

Endometrial Cancer

Endometrial cancer starts in the lining of the uterus. It is the most common type of uterine cancer and highly curable when detected early. Symptoms include abnormal vaginal bleeding, pelvic pain, and pain during sex or urination. The most common symptom is vaginal bleeding in a woman who is in menopause and no longer has periods.

You will have a physical exam. If your doctor suspects cancer, you may have a pap test, ultrasound, or biopsy. Biopsy is most often the only certain way to tell if cancer is present. If it is present, you may have a body MRI, body CT, chest x-ray, or PET scan to see if it has spread. Treatment depends on whether the cancer is only present in the uterine lining. Options include total hysterectomy, radiation therapy, chemotherapy, and/or hormone therapy.



What is endometrial cancer?

Endometrial cancer starts in the endometrium (<http://www.radiologyinfo.org>) – the lining of the uterus (<http://www.radiologyinfo.org>). It is the most common type of uterine cancer and highly curable when detected early.

The exact cause of endometrial cancer is unknown. However, higher estrogen levels may be a risk factor. Other potential factors include:

- Diabetes
- Estrogen therapy
- Infertility
- Infrequent menstrual cycles
- Obesity
- Never being pregnant

Abnormal vaginal bleeding is the most common symptom of endometrial cancer. Other symptoms include:

- Pelvic area pain
- Pain during sex
- Difficulty or pain when urinating

How is endometrial cancer diagnosed and evaluated?

Your doctor will ask about your medical history and symptoms. You will also have a physical exam.

If your doctor suspects cancer, you may have more exams, including:

- A Pap test (<http://www.radiologyinfo.org>), also called a pap smear, scrapes cells from the cervix (<http://www.radiologyinfo.org>) for lab analysis.

- Ultrasound (<http://www.radiologyinfo.org>) uses sound waves to produce pictures of the inside of the body. In transvaginal (<http://www.radiologyinfo.org>) ultrasound, the doctor inserts a device into the vagina for a better view of the uterus. Sonohysterography (<https://www.radiologyinfo.org/en/info/hysterosono>) injects sterile saline through the cervix into the uterus. This helps provide more detail.
- Biopsy (<https://www.radiologyinfo.org/en/info/biopgen>) removes tissue samples from the uterus for lab analysis. A biopsy is most often the only certain way to tell if cancer is present.

If cancer is present, one or more of the following exams can find if it has spread:

- Body MRI (<https://www.radiologyinfo.org/en/info/bodymr>) produces detailed pictures of your uterus, lymph nodes and other abdominal tissues. Your doctor may give you an injection of contrast material (<http://www.radiologyinfo.org>) to make lymph nodes and other tissues show up more clearly. MRI is useful for disease staging and treatment planning.
- Body CT scan (<https://www.radiologyinfo.org/en/info/bodyct>) produces detailed pictures of your pelvis, abdomen, or chest. Your doctor may give you an injection of contrast material to make lymph nodes and other tissues show up more clearly. CT can show cancer in the uterus, lymph nodes, lungs, and elsewhere.
- Chest x-ray (<https://www.radiologyinfo.org/en/info/chesterad>) produces x-ray images of the lungs.
- PET scan (<https://www.radiologyinfo.org/en/info/pet>) uses a small amount of radioactive material to help determine the extent of your cancer. PET scans can be superimposed with CT or MRI images to produce special views. These views can lead to more precise diagnoses.

How is endometrial cancer treated?

Treatment depends on the stage of the cancer and whether it is only present in the uterine lining. Cancer that has spread requires different treatment than cancer that has not. Treatments include:

- Total hysterectomy (<http://www.radiologyinfo.org>) surgically removes the uterus, cervix, ovaries and fallopian tubes. It is often the most common way to cure early stage endometrial cancer. However, a woman may no longer become pregnant after treatment.
- Patients may have radiation therapy (https://www.radiologyinfo.org/en/info/intro_onco) after surgery or instead of surgery. Vaginal cuff brachytherapy (<https://www.radiologyinfo.org/en/info/brachy>), is when radioactive material is placed next to the post-hysterectomy surgical scar at the top of the vagina. External beam therapy (EBT) (<https://www.radiologyinfo.org/en/info/ebt>) is delivered from outside the body. In patients with inoperable endometrial cancer, the doctor places the radiation source inside or next to the tumor.
- Your doctor may use chemotherapy (<http://www.radiologyinfo.org>) with radiation therapy to treat cancer that has spread or has an increased risk of returning. This may be given after surgery, or later if there is spread of cancer.
- Hormone therapy treats cancer that has hormone receptors for estrogen, progesterone, or both. Progesterone is the most common drug for hormone therapy.
- Immunotherapy may be given with chemotherapy. This helps your immune system fight cancer better.

Which test, procedure or treatment is best for me?

- *Abnormal Uterine Bleeding* (<https://www.radiologyinfo.org/en/info/acs-abnormal-uterine-bleeding>)
- *Pretreatment Evaluation & Followup of Endometrial Cancer* (<https://www.radiologyinfo.org/en/info/acs-pretreatment-endometrial-cancer>)
- *Second and Third Trimester Vaginal Bleeding* (<https://www.radiologyinfo.org/en/info/acs-second-and-third-trimester-vaginal-bleeding>)

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