

# **Dr Robyn Sayer**

BA (Hons) MD FACOG FRANZCOG CGO Consultant Gynaecologic Oncologist

### Specialising in:

- · Ovarian cancer
- Endometrial cancer and endometrial hyperplasia
- · Cervical cancer
- · Vulvar/vaginal cancer
- · Dysplasia of the genital tract
- · Surgery for hereditary cancer
- · Benign gynaecologic surgery

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# Endometrial Cancer: What you need to know

By Dr Robyn Sayer, Consultant Gynaecologic Oncologist

Many women find it difficult to talk about heavy irregular periods or postmenopausal bleeding. However, expert help is available from specialists who understand your concerns. At Northern Beaches Hospital, our women's health specialists have extensive experience assessing and managing these conditions.

Dr Robyn Sayer, one of Australia's leading gynaecological cancer surgeons, explains some important things to know about endometrial cancer.

#### About endometrial cancer

Endometrial cancer is cancer that occurs within the lining of the uterus, or endometrium. At Northern Beaches Hospital, endometrial cancer is one of the most common gynaecological cancers that we treat. Endometrial cancer can affect women at any age and can happen before or after menopause.

Being above a healthy weight is linked with a higher risk of endometrial cancer. With rising obesity rates, the incidence of endometrial cancer is on the increase in Australia.

# **Endometrial cancer symptoms**

Symptoms of endometrial cancer can include:

- Irregular periods
- · Heavy frequent periods
- · Postmenopausal bleeding

Many other conditions can cause the same symptoms, so it's important to see your doctor to get the right diagnosis and treatment for you. Your doctor may send you for tests to help them work out what's causing your symptoms. If you have unusual vaginal bleeding, your GP should refer you to see a gynaecologist. Your gynaecologist can assess your symptoms and discuss what the next steps should be. Unusual bleeding can be a symptom of endometrial cancer and should be investigated immediately with a day surgery called a dilation and curettage (D&C).

# Surgery for endometrial cancer

Endometrial cancer is usually found in the early stages, and a number of treatments are available. If you are premenopausal and want future children, it may be possible to treat your endometrial cancer medically with hormones and avoid a hysterectomy (provided your situation fits certain criteria to ensure this is a





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Suite 4, Level 6 105 Frenchs Forest Road (West), Frenchs Forest NSW 2086 **P** 02 9105 5000 northernbeacheshospital.com.au safe option). The gold standard for treating endometrial cancer is a minimally-invasive hysterectomy and pelvic sentinel node biopsies – performed either laparoscopically or robotically. A sentinel lymph node biopsy involves injecting fluorescent dye into the cervix, which then travels to the first lymph nodes in the chain thereby allowing only removal of a few key lymph nodes to minimise the possibility of chronic swelling of the lower legs (lymphoedema). Minimally invasive surgical techniques (robotic-assisted and laparoscopic) decreases post-operative pain, reduces blood loss, reduces recovery time, lowers post-operative risks (i.e. infection, deep vein thrombosis) and allows the surgery to be performed more safely in larger size patients.

## Hereditary predisposition for endometrial cancer

Up to 5% of endometrial cancers are due to an inherited DNA mutation that predisposes affected women to the development of endometrial cancer. If you are diagnosed with an endometrial cancer, your gynaecologic oncologist may refer you for blood tests to determine if your family carries such a mutation.