CERVICAL CANCER
Most of the time, early cervical cancer has no symptoms. Symptoms that may occur include:
• Abnormal vaginal bleeding between periods, after intercourse, or after menopause.
• Vaginal discharge that does not stop, and may be pale, watery, pink, brown, bloody, or foul-smelling.
• Periods that become heavier and last longer than usual.
Cervical cancer may spread to the bladder, intestines, lungs, and liver. Often, there are no problems until the cancer is advanced and has spread. Symptoms of advanced cervical cancer may include:
• Back pain
• Bone pain or fractures
• Fatigue
• Leaking of urine or feces from the vagina
• Leg pain
• Loss of appetite
• Pelvic pain
• Single swollen leg
• Weight loss

OVARIAN CANCER
Symptoms are often vague. Women and their doctors typically blame the symptoms on other, more common conditions. By the time the cancer is diagnosed, the tumor has spread beyond the ovaries.
See your doctor if you have the following symptoms on a daily basis for more than a few weeks:
• Bloating or swollen belly area.
• Difficulty eating or feeling full quickly (early satiety).
• Pelvic or lower abdominal pain. The area may feel “heavy” (pelvic heaviness).
Other symptoms are also possible with ovarian cancer, but these symptoms are also common in women who do not have cancer:
• Abnormal menstrual cycles.
• Digestive symptoms, such as no appetite, indigestion, nausea and vomiting, constipation, and increased gas.
• Back pain for unknown reasons that worsens over time.
• Vaginal bleeding that occurs between periods.
• Weight gain or loss.
Other symptoms that can occur:
• Excessive hair growth that is coarse and dark.
• Sudden urge to urinate.
• Needing to urinate more often than usual (increased urinary frequency or urgency).

ENDOMETRIAL CANCER
• Abnormal bleeding from the vagina, including bleeding between periods or spotting/bleeding after menopause.
• Extremely long, heavy, or frequent episodes of vaginal bleeding after age 40.
• Lower abdominal pain or pelvic cramping.
• Thin white or clear vaginal discharge after menopause.
EARLY DETECTION
Gynecologic cancer includes cervical, ovarian, endometrial, uterine, fallopian tube (fal-are), vaginal and vulvar cancers.

Worldwide, cervical cancer is the third most common type of cancer in women. It is much less common in the U.S. because of the routine use of Pap smears. Pap smears can detect dysplasia, abnormal changes in the cells on the surface of the cervix, which can slowly develop into cancer. Caught at this stage, it’s 100 percent treatable.

Often the cause of cervical, vaginal, and vulvar cancers is human papilloma virus (HPV). Vaccination is available to prevent infection by several strains of HPV.

Women with risk factors for endometrial cancer should be followed closely by their doctors. No lab or imaging test exists to successfully screen for or diagnose endometrial cancer or ovarian cancer in it’s early stages.

Annual pelvic exams may note signs of vaginal and vulvar cancer or changes in the size, shape, or feel of the uterus or surrounding structures which can be indicators of cancerous growth.

One of the best early detectors can be you. Know if you are at risk. Become familiar with the signs and symptoms of gynecological cancers. Pay attention to your body, and know what is normal for you. If you notice any changes in your body that are not normal and could be a sign of a gynecological cancer, talk to your doctor.

AM I AT RISK?
The following factors may increase a woman’s risk for gynecological cancers:
- Having HPV.
- Having had dysplasia, cervical precancer.
- Having a condition (such as HIV) that makes it hard for your body to fight off health problems.
- A family history of breast, gynecological or colon cancer.
- Never having been pregnant or infertility issues.
- Smoking.
- Obesity.

ADDITIONAL RISK FACTORS BY CANCER TYPE
Factors increasing the risk of cervical cancer:
- Being economically disadvantaged.
- Having a mother who took the drug diethylstilbestrol (DES) during pregnancy in the early 1960s to prevent miscarriage.
- Using birth control pills for a long time (five or more years).
- Risky sexual behavior (Increased risk of HPV or HIV infection).

Factors increasing the risk of ovarian cancer:
- The fewer children a woman has and the later in life she gives birth.
- Prior breast cancer or a family history of breast or ovarian cancer (due to defects in the BRCA1 or BRCA2 genes).
- Women who take estrogen replacement only (not with progesterone) for five years or more. (Birth control pills decrease the risk of ovarian cancer.)
- Age: most deaths from ovarian cancer occur in women age 55 and older.

Ovarian cancer is one of the most common hereditary cancers. It causes more deaths than any other type of female reproductive organ cancer.

Factors related to hormones increase your risk of endometrial cancer, the most common form of uterine cancer:
- Estrogen replacement therapy without the use of progesterone.
- History of endometrial polyps.
- Infrequent periods.
- Polycystic ovary syndrome (PCOS).
- Starting menstruation at an early age (before age 12).
- Starting menopause after age 50.
- Taking Tamoxifen, a drug used for breast cancer treatment, for more than two years.

An increased level of estrogen stimulates the buildup of the lining of the uterus. This can lead to overgrowth of the endometrium and develop into cancer.

TREATMENT OPTIONS
Treatment of gynecological cancers depends upon:
- The stage of the cancer.
- The size and shape of the tumor.
- The woman’s age and general health.
- A desire to have children in the future.

Surgical intervention can often be via minimally invasive daVinci robotic surgery.

Early cervical cancer can be cured by removing or destroying the precancerous or cancerous tissue. This is why routine Pap smears are so important. There are surgical ways to do this without removing the uterus or damaging the cervix so that a woman can still have children in the future.

Treatment for more advanced cervical cancer as well as endometrial and uterine cancers may combine a surgical option with chemotherapy or radiation:
- A hysterectomy (surgery to remove the uterus but not the ovaries).
- Radical hysterectomy, which removes the uterus and much of the surrounding tissues, including lymph nodes and the upper part of the vagina.
- Pelvic exenteration, an extreme type of surgery in which all of the organs of the pelvis, including the bladder and rectum, are removed.

Surgery is used to treat all stages of ovarian cancer. For early stages, surgery may be the only treatment. Surgery to remove the uterus (hysterectomy), fallopian tubes and ovaries may be done in women with early stage 1 cancer. If the cancer is only in one ovary and the patient still wants to be able to have children, only the ovary containing the cancer and the fallopian tube on the same side will be removed. Later stages of cancer may require removal of other structures in the stomach or pelvis.

Vaginal and vulvar cancers have similar treatments.

If abnormal precancerous cells (vaginal intra-epithelial neoplasia (VAIN)) or early stage cancer are found, the area can be treated with laser therapy which burns off the outer layer containing abnormal cells. Topical chemotherapy or immunotherapy are also options though these can cause significant irritation where applied.

Excess of the cancer and a margin of normal-appearing skin (usually about 1/4 inch around) it may also be required. Advancing stages include partial or full vulvectomy or vaginectomy combined with chemotherapy or radiation. Often lymph nodes in the area require treatment or removal. Reconstructive surgery can improve quality of life.