te tīngongo i te matepukupuku, ki te whakamāmā rānei i ngā tohumate nā te matepukupuku. Ki te hoki mai te matepukupuku whai muri i te maimoatanga, ka whakamahia pea te hahau ki te whakahaere i te tipu o te matepukupuku me te āwhina ki te whakaiti i ngā tohumate. Ka whakamahia hoki mēnā kāore te matepukupuku e anga ki te maimoatanga taiaki.

Ka hoatuna te hahau mā tētahi pata ka kuhuna ki roto i te ia auraki. I te tuatahi tērā pea ka hoatuna mā te hahau hihi ā-waho, whai ko te iraruke ā-roto (brachytherapy). Tērā pea ka whai anō he mahi hahau. Ka āta aroturukihia koe i tēnei wā. Āhua rua ki te whā wiki te haere o ngā huringa maimoatanga. Mā tēnei ka tuku i tō tinana ki te whakaora mai i ngā pānga ka puta i te taha.

Photographer: Louise Goossens

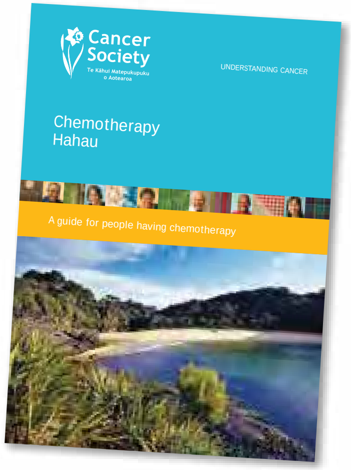
Above: A woman talking about her medication with a nurse in the hemotherapy uite.

Side effects of chemotherapy

The side effects of chemotherapy vary according to the type of drugs used. Your doctor will talk to you about these side effects and how to manage them.

Side effects may include feeling sick (nausea), vomiting, feeling off-colour and tired, and some thinning or hair loss. Most side effects are temporary and steps can often be taken to either prevent or reduce them.

For a copy of the Cancer Society's booklet *Chemotherapy/Hahau: A guide for people having chemotherapy*, contact the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, contact your local Cancer Society for a copy or view or download it from the Cancer Society's website (**www.cancernz.org.nz**).



Complementary and alternative medicines

Often, people with cancer seek out complementary and alternative therapies. Many people feel it gives them a greater sense of control over their illness, and that it's 'natural' and low-risk, or they just want to try everything that seems promising.

Complementary therapies include massage, meditation, acupuncture and other relaxation methods, which are used *along with* medical treatments.

Alternative therapies are unproven remedies, including some herbal and dietary remedies, which are used *instead of* medical treatment. Some of these have been tested scientifically and found not to be effective, or even to be harmful.

Some complementary therapies are useful in helping people to cope with the challenges of having cancer and cancer treatment. However, some alternative therapies are harmful, especially if:

- you use them instead of medical treatment
- you use herbs or other remedies that make your medical treatment less effective.

Be aware that a lot of unproven remedies are advertised on the internet and elsewhere without any control or regulation. Before choosing an alternative remedy, you may wish to discuss it with your doctor or a cancer information nurse on the **Cancer Information Helpline 0800 CANCER (226 237)**.

For more information,
we recommend you read
the following:

- *Complementary and Alternative Cancer Medicines for people with cancer, their family and friends* (booklet)
- *Complementary and Alternative Medicine* (Information Sheet)

Cancer Society
Te Kāhui Matepukupuku o Aotearoa

LIVING WITH CANCER

Complementary and Alternative Medicine

A guide for people affected by cancer

You can find out about what scientific research has been done into specific herbs, supplements and other products on the Memorial Sloan-Kettering website (http://www.mskcc.org/). The US National Center for Complementary and Alternative Medicines (NCCAM) (http://nccam.nih.gov/) and Quack-watch (www.quackwatch.com) are also reliable websites.

Ngā haumanu tāpae me ētahi atu haumanu whiringa

He nui te wā, ka whai haumanu tāpae, whiringa ake rānei ngā tangata pāngia ki te matepukupuku. He nui rātou ka whakaaro mā tēnei huarahi, ko rātou kē kei te whakahaere i tō rātou mate, ā, he mea māhorahora, iti te mōrea, he hiahia noa iho rānei nō rātou ki te whai i ngā mea awhero katoa.

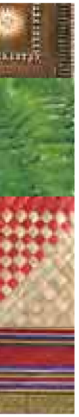
Ko ētahi o ngā haumanu tāpae ko te mirimiri, ko te whakamanatu, ko te acupuncture, me ētahi huarahi pāroretanga. Whakamahia i te taha o ngā maimoatanga hauora. Kāore anō i whai mana ngā haumanu tāpae hei rongoā tūturu, tae noa ki ētahi rongoā otaota, rongoā ā-nohopuku, whakamahia ai hei whakakapi i ngā maimoatanga rongoā tūturu.

Kua whakamātauria ētahi o ēnei ā-pūtaiao, me te kite kāore e whai kiko ana, ā, he takakino hoki.

He pai ētahi haumanu tāpae hei āwhina i ētahi ki te tū pakari ake ki ētahi o ngā wero o te noho matepukupuku me ngā maimoatanga matepukupuku. Heoi anō rā, he takakino ētahi haumanu whiringa, inā rā mehemea:

- kei te whakamahia me te kore whai maimoatanga ā-rongoā tūturu
- te whakamahi i ngā otaota me ērā atu rongoā whakaiti i te whai hua o ngā maimoatanga rongoā tūturu.

Me mataara, he nui ngā rongoā kāre anō i kitea te pai, e whakatairangahia ana ki runga i te ipurangi me ētahi atu wāhi me te kore whai whakahaerenga, tikanga hoki. I mua i te kōwhiringa i tētahi rongoā whiringa kē, tērā pea ka pīrangi koe ki te kōrero me tō rata, tētahi tapuhi pārongo matepukupuku i runga i te **Waea-āwhina Pārongo Matepukupuku** .



Making decisions about treatment

Sometimes, it is very hard to decide what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. Waiting for test results and for treatment to begin can be very difficult.

While some people feel they have too much information, others may feel that they do not have enough. You may find knowing more about your cancer and treatments may help you make decisions.

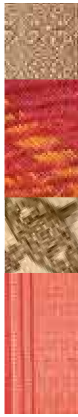
If you are offered a choice of treatments, you will need to weigh up the good and bad points about each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been offered.

Some people with advanced cancer will always choose treatment, even if it only offers a small chance of cure. Others want to make sure that the benefits of treatment outweigh any side effects. Still others will choose the treatment they consider offers them the best quality of life. Some may choose not to have treatment except to have any symptoms managed as they arise.

Ngā mahi whakatau i te maimoatanga

He tino uaua i ētahi wā ki te whakatau he aha te maimoatanga tika mōu. Tērā pea ka whakaaro koe kei te tere rawa te haere o ngā mahi, kāre koe e whai wā ki te āta whakaaro i ngā piki me ngā heke. He uaua hoki te mahi tatari i ngā hua o ngā whakamātautau me te tatari kia tīmata ngā maimoatanga.

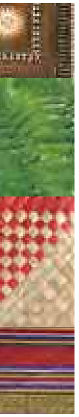
Ara ētahi ka whakaaro kei te pokea rātou e te pārongo, engari, ara anō ētahi ka whakaaro he iti rawa. Tērā pea ka mārama koe mā te mōhio ake ki tō matepukupuku me ngā maimoatanga e āwhina i o whakataunga.



Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often hard to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Before you see the doctor, it may help to write down your questions. There is a list of questions to ask your doctor at the end of this booklet which may help you. The Cancer Society has a booklet titled *Questions You May Wish to Ask*. To receive a copy, call the cancer information nurses on the

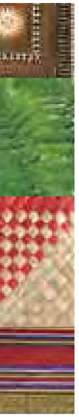


Cancer Information Helpline 0800 CANCER (226 237), contact your local Cancer Society for a copy or view and download a copy on the Cancer Society's website (**www.cancernz.org.nz**).

Taking notes during the session can also help. Many people like to have a family member or friend go with them, to take part in the discussion, take notes or simply listen. Some people find it is helpful to record the discussion (but check with your doctor first).

Te kōrero me tō rata

Tērā pea ka hiahia kōrerorero me tō rata i mua i te whakatau ko hea te huarahi maimoatanga pai mōu. Me uaua ka tarea e koe ngā kōrero katoa, hei ētahi wā me hoki atu tuarua, tuatoru ō pātai. Kei a koe te tika ki te rapu he aha ngā putanga o tētahi maimoatanga mōu ake, ā, kei a koe te tika ki te kaupare, ki te whakaae rānei, i te maimoatanga.



Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with your family or friends, with nursing staff, the hospital social worker or chaplain or your own religious or spiritual adviser. Talking it over can help to sort out what course of action is right for you.

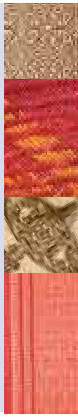
You may be interested in looking for information about your cancer type on the internet. While there are some very good websites, you need to be aware that some websites provide wrong or biased information. We recommend that you begin with the Cancer Society's website (**www.cancernz.org.nz**) and use our links to find other good cancer sites. If you've got questions about your cancer, phone the cancer information nurses on the Cancer **Information Helpline 0800 CANCER (226 237)**.

See the section on supportive care services on page 7 for more information on the support the Cancer Society can offer you.

Te kōrero ki ētahi atu

Inā oti ō whitiwhitinga kōrero maimoatanga me tō rata, tērā pea ka hiahia kōrero koe i ēnei take me tō whānau, ō hoa, ngā kaimahi tapuhi, te tauwhiro o te hōhipera, te minita rānei, tōu ake kaiārahi wairua rānei. Mā te kōrerorero hei āwhina i a koe ki te whakarite he aha te huarahi pai hei whai māu.

> 'I think you need to trust your specialist. If you don't, then get another one. But if you trust them, and work with them, you'll come out as best as you possibly can. You don't have to be friends: they may be quite abrupt, and may not want to sit at the end of your bed and have a chat. But it's the trust that's important.'
>
> **Sarah**



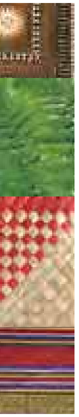
Prognosis (outlook)

Most women with early cancer of the uterus will be cured of their disease. For women with more advanced cancer, a cure may still be possible. For other women, treatment can keep the cancer under control for long periods of time.

You will need to talk with your gynaecological oncologist about your own **prognosis** (outlook).

A second opinion

You may want to ask for a second opinion from another specialist. Your specialist or GP can refer you to another specialist. You can ask for copies of your results to be sent to the second doctor. You can still ask for a second opinion even if you have already started treatment or still want to be treated by your first doctor.



Taking part in a clinical trial

Clinical trials are research studies to find better ways to treat cancer.

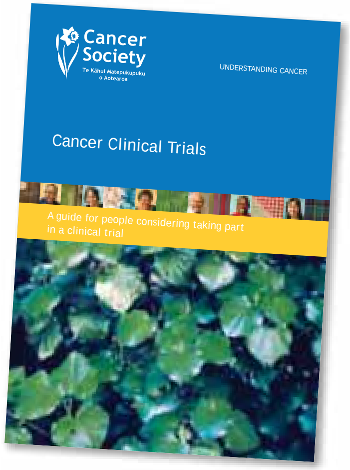
If your doctor suggests taking part in a clinical trial, make sure that you fully understand the reasons for the trial and what it means for you. Before deciding whether or not to join the trial, you may wish to ask your doctor:

- What is the standard (best available) treatment for my cancer if I don't go in the trial?
- Which treatments are being tested and why?
- Which tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if any problems occur while I am in the trial?
- Will I need to come to hospital more often?

If you do join a clinical trial, you have the right to withdraw at any time. Doing so will not affect your treatment for cancer.

It is always your decision to take part in a clinical trial. If you do not want to take part, your doctor will discuss the best current treatment choices with you.

The Cancer Society has a booklet titled *Cancer Clinical Trials*. To receive a copy, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, contact your local Cancer Society for a copy or view and download a copy from the Cancer Society's website (**www.cancernz.org.nz**).

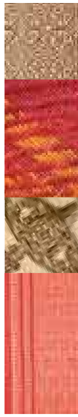


Te whai wāhi ki roto i ngā whakamātautau haumanu

He akoranga rangahautanga ngā whakamātautau haumanu, ki te kimi huarahi hei whakapai ake i te maimoatanga matepukupuku.

Ki te whakataunaki tō rata kia kuhu koe ki tētahi whakamātautau haumanu, me mārama koe ki ngā āhuatanga o te whakamātau me ngā pānga ki a koe. I mua i tō whakatau ki te hono atu, ki te kore rānei, tērā pea ka pīrangi koe ki te uiui i tō rata:

- He aha te maimoatanga aro whānui (pai ake) mō tōku matepukupuku ki te kore au e whai i te whakamātautau?
- He aha ngā whakamātautau kei te whakamātauria, ā, he aha ai e whakamātauria ana ēnei?
- Ko ēhea ngā whakamātautau kei roto?



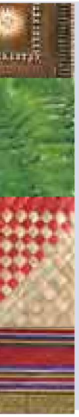

Photographer: Louise Goossens

- He aha ngā mōrea, ngā pānga ki te taha rānei?
- Ka pēhea te roa o te whakamātautau?
- Me haere au ki te hōhipera mō ngā maimoatanga?
- Ka aha au ki te puta he raruraru i te wā kei roto au i te whakamātautau?
- Me kaha ake taku haramai ki te hōhipera?

Ki te hono koe ki tētahi whakamātautau haumanu, kei i a koe te tikanga ki te unu ahakoa te aha. Ehara i te mea ka whai pānga ki tō maimoatanga matepukupuku.

I ngā wā katoa, kei i a koe te tikanga ki te whakauru ki tētahi whakamātautau haumanu. Ki te kore koe e hiahia ki te whakauru ake, mā tō rata e matapaki me koe, ngā whiringa maimoatanga o te wā.

He puka tā te Kāhui Matepukupuku, ko *Cancer Clinical Trials* te ingoa. Ki te hiahia kape koe, waea atu ki ngā tapuhi pārongo matepukupuku i runga i te **Waea-āwhina Pārongo Matepukupuku 0800 CANCER (226 237)**, whakapā rānei ki te Kāhui Matepukupuku ā-rohe mō tētahi kape, me tiro, ka kape rānei i tētahi mai i te paetukutuku a te Kāhui Matepukupuku **(www.cancernz.org.nz)**.



‘I was up within a couple of days and moving around slowly. I was preparing meals—it took a lot of time—within about a week. But the whole experience was fatiguing; it took a long time before I got my energy back.’

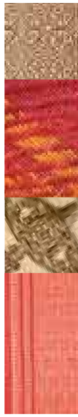
Miriana

Coping with side effects

You will find that there are physical changes as well as many emotional changes to cope with. It is important that you and the people around you (this could include your partner, employer and family members) are prepared.

Tiredness

Many women find that tiredness is a major problem. Travelling backwards and forwards to hospitals and clinics for treatment and appointments is very tiring. If you work during the treatment or if you have a home and a family to care for, you will almost certainly be very tired. Some people having cancer treatment say their tiredness is overwhelming and unlike any tiredness (fatigue) they have felt before. Sometimes it cannot even be fully relieved with rest.



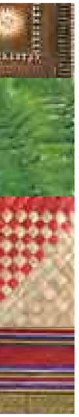
Your tiredness may continue for quite a while even after treatment has finished. Some women find that it takes them up to one or two years to feel really well again. It may help to talk with your family and friends about how you feel and discuss ways in which they can help you. You may need to plan your activities during the day so that you get regular periods of rest. The Cancer Society has an Information Sheet titled Cancer-related Fatigue. To receive a copy, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, contact your local Cancer Society for a copy or view and download a copy on the Cancer Society’s website (**www.cancernz.org.nz**).

If your fatigue is caused by low levels of red blood cells or the side effects of drugs that you are taking, your doctor may be able to treat this.

Tips that will help relieve your tiredness

Not all of these things will work for everyone but you may be surprised how small changes can help to save your energy.

- Plan your day. Set small, manageable goals.
- Don’t be afraid to ask for help: ask a friend to do the shopping or come to clean the house once a week.
- Try not to rush: leave plenty of time to get to appointments.
- If you are fit enough and your doctor has said it is okay, get some exercise. This may be the last thing you feel like doing, but research shows that exercise can boost energy levels and make you feel better. Even if you just walk around the garden or block a few times a week, it all helps.



- Smoking reduces your energy. If you smoke, talk to your doctor or the Quitline on **0800 778 778** about stopping.
- If you have young children or grandchildren, try to play with them sitting or lying down: board games, puzzles and drawing are good ideas.
- Eat nutritious meals and snacks throughout the day to keep your energy levels up.
- Try to take some time out to do things that you enjoy. For example, having a relaxing bath, listening to some music or just being with your pet may help you relax, and for a short time, take your mind off how tired you feel.
- Use Facebook, an answerphone and emails to update friends and family on how you are.
- Join a Cancer Support Group or education programme. Talking about your feelings can ease the burden of fatigue, and you can hear how other people in similar situations have managed. To find a group, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or contact your local Cancer Society.

Menopause

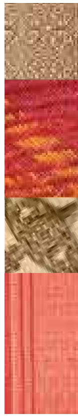
Women who go through menopause as a result of cancer treatment will have to adjust to the symptoms and body changes caused by no longer producing large amounts of the female hormones.

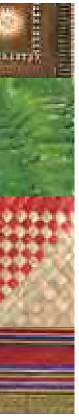
Menopause can cause several different symptoms. Not everyone will have them all. They may include:

- hot flushes and night sweats
- vaginal dryness
- mood and memory changes
- anxiety
- effects on your sex drive (libido)
- weight gain
- fatigue
- sleep disturbances
- bladder changes.

Menopause can increase your risk of other health conditions such as osteoporosis (weaker bones leading to a higher risk of breaking a bone).

Symptoms can have little or no impact on some women. For others they can be severe. You can discuss your symptoms with your cancer doctor or GP. The important thing is that you feel you have the medical and emotional support you need to cope. The Cancer Society has an Information Sheet titled Early Menopause and Cancer.





To receive a copy, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, contact your local Cancer Society for a copy or view and download a copy from the Cancer Society's website (**www.cancernz.org.nz**).

Hormone replacement therapy (HRT) can help reduce menopausal symptoms. Using HRT for more than five years increases the risk of some diseases, including some cancers. However, it also decreases the risk of some other diseases and cancers. You will need to discuss with your gynaecological oncologist what the benefits and risks are for you if you take HRT. If you were on HRT when your cancer was diagnosed, you will need to weigh up the risks with your specialist of continuing HRT.

Lifestyle changes can also help relieve some symptoms and allow women to cope better with menopausal symptoms for example, diet changes to help with weight gain and finding time to relax to help with any emotional changes.

Remember, it is okay to ask for help. Many women find menopause a difficult time. It can help to tell those around you what you are feeling and going through. Having the support and understanding of those close to you will be reassuring and helpful with managing symptoms.

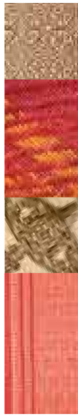
Bladder problems

Bladder sensations or control may change after cancer treatment or surgery. Some women find they need to go to the toilet more often. Others find they need to go in a hurry and sometimes don't get there in time. Others find that they pass urine when they cough or sneeze. While these problems may improve, even a small loss of bladder control can be distressing.

If bladder control is a problem, you should seek help. Your specialist or GP will be able to suggest ways to help with bladder control. These may include exercises to strengthen the muscles of your pelvic floor. You may be referred to a physiotherapist. For more information, phone the **New Zealand Continence Association Helpline** number on **0800 650 659**. Some hospitals have continence nurses who can help you with bladder problems.

Bowel problems

After surgery or cancer treatments, such as radiation treatment, some women have problems with their bowels. Some women find that they become constipated or suffer from diarrhoea or wind pain. Talk to your doctor, nurse or dietitian about your symptoms. There may be some simple treatments they can advise. Some women may need to change their diet or take medication.



Lymphoedema

Lymphoedema is swelling of part of the body, usually the legs or the arms. It may occur after treatment for cancer of the uterus if you have had the lymph nodes in your abdomen removed (lymphadenectomy). Removal of the nodes may prevent normal draining of the lymph fluid from the legs. As a result, fluid can build up in one or both legs, causing swelling. This usually does not occur until some time after the original treatment.

It isn't possible to predict whether you will have problems with lymphoedema. If you have problems seek immediate help as symptoms are better managed if treated early. Seek advice from your specialist or nurse. You may be given special stockings to wear after your operation that can help prevent this problem.

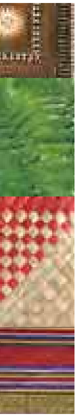
Some hospitals have specialist physiotherapists who can advise you on how you may be able to reduce your risk of developing lymphoedema. They also help you manage if lymphoedema does occur in the future. The Cancer Society has an Information Sheet titled Managing ympoedema that you might like to read. For more information, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Te tū pakari ki ngā pānga ki te taha

Ka kite koe ka puta he rerekētanga ki tō tinana tae noa ki ō kāre ā-roto. He mea nui kia takatū koe me ngā tāngata ka awhi i a koe (tērā pea ko tō hoa, tō kaiwhakawhiwhi mahi, whānau rānei).

e genge

Tērā pea ka roa tonu te pā o te ngenge ki a koe mō te wā whai muri i tō maimoatanga. Ki ētahi wāhine, tahi ki te rua tau rā anō ka tino pai haere anō rātou. He mea nui te kōrero ki tō whānau me ngā hoa e pā ana ki ō kāre ā-roto me te matapaki i ngā huarahi, tērā pea ka āhei rātou ki te āwhina i a koe. Tērā pea me huri koe ki te mahere i ō ngohe i te rā, kia whai wā koe ki te whakatā. He Puka Whārangi Pārongo tā te Kāhui Matepukupuku, ko "Cancer-related Fatigue" te ingoa. Ki te hiahia kape koe, waea atu ki ngā tapuhi pārongo matepukupuku i runga i te **Waea-āwhina Pārongo atepu upu u** , whakapā rānei ki te Kāhui Matepukupuku ā-rohe mō tētahi kape, me tiro, ka kape rānei i tētahi mai i te paetukutuku a te Kāhui Matepukupuku **(www.cancernz.org.nz)**.



oero

Ki ētahi wāhine, kāore he pānga o ngā tohumate, he iti noa iho rānei. Ki ētahi atu, he tino kino kē te pānga. Me matapaki ō tohumate me tō rata matepukupuku, tō rata ake (GP) rānei. Ko te mea nui kē, kei te whai koe i ngā tautoko ā-rongoā, ā-kāre ā-roto hoki ki te noho pakari. He Puka Whārangi Pārongo tā te Kāhui Matepukupuku, ko “Early Menopause and Cancer” te ingoa. Ki te hiahia kape koe, waea atu ki ngā tapuhi pārongo matepukupuku i runga i t **Waea-āwhina Pārongo Matepukupuku 0800 CANCER** , whakapā rānei ki te Kāhui Matepukupuku ā-rohe mō tētahi kape, me tiro, ka kape rānei i tētahi mai i te paetukutuku a te Kāhui Matepukupuku **(www.cancernz.org.nz)**.

Ngā raruraru tōngāmimi

Mehemea he raruraru mōu te whakahaere tika i tō tōngāmimi, me rapu āwhina koe. Mā tō mātanga, tō rata (GP) rānei e whakataunaki huarahi hei āwhina i a koe whakahaere i tō tōngāmimi. Tērā pea ko te kori tinana ki te whakakaha ake i ngā uaua o tō papatoiake. Tērā pea ka tonoa koe ki te haere ki tētahi kairomiromi. Mō te roanga ake o ngā kōrero, waea atu ki te nama waea o e ealand ontinence ssociation elpline i runga i a . Kei ētahi hōhipera ētahi tapuhi whakahaere tōngāmimi hei āwhina i a koe ki tēnei raruraru.

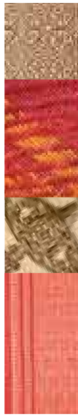
Ngā raruraru puku hamuti

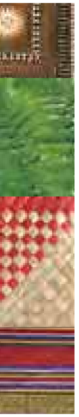
I muri mai i ngā hāparapara, i ngā maimoatanga matepukupuku rānei pērā ki te maimoatanga iraruke, ka puta he raruraru ki te puku hamuti mō ētahi wāhine. Ka whai ko te kōreke ki ētahi, ko te kōrere, ko te mamae o te patero rānei ki ētahi atu. Kōrero ki tō rata, tō tapuhi, tō mātanga nohopuku rānei e pā ana ki ō tohumate. Tērā pea ka taea e rātou te tohu atu i ētahi maimoatanga māmā noa iho. Me huri kē pea ētahi ki te whakarerekē i tō rātou nohopuku.

ymphoedema

He pupuhitanga o tētahi wāhanga o te tinana te lymphoedema, tae ake ki ngā waewae, ki ngā ringaringa rānei. Tērā pea ka puta whai muri i ngā maimoatanga mō te matepukupuku o te kōpū mehemea kua tangohia ngā tīpona waitinana (lymphadenectomy). Nā te tangohanga i ngā tīpona ka aukatia te rere o te kūtere tīpona i ngā waewae. Nā tēnei ka whakaahu te kūtere ki roto i ngā waewae, me te puta o te pupuhi. Āhua roa tonu i muri mai i te maimoatanga taketake ka puta tēnei.

Kāore e taea te matapae mehemea ka whai raruraru koe i te mate lymphoedema. Ki te pā he raruraru, whāia he āwhina i taua wā tonu i te mea ka pai ake te whakahaere i ngā tohumate, ki te tere mau. Rapua he āwhina i tō mātanga, i tō tapuhi rānei. Tērā pea ka hoatuna he tōkena roa hei mau whai muri i tō pokanga, hei āwhina ki te ārai i te raruraru nei.





Seeking support

Palliative care

Palliative care is an approach to caring for people with cancer and their family that focuses on improving their quality of life and not just about care at the end of life. This can be offered in a hospital, rest home, at home or by a hospice service.

Palliative care may be used during:

- times when your illness is causing discomfort; for example, bothersome pain, shortness of breath or nausea and vomiting
- periods when your thoughts and feelings are distressing
- occasions when your illness may be having a big impact elsewhere in your life – maybe with your partner, children, family/whānau, work or perhaps financial affairs.

The Cancer Society has a booklet on advanced cancer for people with cancer and for carers of people with advanced cancer titled *Advanced Cancer/Matepukupuku Maukaha: A guide for people with advanced cancer*. To receive a copy, call the cancer information nurses on the Cancer **Information Helpline 0800 CANCER (226 237)**, contact your local Cancer Society for a copy or view and download a copy from the Cancer Society's website (**www.cancernz.org.nz**).

Te rapu tautoko

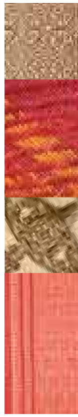
Atawhai taurima

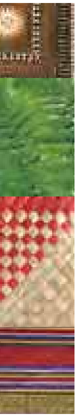
He ahunga te atawhai taurima ki te tiaki i ngā tangata matepukupuku me ō rātou whānau, ka hāngai ki te whakapai ake i te kounga oranga kaua anake ki te whakaputa i te taurima i te wā mutunga o te oranga. Ka taea te hoatu i tēnei i ngā hōhipera, i te kāinga, mā tētahi ratonga hospice rānei.

Ka whakamahia te atawhai taurima i ngā:

- wā tino puta te auhi nā tō mate; pērā ki ngā mamae pōrearea, te poto o tō whakahā, te hiaruaki, te ruaki rānei.
- ngā wā tino whakakohuki ai ōu whakaaro, ōu kāre ā-roto
- ngā wā kei te kaha ngā papātanga o tō mate ki wāhi kē – tērā pea ki tō hoa, āu tamariki, tō whānau, tērā pea he raruraru pūtea.

He puka tā te Kāhui Matepukupuku e pā ana ki te matepukupuku maukaha mā ngā tangata pāngia ki tēnei mate me ngā kaitiaki tāngata matepukupuku maukaha. Ko t *Advanced Cancer/Matepukupuku Maukaha: A guide for people with advanced cancer*. Ki te hiahia kape koe, waea atu ki ngā tapuhi pārongo matepukupuku i runga i te Waea-**āwhina Pārongo Matepukupuku 0800 CANCER (226 237)**, whakapā rānei ki te Kāhui Matepukupuku ā-rohe mō tētahi kape, me tiro, ka kape rānei i tētahi mai i te paetukutuku a te Kāhui Matepukupuku **(www.cancernz.org.nz)**.





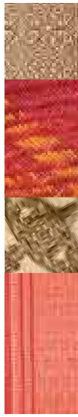
Cancer support groups

Cancer support groups offer support and information to people with cancer and their families. It can help to talk to others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. Ask your hospital or local Cancer Society for information on cancer support groups in your area.

Financial assistance

Help may be available for transport and accommodation costs if you need to travel some distance to your medical and treatment appointments. Your treatment centre or local Cancer Society can advise you about what sort of help is available.

Financial help may be available through your local Work and Income office. Work and Income has pamphlets and information about financial assistance for people who are unable to work. Short-term financial help is available through the Sickness Benefit and longer-term help is provided through the Invalids Benefit. Extra help may be available for example, accommodation supplements and assistance with medical bills. More information is available on the **Ministry of Social Development's website, www.msd.govt.nz or by phoning 0800 559 009.**



Home care

Nursing care is available at home through district nursing or your local hospital. Your doctor or hospital can arrange this.

You may be entitled to assistance with household tasks during your treatment. For information on what help is available, contact your hospital social worker or the District Nursing Service at your local hospital.

Interpreting Services

New Zealand's Health and Disability Code states that everyone has the right to have an interpreter present during a medical consultation. Family or friends may assist if you and your doctor do not speak the same language, but you can also ask your doctor to provide an interpreter if using family members is inappropriate or not possible.

Ratonga Whakamāori ā-Waha

E takoto ana te kōrero i te NZ Health and Disability Code, e āhei ana ngā tāngata katoa ki te whai kaiwhakamāori i te wā o ngā hui hauora. Pai noa iho mēnā ka āwhina tētahi o te whānau, tētahi hoa rānei mehemea he rerekē tō reo ki te reo o tō rata. He pai noa iho hoki te pātai i tō rata mō tētahi kaiwhakamāori mehemea kāore i te tika, kāore rānei e taea e tētahi o te whānau.

Cancer Society Volunteering, Information and Supportive Care Services

Your local Cancer Society provides confidential information and support.

The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with trained nurses. Call your local Cancer Society and speak to supportive care services staff or phone the Cancer **Information Helpline 0800 CANCER (226 237)**.

Local Cancer Society centres offer a range of support services for people with cancer and their families. These may include:

- volunteer drivers providing transport to treatment
- accommodation
- support and education groups
- contact with other women who have had cancer of the uterus
- the Look Good...Feel Better workshop. Contact your local Cancer Society about attending this workshop.

You may be interested in Cancer Connect NZ, which arranges telephone peer support calls for people living with cancer and their caregivers. Call the **Cancer Information Helpline 0800 CANCER (226 237)** for more information.

Cancer Chat is an online/support and information forum to join (**www.cancerchatnz.org.nz**).

Ngā Mahi Tūao, Ngā Pārongo me ngā Ratonga Manaaki Tautoko a Te Kāhui Matepukupuku

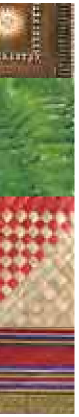
Whakarato ai tō Kāhui Matepukupuku ā-rohe i ngā pūrongo matatapu me te tautoko.

He ratonga te **Waeaāwhina Pārongo Matepukupuku** nā te Kāhui Matepukupuku; ka taea te noho me te kōrero i ō āwangawanga ki ētahi tapuhi matatau ki tō mate. Waea atu ki te Kāhui Matepukupuku ā-rohe, ka kōrero ki ngā kaimahi ratonga manaaki tautoko, me waea atu rānei ki te **Waeaāwhina Pārongo Matepukupuku 0800 CANCER**

.

Kei ngā pokapū Kāhui Matepukupuku ā-rohe ngā ratonga āwhina mō te hunga kua pāngia i te matepukupuku me ō rātou whānau. Ko ētahi o ēnei āwhina ko ngā:

- kaitaraiwa whakarite waka hei hari i a koe ki ngā mahi maimoatanga
- ngā kāinga noho
- ngā rōpū tautoko me ngā rōpū ako
- he whakapānga ki ētahi atu wāhine kua pāngia i te matepukupuku o te kōpū
- te hui awheawhe Look Good...Feel Better. Whakapā atu ki te Kāhui Matepukupuku ā-rohe mō te haere ki ēnei awheawhe.



Tērā pea ka pīrangi koe ki te mōhio mō Cancer Connect NZ, he rōpū whakariterite tautoko ā-hoa aropā mā te waea, mō ngā tāngata noho matepukupuku me ō rātou kaitiaki. Waea atu ki t **Waeaāwhina Pārongo Matepukupuku** , mō ētahi atu pārongo.

He wānanga a-ipurangi/tautoko me te pārongo a CancerChat hei hono atu **(www.cancerchatnz.org.nz)**.

The range of services offered differs in each region so contact your local centre to find out what is available in your area. If you are having treatment at a private hospital ask your treatment team what services you may be eligible for.

Wigs (hair loss)

Some people having chemotherapy don't lose their hair while others may lose all their head and body hair. Whether this happens to you depends on what drugs you are given. Ask you cancer doctor if you are likely to lose your hair. The Cancer Society has an Information Sheet titled Managing Hair oss that you can view on the Cancer Society's website (**www. cancernz.org.nz**), by contacting your local Cancer Society for a copy or by ringing the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

The government helps pay for the cost of a wig. You must get a certificate from your doctor that states you are entitled to a wig. Some people don't bother with a wig. They stay bald or cover up with a scarf or a hat. What you do is up to you. There is no medical reason why you have to cover up your head. However, your scalp will be more sensitive to the sun than normal, so you should wear a hat or a high-protection sunscreen (SPF 30) on your scalp when you're in the sun.

What can I do to help myself?

Many people feel that there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

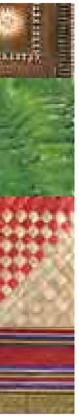
He aha ngā mea ka tarea e au hei āwhina i a au anō?

He nui ngā tāngata ka pōuri rawa atu i te rangona kua pāngia rātou i te matepukupuku. Kāore rātou e aro ko hea te huringa mō rātou. Hāunga tērā, ka taea tonu e koe ētahi mahi hei āwhina i a koe anō.

Diet and food safety

A balanced, nutritious diet will help to keep you as well as possible and cope with any side effects of treatment.

The Cancer Society's booklet titled *Eating Well During Cancer Treatment/Kia Pai Te Kai I Te Wā Maimoatanga Matepukupuku* has useful advice and recipes. Phone your local Cancer Society office for a copy of this booklet, call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** or view the booklet on our website at (**www.cancernz.org.nz**). The hospital will also have a dietitian who will give you advice on how to eat well during cancer treatment..



Food safety is of special concern to cancer patients, especially during treatment, which may suppress immune function.

To make food as safe as possible, we suggest you follow these guidelines:

- Wash your hands thoroughly before eating.
- Keep all areas and utensils you use for food preparation clean, including washing hands before preparing food and washing fruit and vegetables.
- Handle raw meat, fish, poultry and eggs with care, and clean carefully any surfaces that have been in contact with these foods.
- Keep raw meats separate from cooked food.
- Cook meat, poultry and fish well, and use pasteurised milk and juices.
- Refrigerate food quickly to reduce bacterial growth.

ohopu u me te haumaru ai

Mā te nohopuku taurite me te kai pai, hei āwhina i a koe ki te noho ora me te ārai i ngā pānga kino ka whai i ngā maimoatanga.

Kei roto i te pukapuka *Eating Well/Kia Pai te Kai i te Wā Mai oatanga Matepukupuku*, a Te Kāhui Matepukupuku, ētahi tohutohu whai kiko mō te kai, me ētahi tohutaka, waea atu ki tō Kāhui Matepukupuku ā-Rohe mō tētahi kape o te puka nei, waea atu ki ngā tapuhi pārongo matepukupuku ki

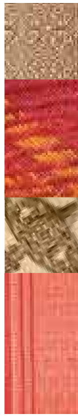
t **Waeaāwhina Pārongo Matepukupuku 0800 CANCER** , me tiro rānei i te puka i tō mātou paetukutuku **(www.cancernz.org.nz)**. Kei te hōhipera tētahi mātanga nohopuku hei hoatu tohutohu āwhina anō.

He mea nui te haumaru o ngā kai mō ngā tūroro kei te pāngia i te matepukupuku, tae atu ki te wā e pā ana ki te kai pai i te wā o te maimoatanga.

Exercise

Many people find regular exercise helps recovery. Research has shown that people who remain active cope better with their treatment. The problem is that while too much exercise is tiring, too little exercise can also make you tired. Therefore, it is important to find your own level. Discuss with your doctor or nurse what is best for you. New research shows exercise may be better for your immune system than any other therapy. Recent publications show that maintaining a normal weight and exercising may reduce the risk of a cancer recurrence.

For more information on the benefits of regular physical activity for people with cancer, phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** or contact your local Cancer Society to receive a copy of our pamphlet *eing cti e hen ou a e ancer*.



ori tinana

He tokomaha ngā tāngata e mārama ana, he mea āwhina te korikori tinana i te hoki anō ki te ora. E ai ki ngā rangahau, ki te rite tō korikori tinana ka pai atu koe i te wā o te maimoatanga. Ko te raruraru kē, ahakoa ka pau tō hau ki te kaha rawa tō kori tinana, ka pau anō tō hau ki te iti rawa ō korikoringa. Nā reira, he mea nui kia mōhio koe he aha te korahi o te kori tinana e pai ana mōu. Kōrero ki tō rata, ki tō tapuhi rānei mō te huarahi pai rawa mōu ake. E ai ki ngā rangahau hou kua puta, he pai ake pea te kori tinana mō to pūnaha ārai mate ki ētahi atu haumanu. Whakaatu mai ai ngā tānga o nāianei, mā te pupuri i te taumaha me te kori i te tinana, tērā pea ka whakaiti tēnei i te hokinga mai o te matepukupuku.

Relaxation techniques

Some people find relaxation or meditation helps them to feel better. The hospital social worker, nurse or Cancer Society will know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes.

Recovery and follow-up care

Recovery and follow-up are different for everyone and depend on the treatment you have. It takes time to recover from the various types of treatment: there are physical and emotional changes to cope with. You may need to talk with your employer about how the treatment may affect your work and with your family about the support that you need.

You will need regular health checks, which will include tests and examinations, after treatment is over. As well as checking to make sure your cancer hasn't come back, follow-up visits can check whether any other physical changes have occurred as a result of the cancer or treatment.

You will need check-ups even if you haven't had any sign of cancer for some years. This can make it difficult to put the experience of a cancer diagnosis and treatment behind you. For family and friends, your cancer may be a thing of the past, but check-ups may well bring it into the present for you again you may feel quite anxious at check-up time. Finding ways of supporting yourself and taking care of yourself when a check-up is due is a part of living with cancer.

Ngā tūāhua pāroretanga

Ki ētahi, he momo āwhina te pāroretanga me te whakamanatutanga kia pai ake te ahua. He mōhio pea te tauwhiro, te tapuhi rānei o te hōhipera, te Kāhui Matepukupuku rānei mehemea whakahaerehia ai he hōtaka pāroretanga e te hōhipera, te tohutohu rānei i a koe e pā ana ki ngā hōtaka kei roto i te hapori.

Te whakaoranga me te manaakitanga ka whai muri

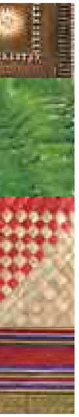
He rerekē te whakaoranga me te manaakitanga ka whai mō tēnā, mō tēnā, ā, kei runga anō i ngā maimoatanga ka whai koe. He roa tonu te wā whakaoranga mō ngā momo maimoatanga: ko te tū pakari ki ngā whakarerekētanga tinana, kāre ā-roto hoki. Tērā pea me kōrero koe ki tō kaiwhakawhiwhi mahi e pā ana ki ngā pānga o te maimoatanga ki ō mahi, me tō whānau e pā ana ki ngā tautoko ka pīrangi koe.

Me whai auau koe i ngā Arowhai ki tō hauora, tae noa ki ngā whakamātau me ngā whakamātauranga ka mutu ana ngā maimoatanga. Atu i ngā whakamātau ki te tiro mehemea kua hoki mai tō matepukupuku, he pai ngā torotoronga whai muri ki te titiro mehemea kua puta anō he rerekētanga nā runga i te matepukupuku, i ngā maimoatanga rānei.

Life after treatment

During treatment, you may have been busy with appointments and focused on treatment, but afterwards you may feel anxious rather than more secure. You might worry about every ache and pain and wonder if the cancer is coming back. Regular check-ups and talking to your doctor about what to expect if the cancer comes back may reassure you.

Some people feel pressure from their family and friends to get back to their 'normal life'. Everyone will eventually



re-establish a daily routine, but it will be at their own pace and may be different from how things were in the past. Some people call this a ‘new normal’.

Give yourself time to adjust to physical and emotional changes. You may not be fit enough to do your usual activities around the house. If you’re returning to work, ease back into it slowly, rather than rushing back the week after leaving hospital.

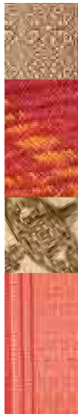
Some people say that after cancer, they have different priorities and see life with a new clarity. For example, you may decide to spend more time with family, start a new hobby, travel or get involved in advocacy or voluntary work.

Sexuality and cancer

Cancer treatment and the emotional effects of cancer may affect people with cancer and their partners in different ways.

Some people may withdraw through feelings of being unable to cope with the effects of treatment on themselves or their partner. Others may feel an increased need for sexual and intimate contact for reassurance.

It is important to talk about your feelings with your partner. If you are having trouble continuing with your usual sexual activities, discuss this with your doctor or with a trained counsellor. Your partner may also like to seek support.



If you are without a partner, you may be worried about forming new relationships. Talking about this with a close friend, a family member, a social worker or phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** may be useful.

After you have had your check-up following surgery you will be able to resume sexual intercourse, if you wish.

If you have had internal or external radiation treatment, you may find that your vagina has changed and it may be dry as well. Talk with your doctor or your nurse about this.

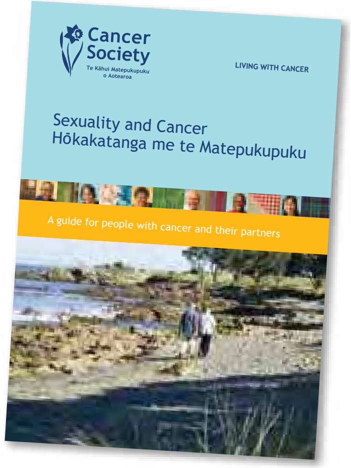
Using a vibrator or vaginal dilator and an oestrogen vaginal cream (available on prescription) or lubricants can be helpful. Lubricants can be bought at chemists or supermarkets.

You might wish to try different positions for sexual intercourse. Everyone is different: be guided by your own feelings. You may find that, particularly near the end of treatment, you don’t feel like intercourse.

It may be some time until you feel ready for vaginal intercourse and you may need to build up your confidence first. Sharing affection with your partner through kissing, caressing and touching can give you both much pleasure. When you do feel ready again for vaginal intercourse, you may wish to proceed slowly. Talking about your needs together is important to help you feel more confident and to reduce any fears.

Sometimes, you might be ready for sexual intercourse and your partner may be anxious about hurting you. If you find that you are having difficulty regaining your sexual relationship, you may need specialist help and advice. You and/or your partner may want to talk with your doctor or nurse about this or seek advice from them on where you might get help.

You may find the Cancer Society's booklet *Sexuality and Cancer/Hōkakatanga me te Matepukupuku* helpful. You can get a copy from your local Cancer Society, by phoning the Cancer **Information Helpline 0800 CANCER (226 237)** or by downloading it from our website at **www.cancernz.org.nz**.



Cancer Society
Te Kāhui Matepukupuku o Aotearoa
LIVING WITH CANCER
Sexuality and Cancer
Hōkakatanga me te Matepukupuku
A guide for people with cancer and their partners

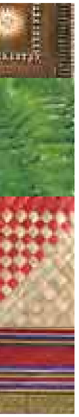
Te hōkakatanga me te matepukupuku

He rerekē te maimoatanga matepukupuku me te pānga ki te hinengaro o te matepukupuku ki tēnā tangata, ki tēnā tangata pāngia ki te matepukupuku, me ō rātou hoa.

Ka whakatahi ētahi nā runga i te whakaaro kāore rātou i te tū pakari ki ngā pānga o te maimoatanga ki runga i a rātou i ō rātou hoa rānei. Arā ētahi atu, ka piki kē te hiahia hononga ai, hononga tāpui hei whakatau i a rātou.

He mea nui ki te kōrero ki tō hoa e pā ana ki ōu kāre ā-roto. Mehemea he raruraru mōu ki te whai tonu i tō āhua ai, matapakitia me tō rata, tētahi kaitohutohu kua ākonga. Tērā pea ka hiahia tō hoa ki te whai tautoko hoki.

Mena kāore koe i te whai hoa moe, tērā pea, kei te āwangawanga koe ki te kimi hononga hou. Kōrero ki tētahi hoa mō tēnei, ki tētahi o te whānau, ki tētahi tauwhiro rānei. He mea pai pea te waea atu rānei ki ngā tapuhi pārongo matepukupuku ki te **Waeaāwhina Pārongo Matepukupuku**
.



Questions you may wish to ask

You may find this list helpful when thinking about the questions you may want to ask your doctor about your cancer and treatment.

1. Has my cancer spread? If so, how far?
2. What are my chances of cure?
3. What treatment do you advise for my cancer and why?

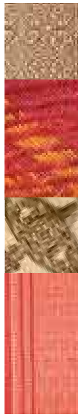
. Will my treatment be performed by a doctor who specialises in cancer of the uterus?

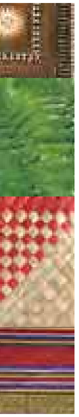
5. Are there other treatment choices for me? If not, why not?
6. Are there any clinical trials of new treatments that I should know about?
7. What are the risks and possible side effects of each treatment?
8. What if I decide not to have any treatment?
9. Will I have to stay in hospital, or will I be treated as an outpatient?
10. How long will the treatment take? How much will it affect what I can do? How much will it cost?
11. How will I know if the treatment is working?
12. Will I have a lot of pain with the treatment? What will be done about this?
13. If I need further treatment, what will it be like and when will it begin?

1 . Will the treatment affect me sexually or physically? Will I be able to do normal things?

15. How often will my check-ups be and what will they involve?
16. Are there any problems I should watch out for?
17. I would like to have a second opinion. Can you refer me to someone else?
18. Is my cancer hereditary?

> If there are answers you do not understand, feel comfortable to say, ‘Can you explain that again?’, or ‘I’m not sure what you mean by ’

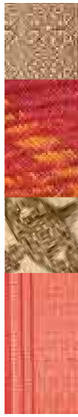




Ngā pātai tērā pea ka hiahia koe ki te pātai?

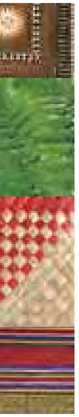
Tērā pea ka whai kiko tēnei rārangi pātai ka whakaaro ana koe ki ētahi pātai e hiahia ana koe ki tuku ki tō rata, e pā ana ki tō matepukupuku.

1. Kua hōrapa taku matepukupuku ki wāhi kē. Mehemea āe, pēhea rawa te whānui o te hōrapa?
2. Ka ora anō au i tēnei mate?
3. He aha te maimoatanga e tohutohutia ana e koe mō taku matepukupuku, ā, he aha ai?
4. Ka whakahaeretia taku maimoatanga e tētahi rata mātanga ki te matepukupuku o te kōpū?
5. He kōwhiringa maimoatanga atu anō e wātea ana mōku, ki te kore, he aha ai?
6. He whakamātau haumanu anō o ngā maimoatanga hou me mōhio au?
7. He aha ngā mōrea me ngā pānga ka puta i te taha o ngā maimoatanga?
8. Ka pēhea mēnā kāore au e hiahia ki te whai maimoatanga?
9. Me noho au ki te hōhipera, ka haere rānei au hei tūroro ā-waho?
10. Ka pēhea te roa o te maimoatanga? Ka pēhea te pānga ki ngā mea e taea ana e au te mahi? E hia te utu?
11. Pēhea au mōhio ai mehemea kei te mahi te maimoatanga.



12. Ka nui anō te mamae ka rongo au i te taha o te maimoatanga? He aha te huarahi ka whāia hei whakapai i tēnei?
13. Mehemea me whai maimoatanga ake au, whakamārama mai he aha te āhua o aua mahi, hei āhea tīmata ai?
14. Ka whai pānga ngā maimoatanga ā-hōkakatanga, ā-tinana ki a au? Ka āhei tonu au ki te whai i ngā mea noa o ia rā?
15. Ka pēhea te auau o ngā arowhai me whai au, he aha ngā mahi ka puta?
16. Me tūpato au ki ētahi raruraru tērā pea ka ara ake?
17. E hiahia ana ahau kia tirohia tuaruatia au e tētahi atu. Ka taea e koe te tuku i a au ki tētahi atu?
18. He mea tuku iho taku matepukupuku ki a ahau?

Mehemea kāore i te mārama ētahi o ngā whakautu, kaua e māharahara ki te kī atu, ‘ka taea ki te whakamārama anō i tēnā? Kāore au i te tino mārama ki tō kōrero mō…’



Glossary

Most of the words listed here are used in this booklet, others are words you are likely to hear used by doctors and other health professionals who will be working with you.

abdomen the part of the body below the chest, which contains the stomach, liver, bowel, bladder, uterus, ovaries and kidneys.

adenocarcinoma a cancer that begins in glandular cells.

adenosquamous carcinoma a type of cancer that contains two types of cells: squamous cells (thin, flat cells that line certain organs) and gland-like cells.

adjuvant treatment a treatment given with or shortly after another treatment.

advanced cancer cancer that has spread (metastasised) and/or is unlikely to be cured.

anaesthetic a drug given to stop a person feeling pain. A ‘local’ anaesthetic numbs part of the body a ‘general’ anaesthetic causes temporary loss of consciousness.

anti-oestrogens drugs such as provera and tamoxifen, which are used to treat cancers that depend on hormones to grow.

benign not cancerous. Benign cells do not spread like cancer cells.

bilateral salpingo oophorectomy surgical removal of both ovaries and fallopian tubes.

biopsy the removal of a small sample of tissue from the body for examination under a microscope to help diagnose a disease.

brachytherapy a type of radiation treatment where the radiation source is placed in the area being treated.

catheter – a hollow, flexible tube through which fluids can be passed into the body or drained from it.

cells the ‘building blocks’ of the body. A human is made of billions of cells, which have different functions.

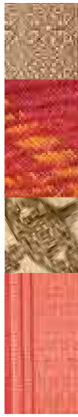
clear cell carcinoma a rare type of tumour, usually of the female genital tract, in which the inside of the cells look clear when viewed under a microscope.

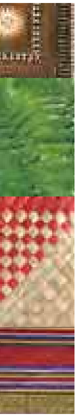
endometrial hyperplasia an abnormal increase in the number of cells in the endometrium.

endometrial sampling taking a biopsy or sample of the lining of the uterus to test for cancer or other conditions.

endometrium glandular lining of the inside of the uterus that is stimulated by the hormones oestrogen and progesterone and shed each month as the period.

frozen section a sample of fresh tissue is quickly frozen until it is hard enough to cut into sections. These can be stained so that a rapid diagnosis can be made, for example, while a patient is under anaesthetic.





genes the tiny factors that control the way the body's cells grow and behave. Each person has a set of many thousands of genes inherited from both parents. These genes are found in every cell of the body.

gynaecological oncologist a doctor who has been certified as a specialist in treating women diagnosed with cancer of the reproductive organs.

hormone replacement therapy (HRT) drug therapy that supplies the body with hormones that it is no longer able to produce it is used to relieve menopausal symptoms.

hormones – substances which have specific effects on the way the body works. Made in very small amounts by a gland, various hormones help to control growth, metabolism and reproduction. They are distributed in the bloodstream.

hysterectomy surgical removal of the uterus and the cervix.

infertility for women, not being able to conceive a child.

laparotomy operation in which a long cut is made in the abdomen to examine the internal organs also sometimes called an exploratory operation.

lymphadenectomy operation that removes lymph nodes.

lymph nodes also called lymph glands. Small, bean-shaped structures which are part of the lymphatic system. Lymph is the fluid that flows through this system and carries cells that help to fight disease and infection. The lymph nodes filter the lymph to remove bacteria and other harmful agents, such as cancer cells.

lymphoedema swelling caused by a build-up of lymph. This happens when lymph vessels or lymph nodes don't drain properly. This can happen after lymphadenectomy.

malignant cancerous. Malignant cells can spread (metastasise) and can eventually cause death if they cannot be treated.

medical oncologist a doctor who specialises in treating cancer by using chemotherapy.

menopause the time in a woman's life when the ovaries stop producing eggs and monthly periods stop the woman is no longer able to have children. Menopause can also be caused by the removal of the ovaries, chemotherapy or by drugs such as tamoxifen that stop the ovaries from functioning.

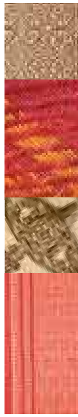
metastases also known as 'secondaries'. Tumours or masses of cells that develop when cancer cells break away from the original (primary) cancer and are carried by the lymphatic and blood systems to other parts of the body.

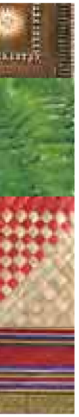
oestrogen female sex hormone, mainly made by the ovaries.

papillary serous carcinoma an aggressive cancer that usually affects the uterus/endometrium, peritoneum or ovary.

pathologist – a doctor who identifies diseases by studying cells and tissues under a microscope.

progesterone hormone made by the ovaries that prepares the lining of the uterus (endometrium) for pregnancy.





prognosis an assessment of the course and likely outcome of a person's disease.

radiation energy which can injure or destroy cells by damaging their genes. In radiation treatment, this energy is used to destroy cancer cells. Radiation can be directed at a tumour from outside the body, or a radioactive source may be implanted into the tumour and its surroundings.

radiation oncologist a doctor who specialises in treating cancer by using radiation treatment.

rectum – the last 12–15 cm of the large bowel, which opens to the outside at the anus. Faeces collect in the rectum before they are passed as a bowel motion.

recurrent cancer a cancer that grows from cells of a primary cancer that evaded treatment. Recurrent cancer may appear up to 20 years after the primary cancer was treated.

risk factor things that cause people to have a greater chance of developing an illness. Risk factors for cancer include exposure to harmful substances (such as asbestos, some viruses and cigarette smoke) and a family history of cancer.

surgery treatments which involve an operation. This may involve removal of tissue, change in the organisation of the anatomy or placement of prostheses.

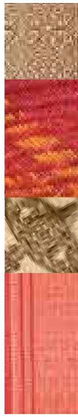
tamoxifen a drug that blocks the effects of oestrogen in cancer cells a treatment for oestrogen-receptive and progesterone-receptive cancers.

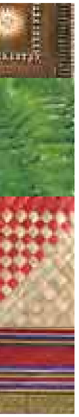
tissue a collection of similar cells. In a tissue biopsy, the tissue removed may be, for example, a very tiny piece of skin, or a small piece of a body organ. When this tissue is magnified under a microscope, cancerous abnormalities in the cells can be seen.

tumour a new or abnormal growth of tissue on or in the body.

ultrasound soundwaves of a very high frequency, higher than a human can hear: used to examine structures within the body.

uterus also called the womb, this is the hollow muscular organ in which a fertilised egg can grow and the baby can be nourished until birth.





Suggested readings and websites

Readings

Diaz-Montes, Teresa P. (2010). *Patients Guide to Uterine Cancer*. Massachusetts: Jones and Barlett Publishers.

Dizon, D.S., Linda R. Duska. (2011). *Questions Answers About Uterine Cancer*. Massachusetts: Jones and Bartlett Publishers.

Websites

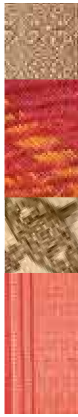
NZ Gynaecological Cancer Foundation
www.silveribbon.co.nz
Offers a range of information, resources and support (including a newsletter) in the NZ context.

Gynaecolgical Cancer Society (Australia)
www.gcsau.org/
An excellent Australian site offering holistic, authoritative and cancer-specific information covering the full range of gynaecological cancers in a number of languages.

Gynaecological Cancer Support
www.gynaecancersupport.org.au
Australian resource for women with gynaecological cancer, their family and friends providing supportive care information about emotional and social issues. It also has a good links section for further information on cancers, side effects and after treatment issues.

Jean Hailes Foundation
http://www.jeanhailes.org.au/resources/factsheets
Australian website with a large number of fact sheets and podcasts on women's issues such a menopause, bone health and sleep.

The suggested websites (other than our own) are not maintained by the Cancer Society of New Zealand.
We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date, or evidence-based medical information. We suggest you discuss any information you find with your cancer care health professionals.

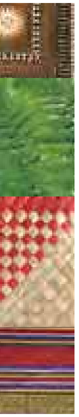


Notes

You may wish to use this space to write down any questions for or advice given by your doctors, nurses or health providers at your next appointment.

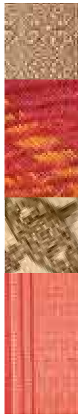
Whakamahia tēnei wāhi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō te wā e hoki atu ai koe.

Notes



Notes

Cancer Society of New Zealand Inc.



National Office

PO Box 12700, Wellington 61
Telephone: (0)   9 -7270

Auckland Division

PO Box 172 , Auckland 11 0
Telephone: (09) 308-0160
Covering: Northland

Waikato/Bay of Plenty Division

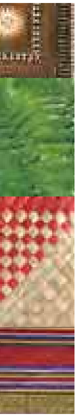
PO Box 13 , Hamilton 32 0
Telephone: (07) 838-2027
Covering: Tauranga, Rotorua, Taupo, Thames and Waikato

Central Districts Division

PO Box 5096, Palmerston North 4441
Telephone: (06) 36 -8989
Covering: Taranaki, Wanganui, Manawatu, Hawke’s Bay and Gisborne/East Coast

Wellington Division

52 Riddiford Street, Wellington 6021
Telephone: (0) 389-8 21
Covering: Marlborough, Nelson, Wairarapa and Wellington



Canterbury/West Coast Division

PO Box 13450, Christchurch 8141
Telephone: (03) 379-5835
Covering: South Canterbury, West Coast and Ashburton

Otago/Southland Division

PO Box 6258, Dunedin 9059
Telephone: (03) 77-7 7
Covering: Urban and rural Otago and Southland

Cancer Information Service

0800 CANCER (226 237)
www.cancernz.org.nz

Feedback

Cancer of the Uterus/Matepukupuku o te Kōpū

We would like to read what you thought of this booklet, whether you found it helpful or not. If you would like to give us your feedback, please fill out this questionnaire, cut it out and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

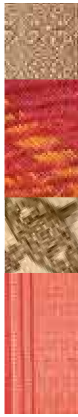
Yes ☐ No ☐
Please give reason(s) for your answer.

2. Did you find the booklet easy to understand?

Yes ☐ No ☐
Please give reason(s) for your answer.

3. Did you have any questions not answered in the booklet?

Yes ☐ No ☐
If yes, what were they?



. What did you like the most about the booklet?

5. What did you like the least about the booklet?

6. Any other comments?

Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau?

Gender: Female ☐ Male ☐ Age ______________

Ethnicity (please specify): ______________

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington.

Information, support and research

The Cancer Society of New Zealand offers information and support services to people with cancer and their families/whānau. Printed materials are available on specific cancers and treatments. Information for living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention and effective methods of treating various types of cancer.

The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, eating well, being physically active and discouraging smoking.

We appreciate your support

The Cancer Society receives no direct financial support from government so funding comes only from donations, legacies and bequests. You can make a donation by phoning 0900 31 111, through our website or by contacting your local Cancer Society.

Acknowledgements

The Cancer Society would like to thank for their reviews, advice and contributions:

Associate Professor Peter Sykes
Head of Department, Department of Obstetrics and Gynaecology, Christchurch Women's Hospital, Christchurch.

Dr Carol Johnson
Radiation Oncologist, Blood and Cancer Centre, Wellingon Hospital

Associate Professor Chris Atkinson
Medical Director of the Cancer Society of New Zealand and Oncologist at St George's Cancer Care Centre

Penny Bognuda
Gynaecological Oncology Nurse Specialist, Greenlane Hospital, Auckland

Beth Suttie
Oncology Nurse Specialist, Regional Cancer and Blood Services, Auckland District Health Board

Glynis Cumming
Gynaecological Oncology Nurse Specialist, Christchurch Women's Hospital

Meg Biggs, Julie Holt and Michelle Gundersen-Reid
Cancer Society Information Nurses

Sarah Stacy-Baynes
National Information Manager

We thank the people who have experienced cancer and reviewed this edition, and offered many valuable suggestions. We also thank the Cancer Society volunteers who agreed to be photographed for our booklet.

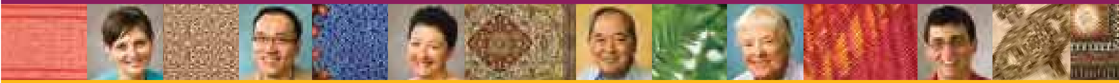
Photography

This cover photo of a New Zealand native lilac-coloured hebe was taken by Rob Suisted.

Cancer Society
Te Kāhui Matepukupuku
o Aotearoa

www.cancernz.org.nz

ANY CANCER, ANY QUESTION
0800 CANCER (226 237)
Cancer Information Helpline



WRITEMARK
PLAIN ENGLISH AWARDS
WINNER 2011

WRITEMARK
PLAIN ENGLISH AWARDS
FINALIST 2011

WRITEMARK
PLAIN ENGLISH AWARDS
WINNER 2011

PI 131