

Endometrial cancer

When cancer forms in the lining of the uterus, it is referred to as endometrial cancer. ¹

Risk factors:

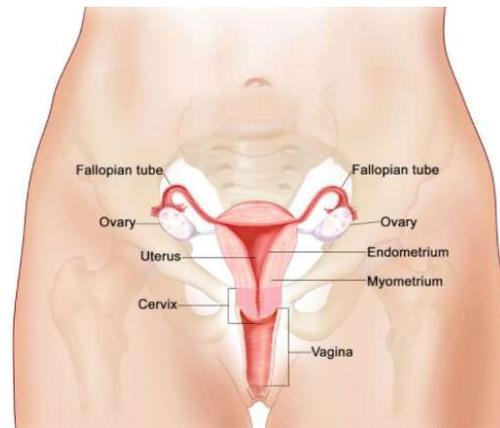
- ▷ Obesity
- ▷ Age >50
- ▷ Periods started at a very early age
- ▷ Periods stopped at an older age
- ▷ Taking estrogen alone (without progesterone) while you still have a uterus, is an increased risk
 - ▷ Combination (estrogen and progesterone) ex: for treatment of menopausal symptoms does not increase your risk of endometrial cancer
- ▷ Never have given birth
- ▷ Family history of endometrial, breast, ovarian or colon cancer
- ▷ Taking tamoxifen for breast cancer ¹

Signs and symptoms:

- ▷ Vaginal bleeding, spotting or abnormal discharge in a post-menopausal woman
- ▷ Abnormal vaginal bleeding or discharge in a pre-menopausal woman
- ▷ Change in bowel or bladder habits
- ▷ Abdominal or pelvic pain
- ▷ Abdominal bloating
- ▷ Feeling full sooner when eating ²

Many with endometrial cancer will not have any of these symptoms. Some may only report light spotting. This is an important sign and needs to be discussed with your physician.

If endometrial cancer is suspected, the tests and procedures used to diagnose endometrial cancer include the following:



Diagnosis:

- 1 Imaging to visualize the uterus and other pelvic structures to assess for abnormalities. They can also show if and how far the cancer has spread beyond the uterus. This may include an ultrasound, CT scan, PET scan or MRI
- 2 Endometrial biopsy – Endometrial cancer begins inside the uterus and does not show up on a pap smear. For this reason, an endometrial biopsy is done by passing a thin, flexible tube through the cervix into the uterus. The biopsy is then sent to pathology. Sometimes this biopsy is not possible or results in insufficient sampling, in which further testing is needed.
- 3 Hysteroscopy - A procedure to look inside the uterus for abnormalities.
- 4 D&C – (dilation and curettage) usually done in addition to a hysteroscopy, is a procedure done under anesthesia to remove a larger amount of tissue from the inner lining of the uterus.³

Treatment options for endometrial cancer will be individualized and based on physical exam, pathology results and imaging. Treatment may include:

- ▷ Surgery, being a hysterectomy to remove the uterus and cervix. Surgical options and any further procedures necessary will be discussed with your physician.
- ▷ Chemotherapy or radiation, either separately or in combination.

Ways you can reduce your risk of developing endometrial cancer

- ▷ Obtain routine health screenings including well women exams.
- ▷ Discuss any suggestive signs and symptoms of endometrial cancer with your physician
- ▷ Discuss hormone therapy with your physician as age, family history and personal history will determine the safest options for you
- ▷ Maintain a healthy diet
- ▷ Be aware if cancer runs in your family as certain types of cancer can be genetic. If you have a family history of cancer, discuss with your physician if genetic testing would be beneficial for you.⁴

References:

1. NCCN Guidelines for patients: Uterine Cancer. (2019) retrieved from <https://www.nccn.org/patients/guidelines/content/PDF/uterine-patient.pdf>

2. Endometrial Cancer. (2019, February). Retrieved from <https://www.acog.org/patient-resources/faqs/gynecologic-problems/endometrial-cancer>

3. Tests for Endometrial Cancer. (2019, March). Retrieved from <https://www.cancer.org/cancer/endometrial-cancer/detection-diagnosis-staging/how-diagnosed.html>

4. Can Endometrial Cancer Be Prevented? (2019, March). Retrieved from <https://www.cancer.org/cancer/endometrial-cancer/causes-risks-prevention/prevention.html>

