

Cancer of the Uterus (Endometrial Cancer)

What is cancer of the uterus?

Normally, healthy cells that make up the body's tissues grow, divide, and replace themselves on a regular basis. This keeps the body healthy. Sometimes certain cells develop abnormally and begin to grow out of control. When this occurs, growths or tumors begin to form. Tumors can be benign (not cancer) or malignant (cancer).

- Malignant tumors can invade and destroy nearby healthy tissues and organs. Cancer cells also can spread (or metastasize) to other parts of the body and form new tumors.
- There are different types of cancer of the uterus. **The most common type is endometrial cancer (adenocarcinoma)**. Endometrial cancer affects the endometrium, the lining of the uterus.
- **Sarcomas** are another type of uterine cancer. They arise from muscle and other tissue. Although rare, this type of uterine cancer is more aggressive than adenocarcinoma and has different symptoms. Because endometrial cancer is more common and its symptoms differ from those of sarcoma, this information focuses on endometrial cancer.

Who is at risk of endometrial cancer?

Endometrial cancer is the most common type of gynecologic cancer in the United States. About 2 or 3 women out of every 100 women will develop endometrial cancer during their lifetimes.

Endometrial cancer is rare in women younger than 40 years. It most often occurs in women around age 60 years.

What are the risks factors for endometrial cancer?

Certain factors can increase a woman's risk of uterine cancer:

- Obesity
- Irregular menstrual periods
- Never having a baby
- Infertility
- Starting menstrual periods at an early age (before age 12 years)

- Late menopause
- History of cancer of the ovary or colon
- Use of tamoxifen to treat or prevent breast cancer
- Family history of endometrial cancer
- History of diabetes, hypertension, gallbladder disease, or thyroid disease
- Long-term use of estrogen without progesterone to treat menopause
- Cigarette smoking

Some of these risk factors are related to the use of estrogen. Estrogen is a hormone produced in a woman's ovaries. It can be taken after menopause, when a woman's ovaries stop producing estrogen (hormone therapy). Taken alone, estrogen increases the risk of endometrial cancer, if a woman still has her uterus. When estrogen is taken with another hormone, progesterone, a woman is protected against this increase.

What are the symptoms of endometrial cancer?

Abnormal bleeding, spotting, new discharge from your vagina, or bleeding or spotting after menopause all are symptoms of endometrial cancer. These symptoms may be constant or come and go. j

How is endometrial cancer diagnosed?

There are no screening tests to detect endometrial cancer in women with no symptoms. But most women who have endometrial cancer have early symptoms. Several methods may be used to detect whether endometrial cancer is present:

- Endometrial biopsy—A test in which a small amount of the tissue lining the uterus is removed and examined under a microscope.
- Vaginal ultrasound—A test in which sound waves are used to check the thickness of the lining of the uterus and the size of the uterus.
- Hysteroscopy—A surgical procedure in which a slender, light-transmitting scope is used to view the inside of the uterus or perform surgery.
- Dilation and curettage (D&C)—A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

For many women, a Pap test may be part of a regular checkup, but it may not always detect endometrial cancer. In fact, most women with endometrial cancer have normal Pap test results.

How is endometrial cancer treated?

Surgery usually is done to treat the disease and find out if further treatment is needed.

- Most patients have both hysterectomy and salpingo-oophorectomy.
- During surgery, the stage of disease is determined.
- Staging helps your doctor decide what treatment has the best chance for success.
- Stages of cancer range from I to IV. Stage IV is the most advanced.
- The stage of cancer affects the treatment and outcome.

Radiation therapy may be done after surgery based on the stage of the disease.

- Although rare, some women are treated with radiation alone.
- Radiation stops cancer cells from growing by exposing them to high-energy rays.

Other forms of treatment include chemotherapy or hormone therapy.

- Some women may be treated with progestin, a synthetic version of the hormone progesterone.

What type of follow-up is required after treatment?

- Women who did not receive radiation therapy should see their doctors every 3–4 months for 2–3 years to make sure the treatment is working.
- After that, they should see their doctors twice a year.
- Women who did receive radiation therapy may be able to see their doctors less frequently.
- With stage I disease, 85–90% of women will have no sign of cancer 5 or more years after treatment.
- The chance of a cure decreases with more advanced disease (higher stage).