

Hospital: Avista Adventist Hospital  
Project: Gynecological Oncology Web Content  
Owner: Melissa Phillips 303-673-1281  
Due Date: July 2016

<http://www.avistahospital.org/avh/specialties/gynecologic-oncology/>

Landing Page:

Top Heading

Every six minutes a woman is diagnosed with gynecologic cancer. We're here for you at minute seven.

[Learn more](#)

2<sup>nd</sup> row – left heading

Your best defense against gynecologic cancer starts with early detection.

[Learn more](#)

2<sup>nd</sup> row – middle heading

Know the types of cancer that you're fighting against.

[Learn more](#)

2<sup>nd</sup> row – right heading

We are here to fight with you – meet your champion.

[Learn more](#)

LINK for:

Top Heading

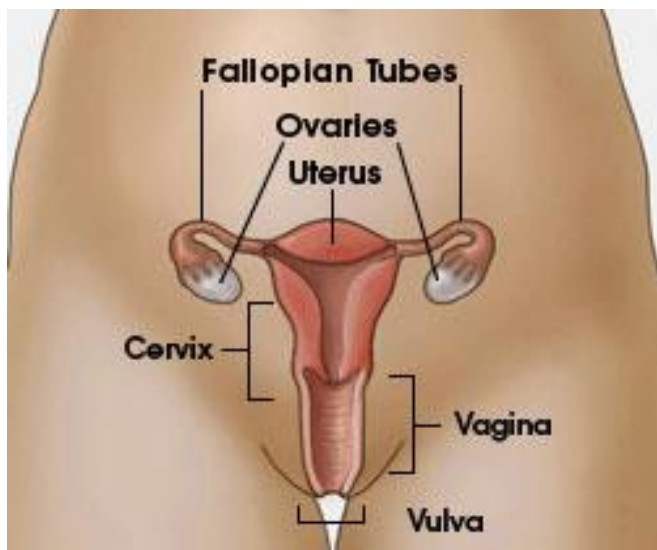
Every six minutes a woman will learn she is about to battle gynecologic cancer. We enter the fight with you at minute seven.

[Learn more](#)

### Avista Adventist Hospital Cancer Care

If you are a woman, you are at risk for gynecologic cancers, and your risk will increase as you age. Your best defense against these types of cancers is regular screenings. Screenings can help detect certain gynecological cancers in their earlier stages and increase the likelihood of successful treatment.

### What is Gynecologic Cancer?



Gynecologic cancers are the uncontrolled growth and spread of abnormal cells originating in the female reproductive organs, including the cervix, ovaries, uterus, fallopian tubes, vagina and vulva.

**Gynecologic cancer is always named for the part of the body where it starts: ([link all of these to their page](#))**

- **Cervical cancer** begins in the cervix, which is the lower, narrow end of the uterus. (The uterus is also called the womb.)
- **Ovarian cancer** begins in the ovaries, which are located on each side of the uterus.
- **Uterine cancer** begins in the uterus, the pear-shaped organ in a woman's pelvis where the baby grows when a woman is pregnant.
- **Vaginal cancer** begins in the vagina, which is the hollow, tube-like channel between the bottom of the uterus and the outside of the body.
- **Vulvar cancer** begins in the vulva, the outer part of the female genital organs
- **Gestational trophoblastic neoplasia** (a rare cancer of the placenta)
- **Cervical dysplasia and other pre-cancerous lesions** of the lower genital tract

**How common is gynecologic cancer? ([link all of these to their page](#))**

In 2016, the American Cancer Society estimated:

- **Cervical Cancer:** 12,990 new cases and 4,120 estimated deaths
- **Ovarian Cancer:** 22,280 new cases and 14,240 estimated deaths
- **Uterine Cancer:** 60,050 new cases and 10,470 estimated deaths
- **Vaginal Cancer:** 4,620 new cases and 950 deaths
- **Vulvar Cancer:** 5,950 new cases and 1,110 deaths

[LINK for:](#)

[2<sup>nd</sup> row – left heading](#)

Your best defense against gynecologic cancer starts with early detection.

[Learn more](#)

**Why is it important for me to find cancer early?**

The American Cancer Society estimates that more than half of all cancer deaths could be prevented if people adopted cancer prevention measures, including receiving routine check-ups, living a healthy lifestyle and having an awareness of the early signs of cancer. Cancer can be discovered early or prevented altogether through periodic check-ups and screening procedures.

**Am I at risk for gynecologic cancer?**

- Yes. If you are a woman, you are at risk for developing a gynecologic cancer, and your risk increases with age
- Yes. Don't ignore changes in your body – talk with your doctor immediately. Each gynecologic cancer has its own general risk factors and may impact every woman in a different way. Your cancer treatment will be most effective when your gynecologic cancer is found early

**What are my risk factors?**

- A family history of breast, ovarian or colon cancer

- A diagnoses of other cancers like colon, rectal or breast cancer
- Being a post-menopausal woman
- Being obese
- Beginning menstruation at an early age
- Never having been pregnant
- Experiencing endometrial hyperplasia and cervical dysplasia

**What symptoms of gynecologic cancer would I watch for?**

Gynecologic Cancer Symptoms					
Symptoms	Cervical Cancer	Ovarian Cancer	Uterine Cancer	Vaginal Cancer	Vulvar Cancer
Abnormal vaginal bleeding or discharge	●	●	●	●	
Pelvic pain or pressure		●	●		●
Abdominal or back pain		●			
Bloating		●			
Changes in bathroom habits		●		●	
Itching or burning of the vulva					●
Changes in vulva color or skin, such as a rash, sores, or warts					●

**Are regular screenings really that important to my health?**

Our Avista Adventist Cancer Care physicians feel that screening tests can save thousands of lives each year. Screening tests can help you find cancer in its early stages, even before any symptoms appear. Early detection can save your life. **Call 303-673-1000 to talk with a cancer care representative or request an appointment (does Avista have an online appointment request?) to schedule your life-saving screening.**

**What lifestyle changes can I make to help fight cancer?**

You can be proactive and create a healthier lifestyle by incorporating these guidelines:

- **Embrace a healthy diet**
- **Be more physically active**
- **Eliminate excessive body weight**
- **Eliminate tobacco use.** This accounts for about 30% of all cancer deaths in the United States, including about 80% of all lung cancer deaths. Don't start smoking and stop now if you do
- **Reduce your alcohol use.** Alcohol clearly raises the risk of mouth, throat, voice box, and esophagus, liver, colon, rectal and breast cancer

- **Limit sun and UV exposure.** You need Vitamin D, but make sure you are using sunscreen and seeking shade at the highest exposure times.

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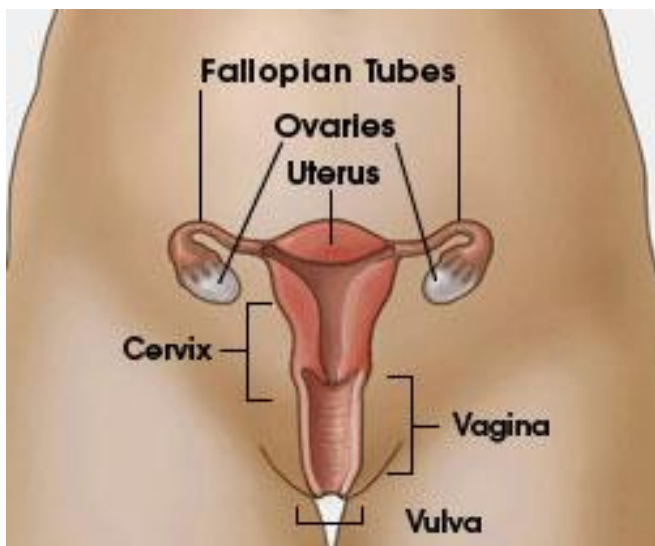
[2<sup>nd</sup> row – middle heading](#)

Know the types of cancer that you're fighting against.

[Learn more](#)

**Why should you learn about these cancers?**

Because knowing your enemy will help you defeat it.



**Cervical cancer** begins in the cervix, which is the lower, narrow end of the uterus. (The uterus is also called the womb.)

**Ovarian cancer** begins in the ovaries, which are located on each side of the uterus.

**Uterine cancer** begins in the uterus, the pear-shaped organ in a woman's pelvis where the baby grows when a woman is pregnant.

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**Gestational trophoblastic neoplasia** (a rare

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Links for types of gynecologic cancers:

[LINK for Cervical cancer](#)

**What is Cervical Cancer?**

**Cervical cancer** begins in the cervix, which is the lower, narrow end of the uterus. (The uterus is also called the womb.) *(Use image of female reproductive organs here)*

- Most cervical cancers begin in an area called the transformation zone. This is where the inner part of the cervix closest to the uterus (the endocervix) meets the outer part of the cervix closest to the vagina (the ectocervix).
- Infection with the human papilloma virus (HPV) is the main risk factor for cervical cancer, causing more than 90 percent of cervical cancers diagnosed in the United States. This virus is so common that it affects nearly 70 percent of sexually active women.

**What is my risk for Cervical Cancer?**

Can you answer yes to any of these questions?

1. Have you ever been infected with Human Papilloma Virus (HPV)?
2. Have you or your partner had sex with more than one person (each other)?
3. Do you smoke?
4. Are you overweight? [Calculate your Body Mass](#) Index to find out.
5. Do you eat less than two cups of fruits and vegetables every day?
6. Do you use oral contraceptives?
7. Have you had three or more full-term pregnancies?
8. Were you younger than 17 when you first gave birth?
9. Does your family have a history of cervical cancer?

### **If I have some of these risk factors will I get cervical cancer?**

Remember, having one or more of these risk factors does not mean you'll get cervical cancer. But, if you have one or more risk factors, you should schedule regular PAP and HPV tests starting at 21. Your doctor can find and remove abnormal cells before they develop into cancer.

In 2016, the American Cancer Society estimates that there will be 12,990 new cases of cervical cancer diagnoses and 4,120 women will lose their fight against the disease.

### **What symptoms should I be looking for?**

Cervical cancer presents a special challenge because you may not notice any signs or symptoms, especially when the condition is in its earliest stages. Because it can stay "hidden," it's important to start getting regular cervical cancer screening at age 21, regardless of how old you were when you first had sexual intercourse.

If you do have symptoms, they may include:

- Pain or bleeding during or after sex, douching, or a pelvic examination
- Pelvic pain
- Unusual vaginal discharge
- Blood or bleeding beyond your normal menstrual period

Since other conditions can cause these symptoms as well, it is important to see your doctor if you experience any of these symptoms. **Call 303-673-1000 to talk with a cancer care representative or request an appointment**

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- **Reduce your alcohol use.** Alcohol clearly raises the risk of mouth, throat, voice box, and esophagus, liver, colon, rectal and breast cancer
- **Limit sun and UV exposure.** You need Vitamin D, but make sure you are using sunscreen and seeking shade at the highest exposure times.

[LINK for Ovarian cancer](#)

### **What is ovarian cancer?**

**Ovarian cancer** begins in the ovaries, which are located on each side of the uterus. (Use [image of female reproductive organs here](#))

Ovarian cancer is the second most common type of gynecologic cancer in the United States. It affects one to two of every 100 women. There are more than 30 different types of ovarian cancer, and each type is classified based on the cells that are growing in the ovary.

### **What is my risk for ovarian cancer?**

Can you answer yes to any of these questions?

1. Do you have a family history of ovarian or breast cancer?
2. Do you have a personal history of breast cancer prior to age 40?
3. Do you have a personal history of breast cancer diagnosed prior to age 50 as well as one or more close relatives diagnosed with breast or ovarian cancer at any age?
4. Are you of Ashkenazi Jewish heritage and have a personal history of breast cancer prior to age 50?
5. Are you of Ashkenazi Jewish heritage and have a first- or second-degree relative diagnosed with breast cancer prior to age 50, or with ovarian cancer at any age?
6. Do you have a history of infertility and/or use of assisted reproductive therapies, such as in vitro fertilization (IVF)?
7. Do you have a history of endometriosis (a condition in which tissue from the lining of the uterus grows outside of the uterus)?
8. Do you have a history of hormone replacement use for the management of symptoms related to menopause?

### **If I have some of these risk factors will I get ovarian cancer?**

Remember, having one or more of these risk factors does not mean you'll get ovarian cancer. But, if you have one or more risk factors, you should schedule regular visits with your doctor and communicate any symptoms you might be experiencing.

In 2016, the American Cancer Society estimates that there will be 22,280 new cases of ovarian cancer and 14,240 women will lose their fight against the disease.

### **What symptoms should I be looking for?**

Ovarian cancer rarely has noticeable symptoms when it is in its earliest stages. As the cancer progresses, subtle symptoms begin to appear, but they still may not be noticed right away, or they may be blamed on other common conditions, such as constipation or an irritable bowel.

If you do have symptoms, they may include:

- Abdominal bloating or swelling
- Pain in the abdomen or pelvis
- Difficulty eating, or feeling full quickly
- Lack of appetite
- Feeling an urgent need to urinate
- Needing to urinate frequently
- Change in bowel habits (constipation or diarrhea)

- Change in menstrual periods
- Vaginal bleeding between periods
- Back pain
- Weight gain or loss

Since other conditions can cause these symptoms as well, it is important to see your doctor if you experience any of these symptoms. **Call 303-673-1000 to talk with a cancer care representative or request an appointment**

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### [LINK for Uterine cancer](#)

### What is uterine cancer?

**Uterine cancer** begins in the uterus, the pear-shaped organ in a woman's pelvis where the baby grows when a woman is pregnant. [\(Use image of female reproductive organs here\)](#)

Uterine (endometrial) cancer is the most common cancer of the **female reproductive system**. It tends to develop after **menopause**, when a woman is between the ages of 50 and 60.

### What is my risk for uterine cancer?

Can you answer yes to any of these questions?

1. Are you between the ages of 50 and 60?
2. Did you begin menstruating before the age of 12?
3. Did you enter menopause relatively late, after age 52?
4. Have you never given birth?
5. Do you have a history of infertility (an inability to become pregnant)?
6. Do you have an ovarian disease, such as polycystic ovarian syndrome, that could cause you to have higher than normal levels of the hormone estrogen and lower than normal levels of the hormone progesterone?
7. Do you have elevated blood sugar (diabetes)?
8. Do you have high blood pressure (hypertension)?
9. Do you have a family history of endometrial carcinoma?
10. Have you taken the drug tamoxifen after menopause? (The increased risk depends in part on the dose taken and the length of time it's used. Women who take tamoxifen should discuss the risks and benefits of this drug with their doctors.)
11. Have you been diagnosed with endometrial hyperplasia?
12. Have you taken certain types of hormone replacement therapy (HRT)?

### **If I have some of these risk factors will I get uterine cancer?**

Remember, having one or more of these risk factors does not mean you'll get uterine cancer. But, if you have one or more risk factors, you should schedule regular visits with your doctor and communicate any symptoms you might be experiencing.

In 2016, the American Cancer Society estimates that there will be 60,050 new cases of uterine cancer and 10,470 women will lose their fight against the disease.

### **What symptoms should I be looking for?**

More than 90 percent of women with uterine (endometrial) cancer experience abnormal vaginal bleeding. In some cases, the bleeding may appear as vaginal discharge that is watery, pink or white instead of red. Women in their late 30s and early 40s may also experience heavy bleeding between periods. If you have gone through menopause, be sure to discuss any vaginal bleeding with your doctor; one in ten postmenopausal women with this sign are found to have uterine cancer.

If you do have symptoms, they may include:

- Difficulty urinating
- Pain when urinating
- Pain during sexual intercourse
- Pelvic pain (usually a symptom of later stages of disease)
- Unexplained weight loss (usually a symptom of later stages of disease)

Since other conditions can cause these symptoms as well, it is important to see your doctor if you experience any of these symptoms. **Call 303-673-1000 to talk with a cancer care representative or request an appointment**

### **What lifestyle changes can I make to help fight cancer?**

You can be proactive and create a healthier lifestyle by incorporating these guidelines:

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### **[LINK for Vaginal cancer](#)**

**Vaginal cancer** begins in the vagina, which is the hollow, tube-like channel between the bottom of the uterus and the outside of the body. **(Use image of female reproductive organs here)**

Vaginal cancers are very rare. They account for 6-7 percent of all gynecologic cancers diagnosed in the U.S.

### **What is my risk for vaginal cancer?**

Can you answer yes to any of these questions?



1. Do you have Human Papilloma Virus (HPV)?
2. Have you had cervical pre-cancer or cervical cancer?
3. Do you have a condition such as HIV, the virus that can lead to AIDS, that makes it hard for your body to fight off health problems?
4. Are you a smoker?
5. Do you have chronic vulvar itching or burning?

### **If I have some of these risk factors will I get vaginal cancer?**

Remember, having one or more of these risk factors does not mean you'll get vaginal cancer. But, if you have one or more risk factors, you should schedule regular visits with your doctor and communicate any symptoms you might be experiencing.

In 2016, the American Cancer Society estimates that there will be 4,620 new cases of vaginal cancer and 950 women will lose their fight against the disease.

### **What symptoms should I be looking for?**

Most vaginal cancers do not cause signs or symptoms early on. [\(Use image of female reproductive organs here\)](#)

If you do have symptoms, they may include:

- Vaginal discharge or bleeding that is not normal for you – longer or heavier than is normal for you.
- A change in bathroom habits, such as having blood in the stool or urine; going to the bathroom more often than usual; or feeling constipated.
- Pain in your pelvis or abdomen, especially when you pass urine or have sex.

Since other conditions can cause these symptoms as well, it is important to see your doctor if you experience any of these symptoms. **Call 303-673-1000 to talk with a cancer care representative or request an appointment.**

### **How can I prevent vaginal cancers?**

- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. If you are between the ages of 9 and 26, talk to your doctor about the HPV vaccine.
- Take steps to reduce your risk of getting HPV or HIV, such as avoiding sex or limiting your number of sexual partners.

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## [LINK for Vulvar cancer](#)

**Vulvar cancer** begins in the vulva, the outer part of the female genital organs. [\(Use image of female reproductive organs here\)](#)

Vulvar cancers are very rare. They account for 6-7 percent of all gynecologic cancers diagnosed in the U.S.

### **What is my risk for vulvar cancer?**

Can you answer yes to any of these questions?

1. Do you have Human Papilloma Virus (HPV)?
2. Have you had cervical pre-cancer or cervical cancer?
3. Do you have a condition such as HIV, the virus that can lead to AIDS, that makes it hard for your body to fight off health problems?
4. Are you a smoker?
5. Do you have chronic vulvar itching or burning?

### **If I have some of these risk factors will I get vulvar cancer?**

Remember, having one or more of these risk factors does not mean you'll get vulvar cancer. But, if you have one or more risk factors, you should schedule regular visits with your doctor and communicate any symptoms you might be experiencing.

In 2016, the American Cancer Society estimates that there will be 5,950 new cases of vulvar cancer and 1,110 women will lose their fight against the disease.

### **What symptoms should I be looking for?**

Most vulvar cancers do not cause signs or symptoms early on.

If you do have symptoms, they may include:

- Itching, burning or bleeding on the vulva that does not go away
- Color changes on the skin of the vulva – redder or whiter than normal
- Skin changes on the vulva – including a rash or warts
- Sores, lumps or ulcers on the vulva that don't go away
- Pain in your pelvis, especially when you urinate or have sex

Since other conditions can cause these symptoms as well, it is important to see your doctor if you experience any of these symptoms. **Call 303-673-1000 to talk with a cancer care representative or request an appointment.**

### **How can I prevent vulvar cancers?**

- Get the HPV vaccine. It protects against the types of HPV that most often cause cervical, vaginal, and vulvar cancers. If you are between the ages of 9 and 26, talk to your doctor about the HPV vaccine.
- Take steps to reduce your risk of getting HPV or HIV, such as avoiding sex or limiting your number of sexual partners.

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[LINK for:](#)

[2<sup>nd</sup> row – right heading](#)

We are here to fight with you – meet your champion.

[Learn more](#)

### **Who is my champion in this fight?**

Dr. Irina Dimitrova – Gynecologic Oncology,  
Centura Health Physician Group – Women's Specialty Health



Irina Dimitrova, MD is board-certified by the American Board of Obstetrics and Gynecology specializing in Gynecologic Oncology. When it comes to treating patients, Dr. Dimitrova feels the relationship between a patient and a physician is to work together to accomplish a desired goal. “My principal role is to provide the patient with accurate information about their diagnosis and treatment so they may make informed decisions.”

She earned her medical degree from the Sofia Medical University in Sofia, Bulgaria. After medical school, she relocated to the United States where she completed her post graduate training. She completed a residency in obstetrics and gynecology at Oakwood Medical Center in Michigan and a fellowship in gynecologic oncology at the University of Colorado in Denver.

Prior to starting her fellowship, Dr. Dimitrova taught at the Department of Obstetrics and Gynecology at the University of Colorado. She was also a Gynecologic Oncologist, with the Department of Gynecology, Virginia Mason Medical Center in Seattle.

Dr. Dimitrova is fluent in English, Bulgarian, Greek, Russian, and Macedonian. When she's not treating patients, Dr. Dimitrova enjoys skiing, hiking, mountain biking, travel, cooking and dancing.

[Schedule an Appointment](#)

CHPG Women's Specialty Health – Church Ranch  
7233 Church Ranch Blvd.  
Westminster, CO 80021  
Phone: 303-925-4100  
Fax: 303-925-4021

**What is a Gynecologic Oncologist?**

Our gynecologic oncology specialist, Dr. Irina Dimitrova at CHPG Women's Specialty Health – Church Ranch, is dedicated to diagnosing and treating cancers that originate on a woman's reproductive organs. Dr. Dimitrova understands that cancer does not merely change your health, it impacts your entire life. In addition to providing you with the best care for gynecologic cancers, Dr. Dimitrova believes in guiding and supporting you through the myriad of challenges and changes you will face fighting cancer.

**Gynecologic oncologist definition:** A gynecologic oncologist is a physician who specializes in diagnosing and treating cancers that are located on a woman's reproductive organs. Gynecologic oncologists completed obstetrics and gynecology residency and then pursued subspecialty training through a gynecologic oncology fellowship. Residency takes four years to complete, while fellowship involves three to four additional years of intensive training about surgical, chemotherapeutic, radiation, and research techniques that are important to providing the best care for gynecologic cancers. Physicians who complete this training are eligible to take both the obstetrics and gynecology board exam and the gynecologic oncology board exam.

The gynecologic oncologist serves as the captain of a woman's gynecologic cancer care team. It is important to consult with a gynecologic oncologist before treatment is started so that the best treatment regimen is chosen for you.