



# Take her word for it

By Deanna L. Thompson

*Nanny star urges women to know symptoms, tests for uterine cancer*

**Fran Drescher** was the star of a hit television series, *The Nanny*, when she began spotting between periods and experiencing cramping and pain after sex. The actress, then 40, paid a visit to her gynecologist, who dismissed the symptoms as signs of perimenopause, the stage around the onset of menopause.

More than two years later, Drescher discovered the real reason for her symptoms: uterine cancer. Today, Drescher is a six-year cancer survivor and one of the nation's most outspoken advocates for early detection of uterine cancer, which is the most common cancer of the female reproductive system.

Women need to know the signs of uterine cancer, Drescher says, and they need to be persistent in seeking answers when troubling symptoms develop.

"We need to educate ourselves about our bodies," Drescher says in *Cancer Schmancer*, a book she wrote about her experiences. "Women need to understand gynecological cancers and the tests that can help detect them."

### What is uterine cancer?

This year, 41,200 women will be diagnosed with cancer of the uterus (womb), the American Cancer Society predicts. More than 95 percent of them will have cancer of the endometrium, or the lining, of the uterus, as Drescher did. Less common are cancers called uterine sarcomas that form in the muscle and other connective tissue of the uterus.

Uterine cancer is the fourth most common cancer in women, after lung, breast and colorectal cancer.

Who is most likely to get uterine cancer?

The older you are, the more likely you are to be diagnosed with cancer of the uterus. Most women are in menopause when diagnosed, although (as Drescher's case illustrates) younger women also can develop uterine cancer.

"The typical age at diagnosis is 61 to 62," says Dennis R. Scribner, Jr., MD, of Carilion GYN Oncology Associates in Roanoke.

### What are the warning signs?

"Bleeding between periods or after menopause is typically the first sign of this type of cancer," says Dr. Scribner.

Women who are still menstruating should see a doctor if they have spotting or staining that occurs between

menstrual periods, as Drescher did. Women who have gone through menopause should see a doctor if they have any spotting or bleeding.

Don't panic and assume you have cancer if you experience spotting, though. Uterine bleeding also can be caused by other conditions, such as polyps, fibroid tumors (noncancerous growths in the uterus) and a thinning of the vaginal walls after menopause.

Other symptoms of uterine cancer can include abdominal pain and pain with sex, as Drescher had, or pain with urination.

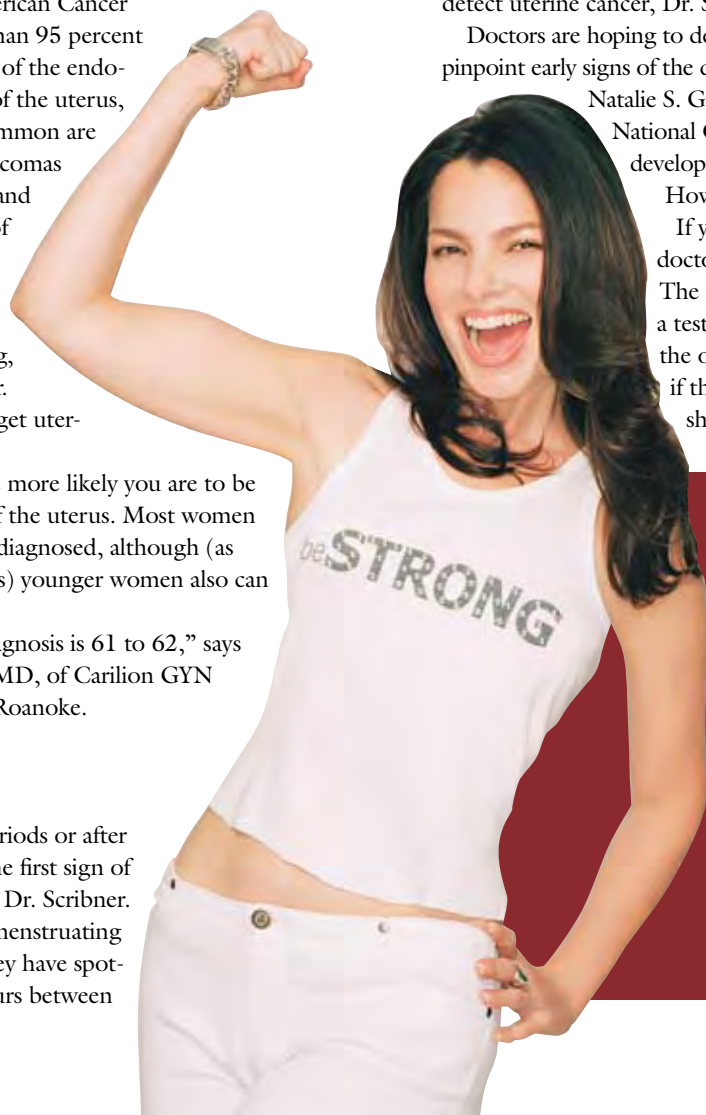
Is there a screening for uterine cancer?

There is no screening for uterine cancer, although Dr. Scribner says many women mistakenly think a Pap smear will detect it. A Pap smear (typically performed at a woman's annual gynecological exam) is designed to detect cancer of the cervix, which is located at the opening to the uterus. Occasionally, it also will detect uterine cancer, Dr. Scribner says.

Doctors are hoping to develop a screening test that would pinpoint early signs of the disease. Dr. Scribner and his partner, Natalie S. Gould, MD, are participating in a National Cancer Institute research trial aimed at developing such a test.

How is uterine cancer found?

If you have abnormal bleeding, your doctor usually will order diagnostic tests. The first may be a transvaginal ultrasound, a test that uses sound waves to visualize the organs in the pelvis and to determine if the lining of the uterus is thicker than it should be.



Women need to know the signs of uterine cancer, and they need to be persistent in seeking answers when troubling symptoms develop.

# Are you at risk for uterine cancer?

Women are more likely to be diagnosed with uterine cancer if they have experienced higher-than-normal estrogen levels over their lifetimes.

For example, you're at higher risk if you:

- Started your menstrual period early.
- Began menopause later than average.
- Were never pregnant.
- Are obese (because fat cells convert other hormones to estrogen).
- Have taken medicines such as tamoxifen, used to prevent or as a follow-up to breast cancer in some women.
- Have taken estrogen-only hormone replacement therapy, without the hormone progesterone to balance it.

"If you have a uterus, you should not be taking estrogen alone," warns Dennis R. Scribner, MD, a gynecologic oncologist at Carilion GYN Oncology Associates in Roanoke. "You need progesterone with it to counteract the effects of estrogen and stabilize the lining of the uterus."

Women who eat a high-fat diet, have diabetes or suffer from hypertension also are at increased risk. And if there's a history of uterine or colon cancer in your family, you may have inherited a genetic predisposition to uterine cancer. Your doctor can perform tests to determine if you have this susceptibility.

If you don't fall into any of those categories, that doesn't mean you've won a free pass around this disease. About half of those diagnosed with uterine cancer have no known risk factors, Dr. Scribner notes.

To determine if cancer cells are present in the lining of the uterus, though, the doctor must remove cells from the uterus for examination under a microscope. This is typically done in an office procedure called an endometrial biopsy or an outpatient procedure called a D&C (or dilation and curettage).

Drescher's uterine cancer was found when her doctor ordered a D&C to evaluate her abnormal bleeding. Drescher urges women of all ages who have abnormal bleeding to ask their doctors about this procedure.

How is uterine cancer treated?

If the cancer is found early, a hysterectomy (removal of the uterus, Fallopian tubes and ovaries) is the treatment. Your surgeon also should remove lymph nodes and perform pelvic washings.

You'll want to make sure you have your hysterectomy performed by a gynecologic oncologist, a specialist who focuses on cancer in women's reproductive organs and has received training in the removal of lymph nodes associated with the reproductive system. These lymph nodes will be removed and tested to see if the cancer has spread. If cancer has spread beyond the uterus, radiation and chemotherapy may be recommended.

Drs. Scribner and Gould are the only board-certified gynecologic oncologists in Southwest Virginia, so they typically operate on area patients with reproductive cancers. Thanks to advances in technology, they can perform a patient's hysterectomy and remove her lymph nodes with laparoscopic surgery, which requires just a few small incisions in the patient's abdomen and a device called the daVinci Robot to extract the organs.

"This system takes a very complex surgery and makes it much more simple," says Dr. Scribner.

Scarring is minimal compared to the old method, which required a long incision on the abdomen, and patients recover more quickly and are able to go back to work much more quickly, too.

## Can uterine cancer be cured?

When found early, before it has spread to other organs, uterine cancer is highly curable. The five-year survival rate for women with cancer confined to the uterus is 96 percent.

"We pick up about 75 percent of uterine cancers in the first stage," says Dr. Scribner.

The survival rate is lower for the remaining 25 percent whose cancer has spread.

That's why early detection is so important. Drescher, who had symptoms for two years before her eighth doctor finally diagnosed cancer, shudders to think of what could have happened. She urges women to be vigilant in observing their own bodies, persistent in seeking help for symptoms and knowledgeable about tests such as the transvaginal ultrasound and the D&C, which can help detect gynecological cancers.

"Once you wake up and smell the coffee, it's hard to go back to sleep," she notes in *Cancer Schmancer*. "Let me sound the alarm ... never be passive when it comes to your health." ♣

For more information, visit [www.carilion.com](http://www.carilion.com).

## Numbers to know on uterine cancer

Number of women who will be diagnosed in 2006 with uterine cancer: **41,200**

Number of women expected to die from uterine cancer in 2006: **7,350**

Survival rate of women diagnosed with uterine cancer: **96 percent** (when confined to uterus); **66 percent** (when it has spread regionally); **25 percent** (when it has spread to distant places)