#### Republic of Iraq



#### Ministry of Higher Education and Scientific Research

University of Basra/ college of Nursing



# Risk factors associated with of female reproductive system cancer

A Research project Was Submitted to the Counsel of the College of

Nursing at the University of Basra as Partial Fulfillment of the

Requirements for the Degree of Baccalaureate in Nursing Science

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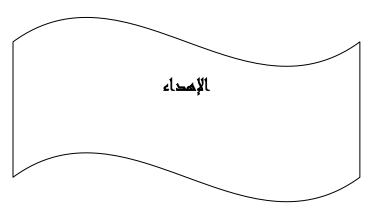
Professor Dr. Mahfoudh F. Hassan

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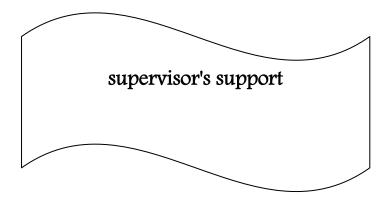
إليكِ يا حبيبة القلب.... يا من وضع الله سبحانه وتعالَّ الجنة تحت أقدامك.... الديكِ يا أمي.

إليكَ أيضًا يا خالد الذكر... لم أركَ يومًا تتهاون في توفير لي سبل السعادة والخير... إلى أبي الموقر.

إليكم جميع أصدقائي ومعارفي الكرام... الذين أكنّ لهم كل حب وتقدير واحترام.

إلى جميع أساتذتي الكرام.... الذين لم يبخلوا علي يومًا ما.

إليكم جميعًا بحثي العلمي.



I certify that this project of research

# "Risk factors associated with of female reproductive system cancer"

Was prepared under my supervision at the College of Nursing, University of Basra as partial fulfillment of the Requirements for the degree of baccalaureate in nursing Sciences.

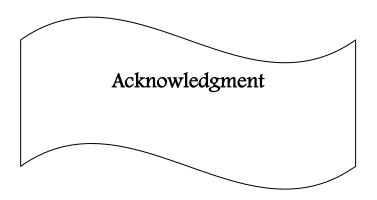
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**University of Basra** 

2022/4/1



We would like to express my very great appreciation to **Professor Dr. Dr. Mahfoudh F. Hassan** 

For his valuable and constructive suggestions during the planning and development of this research work. His willingness to give his time so generously has been very much appreciated.

And We would like to thank my parents and university to help us for this project.

#### **Abstract**

## Risk factors associated with of female reproductive system cancer

**Background**: Cancers can occur in any part of the female reproductive system—the vulva, vagina, cervix, uterus, fallopian tubes, or ovaries. These cancers are called gynecologic cancers.

#### **Objective of project:**

- 1. To identify the amount and percentage of each risk factor in **female reproductive system cancer** about women
- 2. To identify the relationship of **female reproductive system cancer** with demographic variables.

**Methodology:** the sample of the study consists (64)women, they have deferent education level about gynecological cancer. the project questionnaire format tool was identified through (17) items to assess the Risk factors associated with gynecological cancer.

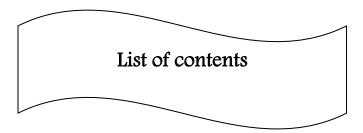
Statistical data analysis: the data were analyzed using the Statistical Package for Social Sciences (SPSS), version 26.

#### The most important results

- 1. The proportion of the research sample was (34 %) with lower back pain.
- 2. The largest percentage of the research sample (80 %) did not exercise.
- 3. Childbearing more than 5 risk factor in in Uterine cancer was (4 %) significant.
- 4. Hormonal treatment risk factor in Uterine cancer was (1.3 %) significant.
- 5. Obese risk factor in Uterine cancer was (1 %) significant.
- 6. The relationships of demographic factors Uterine cancer were with married individuals and Education level for them at a significant level.

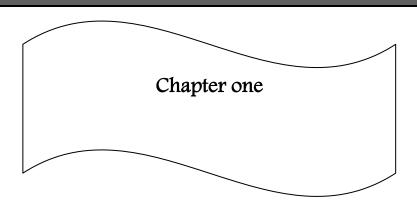
#### Recommendation

- 1. Taking the results of the study to avoid the most risk factors in Uterine cancer
- 2. It is recommended to exercise and maintain an ideal body weight.



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- 1.1 Introduction
- 1.2 important of the project
- 1.3 Problem of the project
- 1.4 Goals of the project

#### 1.1 Introduction:

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and multiply (through a process called cell division) to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place(1).

Cancers of the female reproductive system - namely cancer of the cervix uteri (cervical cancer), Cervical, endometrial, and ovarian cancers are relatively common, whereas vulvar, vaginal, fallopian tube cancers, and choriocarcinomas are very rare.

More than 85% of the global burden of cervical cancer occurs in less developed regions, where it accounts for 13% of all cancers in women. High-standardized incidence rates (greater than 20 per 100,000 women) are found in Eastern, Western, and Southern Africa, South-Central Asia, South America, Melanesia, and Central Africa. Rates are lowest in Western Asia, North America, and Australia/New Zealand (less than 6 per 100,000 women), . The overall mortality: incidence ratio of cervical cancer is 52%; it was responsible for 275,000 deaths in 2008, about 88% of which occurred in less developed regions(2).

#### 1.2 important of the study:

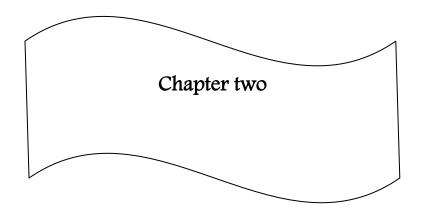
Enabling health institutions and cadres from the real proportions of risk factors in **uterine cancer**.

#### 1.3 problem of project:

We can formulate the problem with the following question: What is the percentage of each risk factor in **uterine cancer**?

#### 1.4 Objective of project:

- 1- To identify the amount and percentage of each risk factor in **Uterine cancer**
- **2-** To identify the relationship of **Uterine cancer** with demographic variables.



#### **Review of literatures**

- 2.1 Female reproductive system (anatomy)
- 2.2 Uterine (womb) anatomy
- 2.3 Layers of uterine
- 2.4 Function of uterus
- 2.5 Ovaries (anatomy)
- 2.6 Layers of ovaries
- 2.7 Function of ovaries
- 2.8 Cancer
- 2.9 Gynecologic cancer:
- 2.10 Uterine cancer
- 2.11 Symptoms of uterine cancer
- 2.12 Risk factor associated of uterine cancer
- 2.13 Diagnosis of uterine cancer
- 2.14 Treatment of uterine cancer
- 2.15 Ovarian cancer
- 2.16 Symptoms of ovarian cancer
- 2.17 Risk factor about ovarian cancer
- 2.18 Diagnosis of ovarian cancer
- 2.19 Treatment of ovarian cancer

#### 2.1 female reproductive system (anatomy)

The female reproductive anatomy includes both external and internal structures.

The function of the external female reproductive structures (the genital) is twofold: To enable sperm to enter the body and to protect the internal genital organs from infectious organisms.

### The main external structures of the female reproductive system include:

- \* Labia majora
- \* Labia minora
- \* Bartholin's glands
- \* Clitoris

#### The internal reproductive organs include:

- \* Vagina
- \* Uterus (womb
- \* Ovaries
- \* Fallopian tubes (3)

#### 2.2 Uterine(womb) anatomy:

The uterus is pear-shaped and about 7.6 cm (3.0 in) long, 4.5 cm (1.8 in) broad (side to side), and 3.0 cm (1.2 in) thick. A typical adult uterus weighs about 60 grams. The uterus can be divided anatomically into four regions (4)

- \* **fundus**: the uppermost rounded portion of the uterus.
- \* corpus (body)
- \* Cervix.
- \* Cervical canal.

#### 2.3 Layers of uterine:

The uterus has three layers, which together form the *uterine wall*. From innermost to outermost, these layers are:

- \* endometrium
- \* myometrium
- \* perimetrium
- \* The endometrium is the inner epithelial\_layer, along with its mucous\_membrane, of the mammalian uterus. It has a basal layer and a functional layer; the functional layer thickens and then is sloughed during the menstrual\_cycle or estrous\_cycle(5).
- \* The myometrium of the uterus mostly consists of smooth\_muscle. The innermost layer of myometrium is known as the junctional zone, which becomes thickened in adenomyosis.
- \* The perimetrium is a serous layer of visceral peritoneum. It covers the outer surface of the uterus. Surrounding the uterus is a layer or band of fibrous and fatty connective tissue called the <u>parametrium</u> that connects the uterus to other tissues of the pelvis.

#### 2.4 Function of uterus:

- \* The reproductive function of the uterus is to accept a fertilized ovum, which passes through the utero\_tubal junction from the fallopian\_tube.
- \* The uterus is pushed partially into the abdomen due to its expansion during pregnancy.

\* The uterus also plays a role in sexual response, by directing blood flow to the pelvis and ovaries, and to the external genitals, including the vagina, labia, and clitoris(6).

#### 2.5 Ovaries(anatomy):

The ovaries are paired, oval-shaped organs measuring approximately 2-4 cm in diameter that lie on the posterior wall of the pelvis lateral to the uterus. They are supported by the suspensory ligaments, the ovarian ligament, and the broad ligament.

#### 2.6 Layers of ovaries:

Each ovary consists of four layers:

- 1.Germinal epithelium outermost layer. It is made of simple cuboidal cells.
- 2. Tunica albuginea a collagenous CT layer.
- 3.Cortex outer
- 4.Medulla inner

#### 2.7 Function of ovaries:

Ovaries produce the egg cells, called the ova or oocytes. The oocytes are then transported to the fallopian tube where fertilization by a sperm may occur. The fertilized egg then moves to the uterus, where the uterine lining has thickened in response to the normal hormones of the reproductive cycle(7)

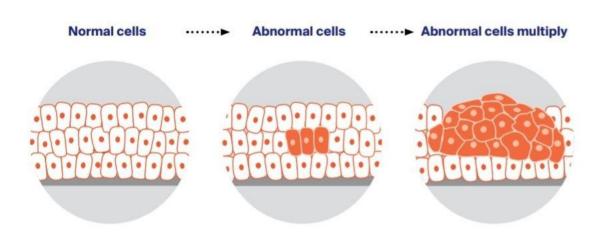


figure 2.1 Function of ovaries

#### 2.8 Gynecologic cancer:

Gynecologic cancer is any cancer that starts in a woman's reproductive organs. Cancer is always named for the part of the body where it starts. Gynecologic cancers begin in different places within a woman's pelvis, which is the area below the stomach and in between the hipbones.

#### 2.9 Uterine cancer

Cancer of the uterus occurs when cells in any part of the uterus become abnormal, grow out of control and form a lump called a tumour. Cancer of the uterus can be either endometrial cancer or the less common uterine sarcoma (1)

#### 2.10 Symptoms of uterine cancer

The most common symptom of cancer of the uterus is unusual

Vaginal bleeding. This may include:

- A change in your periods
- Heavier than usual periods
- Bleeding between periods
- Constant bleeding (periods that continue without a break)
- Bleeding or spotting after menopause.

A less common symptom is a smelly, watery vaginal discharge. In rare cases, symptoms include abdominal pain, unexplained weight loss, difficulty urinating or a change in bowel habit(8).

#### 2.11Risk factor associated of uterine cancer

The exact cause of cancer of the uterus is unknown, but factors that can increase the risk include:

- **Age** uterine cancer is most common in women over 50 and in Women who have stopped having periods (postmenopausal)
- **Body weight** being overweight or obese is a major risk factor.
- **Medical factors** having diabetes; having previous pelvic radiation therapy for cancer; having endometrial hyperplasia.
- Family history having one or more close blood relatives diagnosed with uterine, ovarian or bowel cancer; or inheriting a genetic condition such as Lynch syndrome or Cowden syndrome
- **Reproductive history** not having children
- **hormonal factors** starting periods before the age of 12; going through menopause after the age of 55; taking some types of oestrogen-only menopause hormone therapy (MHT), previously

called hormone replacement therapy (HRT); or taking tamoxifen, an anti-oestrogen drug used for breast cancer (9).

#### 2.12diagnosis of uterine cancer

tests may be used to diagnose uterine cancer:

- \* Pelvic examination: The doctor feels the uterus, vagina, ovaries, and rectum to check for any unusual findings.
- \* AD&C is a procedure to remove tissue samples from the uterus.
- \* Transvaginal ultrasound: An ultrasound uses sound waves to create a picture of internal organs.
- \* Computed tomography (CT or CAT) scan. A CT scan takes pictures of the inside of the body using x-rays taken from different angles. A computer combines these pictures into a detailed, 3-dimensional image that shows any abnormalities or tumors.
- \* Magnetic resonance imaging (MRI). An MRI uses magnetic fields, not x-rays, to produce detailed images of the body. Molecular testing of the tumor. Your doctor may recommend running laboratory tests on a tumor sample to identify specific genes, proteins, and other factors unique to the tumor. Results of these tests can help determine your treatment options.[10]
- \* BIOBSY
- \* Human papilloma virus

#### 2.13treatment of uterine cancer

Womb cancer is usually treatable when it is found early.

The treatment for womb cancer will depend on:

- \* The size of the cancer
- \* Where it is
- \* If it has spread
- \* General health

It will usually include surgery, chemotherapy or radiotherapy. It may also include treatment with targeted medicines to treat the cancer.

#### 2.14Ovarian cancer:

Ovarian cancer is when abnormal cells in the ovary begin to grow and divide in an uncontrolled way. They eventually form a growth (tumour). If not caught early, cancer cells gradually grow into the surrounding tissues. And may spread to other areas of the body(11).

#### 2.15 symptoms of ovarian cancer

The most common symptoms include:

- \* Bloating
- \* Pelvic or abdominal (belly) pain
- \* Trouble eating or feeling full quickly
- \* Urinary symptoms such as urgency or frequency

- \* Fatigue (extreme tiredness)
- \* Upset stomach
- \* Back pain
- \* Constipation
- \* Changes in a woman's period, such as heavier bleeding than normal or irregular bleeding
- \* Abdominal (belly) swelling with weight loss(12)

#### 2.16risk factor about ovarian cancer:

- 1.Middle-aged or older.
- 2. Have close family members (such as your mother, sister, aunt, or grandmother) who have had ovarian cancer.
- 3. Have a genetic mutation (abnormality) called BRCA1 or BRCA2, or one associated with Lynch syndrome.
- 4. Have had breast, uterine, or colorectal (colon) cancer.
- 5. Have an Eastern European or Ashkenazi Jewish background.
- 6.Have endometriosis (a condition where tissue from the lining of the uterus grows elsewhere in the body).
- 7. Have never given birth or have had trouble getting pregnant.

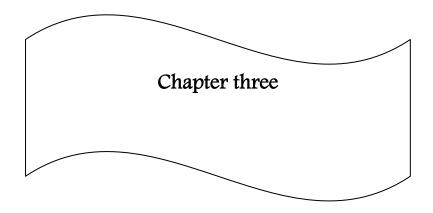
#### 2.1 diagnosis of ovarian cancer

- \* Pelvic exam: During a pelvic exam, doctor inserts gloved fingers into vagina and simultaneously presses a hand on your abdomen in order to feel (palpate) your pelvic organs.
- \* Imaging tests: Tests, such as ultrasound or CT scans of abdomen and pelvis, may help determine the size, shape and structure of ovaries.
- \* Blood tests: Blood tests might include organ function tests that can help determine your overall health.

#### 2.2 treatment of ovarian cancer

Surgery: Doctors remove cancer tissue in an operation.

Chemotherapy: Using special medicines to shrink or kill the cancer. The drugs can be pills take or medicines given in your veins, or sometimes both(13).



#### Methodology

- 3.1 project design
- 3.2 setting of the project
- 3.3 the sample of the study
- 3.4 project instrument
- 3.5 Rating and scoring of the study questionnaire:
- 3.6 Statistical data analysis

#### 3.1 project design

This project is descriptive study design is defined as a research method that describes the characteristics of the patients that is being studded, "Risk factors associated with Cancer of gynecological cancer" As was used where data was collected from December 21,2021 to March 15,2022.

#### 3.2 setting of the project

The project was carried out at Al-Sadr teaching hospital.

#### 3.3 sample of the project

The sample of the study consists (64) women, they have different education level about the female reproductive system cancer.

#### 3.4 project instrument

The project questionnaire format tool was identified through (16) items to assess the Risk factors associated with the female reproductive system cancer in Al-Sadr teaching hospital, and also include fields (social status, age, education level, living, assessment question). The questionnaire was distributed to (64) women in different education level . All of them answered (11) assessment questions through an electronic/Paper questionnaire, and then we collected the result according to the correct model answer.

#### 3.4.1 Parts of study questionnaire:

The questionnaire has two parts, first part include (6) items relative the demographic characteristics, second part include (10) items relative the risk factors about gynecological cancer, see appendix (B).

#### 3.5 Statistical data analysis

The data were analyzed using the Statistical Package for Social Sciences (SPSS), version 26.

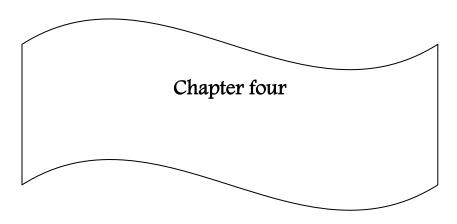
1- Percentage (%)

2- Arithmetic mean

3- Standard deviation (Sd)

4- Relative risk ratio (RR)

5- Chi square (X<sup>2</sup>



#### **Results and its Discussion**

- 4.1 Distribution of the Variables Related Demographic and risk factors Characteristics N=64 sample
- 4.2 Results of the risk factors ratio in the female reproductive system cancer, N=64
- 4.3 Results the relationships of the demographic factors with the female reproductive system cancer, N=64
- 4.4 Discussion of results

## 4.1 Distribution of the Variables Related Demographic and risk factors Characteristics N=64 sample

Table 4.1.1 : descriptive statistics of Demographic Variables (sex, education level, social status and living)

Demographic Variables	Variables Classes	F	Percent
Living	Out city	26	41 %
Living	City center	38	59 %
	Total	64	100 %
	no learner	12	19 %
Education level	learner	52	81 %
	Total	64	100 %
Casial status	Married	42	66 %
Social status	Single	22	34%
	Total	64	100 %

Table (4.1.1) shows the majority (59 %) of participants (woman) related to **Living** group were (**City center**), regarding to the Education level the majority (81 %) of sample were **learner**, related to **Social status** the majority (66%) of sample is **Married**.

Table 4.1.2 : descriptive statistics of Demographic Variable	S
( weight, length and BMI)	

Demographic Variables	N	Min	Max	Mean	Sd.
Weight	64	47	102	70.36	14.35
High	64	1.44	1.80	1.618	0.058

BMI 64 17.30 39.06 26.85 5.26	
-------------------------------	--

In this table(4.1.2): show the variables BMI dependent on women weights and lengths, the min. of BMI is 17.30 (underweight) and the max. BMI is 39.06 (obese).

Table 4.1.3 : descriptive : Characteristics	statistics of uterine	cancer and	its risk factors	
Variables	Variables Classes	F	Percent	
	Yes	22	34 %	
Female reproductive	No	42	66 %	
system cancer	Total	64	100 %	
	Yes	12	19 %	
Family cancer	No	52	81 %	
	Total	64	100 %	
	Yes	4	6 %	
Smoke	No	60	94 %	
	Total	64	100 %	
	Yes	13	20 %	
Sport exercise	No	51	80 %	
	Total	64	100 %	
	Yes	18	28 %	
Abortion	No	46	72 %	
	Total	64	100 %	
	Yes	8	13 %	
Childbearing more than 5	No	56	87 %	
	Total	64	100 %	
	Yes	10	16 %	
Contraceptive pills	No	54	84 %	
	Total	64	100 %	
	Yes	8	13 %	
Abortion pills	No	56	87 %	
	Total	64	100 %	
	Yes	15	24 %	
Hormonal treatment	No	49	76 %	
	Total	64	100 %	
	Yes	19	30 %	
Obesity	No	45	70 %	
	Total	64	100 %	

Table (4.1.3) shows the female reproductive system cancer ratio was (34 %), regarding to Family cancer was (19 %), related to Sport exercise was (80 %) don't have sport exercise, Abortion was (28 %), regarding to

Contraceptive pills was (16 %), Abortion pills was (13 %), related to Hormonal treatment was (24 %), Obesity was (30 %).

### 4.2 Results of the risk factors ratio in the female reproductive system cancer, N=64

Table 4.2.1 Family cancer risk factor in the female reproductive system cancer										
		Uterine cancer		Total	RR	RR	Significant			
		Yes	No		absolute	%	P – value	Sig.		
Family concer	Yes	4	8	12	0.963	- 0.037	0.93	Ns		
Family cancer	No	18	34	52						
Total	22	42	64							

RR= Relative risk , RR% = RR  $_{absolute}$  – 1 , Ns = non-significant

Table 4.2.1display Family cancer risk factor in the female reproductive system cancer was insignificant according to P – value (0.93).

	Table 4.2.2 Smoke risk factor in the female reproductive system cancer											
		Uterine cancer		Total	RR	RR	Significant					
		Yes	No		absolute	%	P – value	Sig.				
Smoke	Yes	1	3	4	0.714	- 0.286	0.683	Ns				
	No	21	39	60								
Total		22	42	64								

RR= Relative risk , RR% = RR absolute - 1 , S = significant

Table 4.2.2 Smoke risk factor in the female reproductive system cancer was insignificant according to P – value (0.683).

Table 4.2.3 Sport exercise risk factor in the female reproductive system cancer											
		Uterine cancer		Total	RR	RR	Significant				
		Yes	No		absolute	%	P – value	Sig.			
Sport exercise	No	21	30	51	5.3	4.3 %	0.02	S			
	Yes	1	12	13							
Total		22	42	64							

RR= Relative risk , RR% = RR absolute - 1 , S = significant

Table 4.2.3 Sport exercise risk factor in the female reproductive system cancer was significant according to P – value (0.02).

Table 4.2.4 Abortion risk factor in the female reproductive system cancer											
		Uterine cancer		Total	RR	RR	Significant				
		Yes	No		absolute	%	P – value	Sig.			
Abortion	Yes	6	12	18	0.958	- 0.042	0.91	Ns			
	No	16	30	46							
Total		22	42	64							

RR= Relative risk , RR% = RR absolute - 1 , S = significant

In This table 4.2.4 Abortion risk factor in the female reproductive system cancer was insignificant according to P – value (0.91).

Table 4.2.5 Childbearing more than 5 risk factor in the female reproductive system cancer											
	Uterine c	ancer	Total	RR	RR	Significant					
			No		absolute	%	P – value	Sig.			
Childbearing	Yes	8	0	8	4	3 %	0.00	S			
more than 5	No	14	42	56							
Total		22	42	64							

RR= Relative risk , RR% = RR absolute - 1 , S = significant

Table 4.2.5 Childbearing more than 5 risk factor in the female reproductive system cancer was significant according to P – value (0.00).

Table 4.2.6 Contraceptive pill risk factor in the female reproductive system cancer								
		Uterine o	cancer	Total	RR	RR	Significant	
		Yes	No		absolute	%	P – value	Sig.
Contraceptive pill	Yes	8	2	10	3	2 %	0.001	S
•	No	14	40	54				
Total 22		22	42	64				

RR= Relative risk , RR% = RR absolute - 1 , S = significant

In table 4.2.6 Contraceptive pill risk factor in the female reproductive system cancer was significant according to P – value (0.001).

Table 4.2.7	Table 4.2.7 Abortion pills risk factor in the female reproductive system cancer							
		Uterine ca	ncer	Total	RR	RR	Significant	
		Yes	No		absolute	%	P – value	Sig.
Abortion	Yes	3	5	8	1.01	0,01 %	0.84	Ns
pills	No	19	37	56				
Total		22	42	64				

RR= Relative risk , RR% = RR absolute - 1 , S = significant

Table 4.2.7 Abortion pills risk factor in the female reproductive system cancer was insignificant according to P – value (0.84).

Table 4.2.8 Hormonal treatment risk factor in the female reproductive system cancer								
		Uterine ca	ncer	Total	RR	RR	Significant	
			No		absolute	%	P – value	Sig.
Hormonal	Yes	9	6	15	2.3	1.3 %	0.01	s
treatment	No	13	36	49				
Total		22	42	64				

RR= Relative risk , RR% = RR absolute - 1 , S = significant

In table 4.2.8 Hormonal treatment risk factor in the female reproductive system cancer was significant according to P – value (0.01).

Table 4.2.9 obese risk factor in the female reproductive system cancer								
		Uterine ca	ancer	Total	RR	RR	Significan	t
		Yes	No		absolute	%	P – value	Sig.
obese	Yes	10	9	19	2	1 %	0.04	s
	No	12	33	45				

Total	22	42	64		

RR= Relative risk , RR% = RR absolute - 1 , S = significant

Table 4.2.9 obese risk factor in the female reproductive system cancer was significant according to P – value (0.04).

## 4.2 Results the relationships of the demographic factors with the female reproductive system cancer, N=64

Table 4.3.	Table 4.3.1 the relationships of the Social status with the female reproductive system cancer								
		Uterine	cancer	Total	Signific	Significant			
		Yes	No		X <sup>2</sup>	P – value	Sig.		
Social	Married	20	22	42	9.5	0.002	s		
status	Single	2	20	22					
Total		22	42	64					

S = significant

Table 4.3.1 the relationships of the Social status with the female reproductive system cancer was Significant according to chi square (9.5) and P-value (0.002).

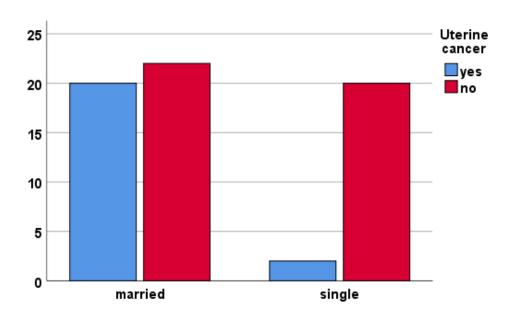


Figure 4.3.1 the relationships of the Social status with Uterine cancer

Table 4.3.2 the relationships of the Living with the female reproductive system cancer							
		Location	on	Total	Significant		
		yes	no		X <sup>2</sup>	P – value	Sig.
Living	Out city	8	18	26	0.25	0.61	Ns
	City center	14	24	38			
Total		22	42	64			

Ns = non-significant

In table 4.3.2 the relationships of the Living with the female reproductive system cancer was insignificant according to chi square ( 0.25) and P-value (0.61).

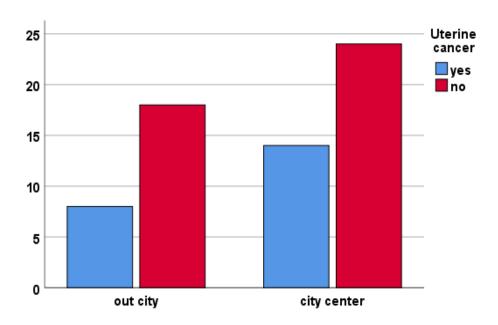


Figure 4.3.2 the relationships of the Living with Uterine cancer

Table 4.3.3 the relationships of the Education level with the female reproductive system cancer							
		Uterine ca	ancer	Total	Significant		
		yes	no		X <sup>2</sup>	P - value	Sig.
Education	No learner	12	0	12	28.19	0.00	S
level	learner	10	42	52			
Total		22	42	64			

S = significant

Table 4.3.3 the relationships of the Education level with the female reproductive system cancer was Significant according to chi square (28.19) and P-value (0.00).

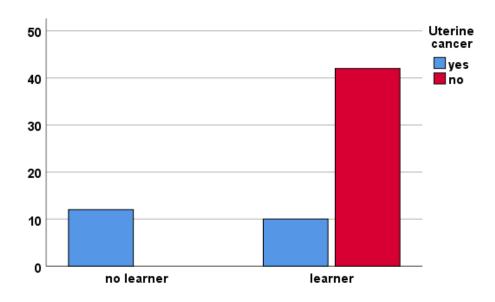


figure 4.3.3 the relationships of the Education level with Uterine cancer

#### 4.3 Discussion of results

In table 4.1.3 The proportion of the research sample was (34 %) with the female reproductive system cancer as well the largest, percentage of the research sample (80 %) did not exercise.

In table 4.2.3 Risk factor of lack of exercise in in the female reproductive system cancer was (4.3 %) significant.

In table 4.2.5 Childbearing more than 5 risk factor in in the female reproductive system cancer was (4 %) significant.

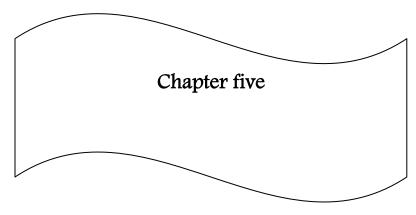
In table 4.2.6 Contraceptive pill risk factor in the female reproductive system cancer was (3 %) significant.

In table 4.2.7 Abortion pills risk factor in Uterine cancer was (0, 01 %) insignificant.

Table 4.2.8 Hormonal treatment risk factor in Uterine cancer was (1.3 %) significant.

In Table 4.2.9 Obese risk factor in Uterine cancer was (1 %) significant.

Table 4.3.1 and Table 4.3.3 The relationships of demographic factors Uterine cancer were with married individuals and Education level for them at a significant level.Risk factors for endometrial cancer include obesity, metabolic syndrome, taking pills that contain estrogen without progesterone, a history of tamoxifen use, late menopause, and a family history of the condition.(14)(15). In 2015 about 3.8 million women were affected globally and it resulted in 90,000 deaths.(16)(17) Endometrial cancer is relatively common while uterine sarcomas are rare.(18) In the United States, uterine cancers represent 3.5% of new cancer cases. They most commonly occur in women between the ages of 45 and 74 with a median age of diagnosis of 63.(19)



#### 5.1 Conclusions

#### 5.2 Recommendations

#### **5.1 Conclusions**

- 7. The proportion of the research sample was (34 %) with the female reproductive system cancer
- 8. The largest percentage of the research sample (80 %) did not exercise.
- 9. Risk factor of lack of exercise in Uterine cancer was (4.3 %) significant.

- 10. Childbearing more than 5 risk factor in in the female reproductive system cancer was (4 %) significant.
- 11. Contraceptive pill risk factor in the female reproductive system cancer was (3 %) significant.
- 12. Abortion pills risk factor in Uterine cancer was (0, 01 %) insignificant.
- 13. Hormonal treatment risk factor in Uterine cancer was (1.3 %) significant.
- 14. Obese risk factor in Uterine cancer was (1 %) significant.
- 15. The relationships of demographic factors Uterine cancer were with married individuals and Education level for them at a significant level.

#### 5.2 Recommendations

- 3. Taking the results of the study to avoid the most risk factors in the female reproductive system cancer.
- 4. It is recommended to exercise and maintain an ideal body weight.

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#### **Appendices**

#### Appendice (A)

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مكان العمل	اللقب العلمي	الشهادة	اسم الخبير	
كلية التمريض	استاذ	دكتوراه	ا. د سجاد سالم	1
كلية التمريض	استاذ مساعد	دكتوراه	ا.م.د سندس باقر	2
كلية التمريض	مدرس	دكتوراه	م.د. عبد المطلب عبد الله	3
كلية التمريض	مدرس	ماحستير	م. فرحان لايذ	4
كلية التمريض	مدرس	ماحستير	م. افكار كاظم	5

كلية التمريض	مدرس مساعد	ماحستير	م.م ماهر عبد الامير	6
كلية التمريض	مدرس مساعد	ماحستير	م.م دعاء محمد	7
كلية التمريض	مدرس مساعد	ماحستير	م م على مالك	8

Appendices (B)

### **Questionnaire**

استبيان عوامل الخطرالمرتبطة باصابة المرأة بسرطان الجهاز التناسلي

المعلومات الديموغرافية:

الحالة الاجتماعية: متزوجه ------ غير متزوجة ------

العمر: اقل ويساوب 20 سنة ------ اكبر من 20 سنة ------ المستوى التعليمي: امي ------ متعلم ------ السكن : الريف والاطراف ------ مركز المدينة ------ الاصابة بسرطان الجهاز التناسلي : نعم ----- لا ----- موقع الاصابة : الرحم ------ المبايض ------

#### عوامل الخطورة:

کلا	نعم	السؤال	
		هل لديك اقرباء اصيبوا بسرطان الجهاز التناسلي	1
		هل تدخنین السکائر او الارکیلة	2
		هل تمارسين الرياضة	3
		هل حصلة لديك اسقاط	4
		هل عدد مرات الانجاب اكثر من خمسة	5
		هل تاخذين حبوب مانع الحمل	6
		هل تاخذين ادوية تمنع الاجهاض	7
		هل تاخذين علاج هرموني لتحقيز المبايض	8
		عدد مرات الزواج اكثر من مرة	9
		ä	السمنا
	BMI	الوزن الطول	10

### الملخص

### عوامل الخطر المرتبطة بسرطان الجهاز التناسلي الانثوي

الخلفية: يمكن أن تحدث السرطانات في أي جزء من الجهاز التناسلي للأنثى - الفرج أو المهبل أو عنق الرحم أو الرحم أو قناة فالوب أو المبايض. تسمى هذه السرطانات بالسرطانات النسائية.

#### اهداف المشروع:

1. التعرف على مقدار ونسبة كل عامل خطر في سرطان الجهاز التناسلي للأنثى

#### 2. التعرف على علاقة سرطان الجهاز التناسلي الأنثوي بالمتغيرات الديموغرافية.

المنهجية وطرق العمل: تكونت عينة تعليمي مختلف عن سرطان الجهاز التناسلي المشروع من خلال (17) بندأ لتقييم عوامل التناسلي للمرأة.

تحليل البيانات الإحصائية: تم تحليل للعلوم الاجتماعية (SPSS) الإصدار 26.



الدراسة من (64) سيدة ، لديهن مستوى النسوي. تم تحديد أداة صيغة استبيان الخطر المرتبطة بسرطان الجهاز

البيانات باستخدام الحزمة الإحصائية

#### أهم النتائج

- 1. كانت نسبة عينة البحث (34٪) يعانون من آلام أسفل الظهر.
  - 2. النسبة الأكبر من عينة البحث (80٪) لم تمارس الرياضة.
- 3. الإنجاب أكثر من 5 عوامل خطورة للإصابة بسرطان الرحم كانت معنوية (4%).
  - 4. كان عامل الخطورة للعلاج الهرموني لسرطان الرحم معنويا (1.3٪).
    - 5. كان عامل خطورة السمنة للإصابة بسرطان الرحم معنويا (1%).
- 6. علاقة العوامل الديمو غرافية بسرطان الرحم كانت مع المتزوجين ومستوى التعليم لهم عند مستوى معنوي.

#### التوصية

- 1. أخذ نتائج الدراسة لتلافى أكثر عوامل الخطر للإصابة بسرطان الرحم
  - 2. يوصى بممارسة الرياضة والحفاظ على وزن مثالي للجسم.

جامعة البصرة كلية التمريض

# عوامل الخطر المرتبطة بسرطان الجهاز التناسلي الأنثوي

مشروع بحث مقدم من قبل الطالبات

رحاب عبد الكريم زيدان & نادية أسود تويني & نضال طالب حسن لنيل درجة البكلوريوس في علوم التمريض

اشراف

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نيسان2022