CANCER OF THE ENDOMETRIUM

HORMONE TREATMENT USING A PROGESTOGEN IUD

the women's
the royal women's hospital
victoria australia

This fact sheet is for women who have been told they have early stage endometrial cancer. It will explain what an intrauterine device (IUD) is, and the benefits and problems of using a progestogen IUD to treat this condition.

If you have endometrial cancer, your doctor will usually recommend that you have an operation to remove your endometrium, uterus and cervix (known as a **total hysterectomy**), fallopian tubes (**bilateral salpingectomy**) and ovaries (**oophorectomy**). This is the standard treatment because it is the only way to be sure the cancer has been removed.

Using a progestogen intrauterine device (IUD) to treat endometrial cancer is unusual but it may be an option if you:

- strongly want to avoid (or delay) a hysterectomy so you can have (more) children
- have other health problems (like obesity) or diseases (particularly of the heart) which would make surgery unsafe for you.

Using a progestogen IUD to treat endometrial cancer will not be possible if:

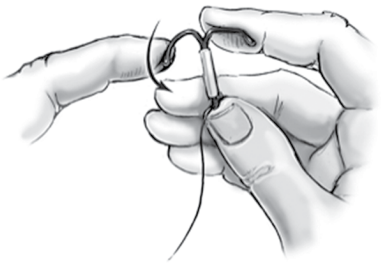
- your endometrial cancer has invaded the wall of your uterus or your cervix or moved beyond your uterus
- tests suggest there is cancer in your ovaries.

What is a progestogen IUD and how does it work?

An IUD is a small, usually plastic device that sits inside your uterus (or womb) and changes the environment in a way that prevents pregnancy.

A progestogen IUD releases a small amount of a synthetic female hormone inside your uterus. This kind of IUD is often used as a contraceptive or to treat heavy periods (menstrual bleeding).

Progestogen IUDs can also help to thin the lining of the uterus (the endometrium), which is why they may be useful in treating endometrial cancer in certain situations.



How is an IUD put in place?

The IUD will be put into your uterus through your vagina. At the Women's, this is usually done in the operating theatre where you will be given an injection of anaesthetic to put you to sleep. It can also be done in an outpatient or day clinic where you will be given an injection of local anaesthetic to numb the area around your cervix.

Most women will not feel the IUD when it is in place. Some women may feel the strings of the IUD within their vagina. Your partner should not be able to feel it during sex.

What happens after it is in place?

You will need to have a check-up every six months. Regular check-ups are essential to make sure your endometrial cancer has not grown or spread.

At each check-up, your doctor will examine and take samples of your endometrium using a fine camera (a procedure known as a **hysteroscopy**). This is usually done under general anaesthetic.

What are the possible problems of using a progestogen IUD?

Risk	How often does it happen?
Headache	Very common – Around 1 in 10 patients
Pain in your abdomen or pelvis	Very common – Around 1 in 10 patients
Bleeding changes (including greater/lesser period bleeds and/or spotting) which may last for three to six months	Very common – Around 1 in 10 patients
Depressed mood, nervousness, lower sex drive	Common – Between 1 and 10 in 100 patients
Cysts on your ovaries that may cause pain and need to be removed in an operation	Common – Between 1 and 10 in 100 patients
Painful breasts and nipples	Common – Between 1 and 10 in 100 patients
Pimples, increase in body hair and weight gain	Common – Between 1 and 10 in 100 patients
Swollen limbs	Uncommon – Between 1 and 10 in 1000 patients
Hives or rashes	Rare – Between 1 and 10 in 10,000 patients
IUD pushing through your uterus and needing to be removed in an operation	Rare – Between 1 and 10 in 10,000 patients

Your IUD may also slip out of place. If it does, you will need to see your doctor to put it back in place or try another treatment.

These are the side effects of using an IUD for contraception or for heavy menstrual bleeding. It is not known whether using an IUD to treat endometrial cancer has the same or different side effects.

You may have some or all of these side effects – or you may have none of them. The side effects may be minor, moderate or major problems for you. They can last for different amounts of time and can sometimes be permanent.

There are also some risks with having a general anaesthetic. Your doctor can explain these risks to you.

How successful is using an IUD?

The safety and success of using IUDs to treat endometrial cancer is not yet fully known as it is a relatively recent treatment.

At the Women's, we have used a progestogen IUD to treat endometrial cancer in more than 16 women. Most of these women were pre-menopausal. Out of 16 women:

» ten had an endometrium that became less abnormal or in which the cancer seemed to disappear

» two became pregnant after treatment.

For most of the women treated at the Women's, there was a change to their endometrial cancer around six months after having the IUD inserted.

In the United Kingdom one study followed 278 women who were using a progestogen IUD to treat early stage endometrial cancer. After treatment finished, 89 babies were born to this group of women. It would also seem that once you become pregnant after being treated for cancer with an IUD, you have the same chance of having a successful pregnancy as other women.

What if I want to become pregnant?

Pregnancy is not recommended when you have endometrial cancer. Treatment with an IUD may help your endometrium return to normal. During this time the IUD also acts as a contraceptive. Under usual circumstances, once the IUD is removed pregnancy may be possible.

Younger women with endometrial cancer often have other health problems that prevent them from becoming pregnant. If you want to become pregnant and are using an IUD to treat your cancer, it may be a good time to address these problems to ensure you have the best chance of becoming pregnant and having a healthy pregnancy after treatment. Talk to your doctor or reproductive specialist about what you can do to improve your health and fertility.

Will I eventually need a hysterectomy?

Once you have completed your family, and you have no further desire to be pregnant again, it is likely that a hysterectomy will be recommended. This is because it is not known if an IUD can permanently treat endometrial cancer and the reason or reasons behind you developing cancer in the first place are not likely to have changed.

Things to remember

- Treating endometrial cancer with an IUD may mean you can have children later on, but it is not a long term treatment option as it is not known if it will permanently arrest cancer.
- Women using an IUD to treat endometrial cancer must see their gynaecological oncologist every six months and undergo a short procedure to ensure that their cancer has not grown or spread.
- Conservative management of early endometrial cancer with an IUD will not work in 10 to 15 per cent of cases, which is why regular follow-ups are required.

Questions to ask your doctor or oncologist

- Can I delay surgery if I try using an IUD first?
- How long can I try the IUD?
- What happens to the cancer during pregnancy?
- How long after pregnancy would I need to have a hysterectomy?
- If I decide to have a hysterectomy, can you harvest eggs from my ovaries so a surrogate could have my baby?
- Do I have any other options for having a baby?

Where can I get more information or support?

These fact sheets may also be helpful:

- Endometrial cancer
- Hysteroscopy

If you are a patient at the Women's:

Gynaecological Oncology Unit

Royal Women's Hospital
Tel: (03) 8345 3566

Women's Health Information Centre (WHIC)

Royal Women's Hospital
Tel: (03) 8345 3045 or 1800 442 007 (rural callers)

For women in Victoria:

Cancer Council Helpline
cancervic.org.au
Tel: 13 11 20

BreaCan – Gynaecological and Breast Cancer Support
Web: breacan.org.au
Tel: 1300 781 500

References:

Cade T, Quinn M, Rome R, Neesham D 2010, 'Progestogen treatment options for early endometrial cancer', BJOG: *An International Journal of Obstetrics and Gynaecology*, vol 117, no. 7, pp. 879–884.

Royal College of Obstetricians and Gynaecologists 2013, 'Fertility Sparing Treatments in Gynaecological Cancers', Scientific Impact Paper, no. 35.