Follow-Up Care for Endometrial (Uterus) Cancer after Discharge from the Cancer Center
Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your own personal physician who will be able to determine the appropriateness of the information for your specific situation.

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Primary treatment ends – follow-up care begins

Depending on the stage of your endometrial (uterus) cancer, you had surgery, radiation or a combination of these as your primary treatment. You have waited for the day that your treatment would end, and you are probably relieved. But you may also be concerned about the possibility that cancer will recur. It is natural to worry about recurrence of the cancer, and discussing any changes in your health with your family doctor or gynecologist is an important part of your follow-up care.

This information has been designed to guide you through your next phase of treatment: follow-up care. You will learn which symptoms to watch out for and which tests are recommended as part of your regular follow-up. You will also learn how often you should have these tests.

Words that appear in bold throughout the text are defined in the Glossary on page 5.

Know the symptoms

You may have learned that you had endometrial (uterus) cancer after you saw your family doctor because of symptoms. Endometrial (uterus) cancer can recur in the pelvis or it may occur at another site
in your body. The symptoms that sometimes indicate the cancer has come back may include:

- Bleeding or smelly discharge from the vagina
- Pressure or pain in your pelvis
- General abdominal discomfort (frequent gas pains, bloating, fullness, or cramps)
- Weight loss with no known reason
- Increase in the size of your abdomen
- General fatigue or weakness
- Difficulty breathing or shortness of breath
- A new lump in the **lymph nodes** in your groin or neck

These symptoms may be related to something other than a recurrence, but you should contact your family doctor or gynecologist so that he or she can fully evaluate you and your symptoms to be sure. Even if you have no symptoms, you should visit your family doctor or gynecologist regularly.

Please refer to the information sheet you received related to the side effects of radiation that you may experience, if you received radiation therapy. Women rarely experience new side effects beyond five years after completing treatment.
See your family doctor or gynecologist regularly for a physical exam

Most endometrial (uterus) cancer recurrences develop within 5 years, usually within 3 years after your first treatment. Following completion of your primary treatment, you should visit your family doctor or gynecologist for a physical exam:

• Women at low risk for recurrence (stage 1A, grade 1 or 2; or stage 1B, grade 1).
  – Annually

• Women at intermediate to high risk of recurrence (stage 1A, grade 3; stage 1B, grade 2 or greater; stage 1c; or stage 2, 3, or 4)
  – Approximately every 4 to 6 months for the 1st and 2nd year after completing treatment (surgery and/or radiation).
  – Approximately every 6 months for the 3rd to 5th year after completing treatment (surgery and/or radiation).
  – Then annually, if you have not recurred within five years of completing treatment (surgery and or radiation) you are now considered low risk.

During the physical exam, your family doctor or gynecologist will look for any physical changes that relate to your general health or that may suggest the cancer has recurred or has metastasized (spread to other parts of your body). Your family doctor or
gynecologist will listen to your heart and lungs and will exam your abdomen, to check for any abnormalities, such as liver enlargement, that may indicate the spread of cancer. He or she will also perform a digital vaginal and rectal exam to check for tumors or bleeding.

**Talk to your doctors about your follow-up**

It is important for you to have regular follow-up even if you have no symptoms. As already stated, symptoms do not always signal the recurrence of endometrial (uterus) cancer, and you should not be afraid to see your doctor if you do have symptoms because they may also be a signal of a minor problem.

**Recommended Tests**

Your follow-up care does not require any regular tests unless you and your doctor have some concerns about symptoms or findings during the physical exam.

**What if I think my cancer has come back?**

Contact your family doctor or gynecologist if you have a new problem that may be related to the cancer. Do not wait until your next scheduled follow-up visit, especially if it will not take place for some time. Your doctor may order some tests or refer you to the cancer center.
**Glossary of Terms**

**Digital vaginal and rectal exam:** Examination in which the doctor inserts a lubricated, gloved fingers one into the vagina and one into the rectum to feel for abnormalities around the vagina.

**Metastasis (metastasize):** Spread of cancer cells from the original site to other parts of the body.

**Pelvis:** Lower abdomen

**Primary treatment:** Treatment of a disease, such as endometrial (uterus) cancer, the first time it is diagnosed.

**Recur (recurrence, recurred):** Reappearance of a disease, such as endometrial (uterus) cancer, after primary treatment.

**Stage I:** Cancer that is in the uterus and has not grown through the wall of the uterus.

**Stage II:** Cancer that is in the uterus, it has grown down into the cervix (opening of the uterus) but has not grown through the wall of the uterus.

**Stage III:** Cancer has spread to nearby lymph nodes (small bean-shaped organs that filter bacteria from the body), vagina or other organs close the uterus but has not spread to other parts of the body.

**Stage IV:** Cancer has spread to distant organs, for example: the bladder, the rectum, lungs, or brain.
Lymph nodes: The lymph nodes are part of the lymph system. The lymph system circulates a fluid called lymph throughout the body, in the same way that arteries and veins carry blood. The lymph system helps us fight infections. The lymph nodes are one area of your body where Endometrial (Uterus) cancer can spread.

Additional Resources

The Ninon Bourque Patient Resource Library has books, videos, CD-ROMs, internet access and reference services to help you find out more about cancer treatments, coping, nutrition, and more. Please phone 613-737-7700 ext. 6980 for more information or visit the library on the main floor of the General Site of the Ottawa Hospital Regional Cancer Centre. Visit the Cancer Centre’s web site at www.orcc.on.ca.

Cancer Information Service – 1-888-939-3333 or www.cancer.ca. The Canadian Cancer Society’s Cancer Information Service is a national, bilingual, toll-free service offering comprehensive information about cancer and community resources to cancer patients, their families, the general public and healthcare professionals.
Books

These books and many others are available for loan at the Cancer Centre’s Ninon Bourque Patient Resource Library.


Web Sites


**Support Group**

*Time for ourselves – support group for women with a gynecologic cancer* (cancer of the female organs)

• Meets every Thursday from 10:30 a.m.–12:00 p.m.

• The Ottawa Hospital, General campus, 501 Smyth Road, patient lounge 8th floor room 8230.

• For details, contact the social worker at 613-737-8899 ext. 72128.