



Endometrial Cancer

Endometrial cancer originates in the lining of the uterus, also called the endometrium. It is the most common type of uterine cancer and highly curable when detected early. Abnormal vaginal bleeding, pelvic pain, and pain during intercourse or urination are all symptoms of endometrial cancer.

Your doctor will likely perform a physical exam to evaluate your condition. If endometrial cancer is suspected, your doctor may order a pap test, ultrasound of the uterus, or a biopsy. In most cases, a biopsy is the only certain way to tell if cancer is present. If it is, your doctor may use body MRI, body CT, chest x-ray, or PET scan to determine whether it has spread. Treatment depends on whether the cancer is confined to the endometrium or it has spread to other parts of the body. Options include total hysterectomy, radiation therapy, chemotherapy and hormone therapy.



What is endometrial cancer?

Endometrial cancer originates in the endometrium, or the lining of the uterus. It is the most common type of uterine cancer and is highly curable if detected at an early stage.

Increased levels of estrogen may be linked to endometrial cancer, but the exact cause is unknown. Other factors that may increase the risk of endometrial cancer include:

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

The most common symptom of endometrial cancer is abnormal vaginal bleeding. Additional symptoms include:

- Pain in the pelvic area

- Pain during intercourse
- Difficulty or pain when emptying the bladder

How is endometrial cancer diagnosed and evaluated?

Your primary doctor will begin by asking you about your medical history and symptoms. You will also undergo a physical exam.

If you have symptoms of endometrial cancer, your doctor may order one or more of the following exams:

- Pap test, also called a pap smear, is a screening exam performed by scraping cells from the cervix. The cells are then sent to a lab where they are analyzed to detect for abnormalities.
- Ultrasound is a procedure in which sound waves produce pictures of the inside of the body. In transvaginal ultrasound, a device is inserted into the vagina for a better view of the uterus. Sonohysterography is a method in which sterile saline is injected through the cervix into the uterus to provide more detail than may be visualized on ultrasound.
- Biopsy is performed with the use of a thin tube to remove tissue samples from the uterus for examination by a pathologist. In most cases, a biopsy is the only certain way to tell if cancer is present.

If cancer has been detected, imaging is often useful to determine if it has spread. The following imaging tests may be performed:

- Body MRI uses a strong magnet to produce detailed pictures of your uterus, lymph nodes and other tissues in the abdomen. You may receive an injection of contrast material so your lymph nodes and other tissues show up clearly in the pictures. MRI is useful for disease staging and treatment planning.
- Body CT scan takes a series of detailed pictures of your pelvis, abdomen, or chest. You may receive an injection of contrast material so your lymph nodes and other tissues show up clearly in the pictures. A CT scan can show cancer in the uterus, lymph nodes, lungs, or elsewhere.
- Chest x-ray produces x-ray images of the lungs.
- PET scan is a nuclear medicine imaging exam that uses a small amount of radioactive material to help determine the extent of endometrial cancer. PET scans can be superimposed with CT or MRI to produce special views that can lead to more precise diagnoses.

How is endometrial cancer treated?

Treatment decisions are based on the stage of the cancer. Cancer that has invaded nearby tissues or spread to other parts of the body requires a different treatment approach than disease that is confined to the endometrium. Common treatment options include:

- Total hysterectomy, the surgical removal of the uterus, cervix, ovaries and fallopian tubes. It is often the most common way to cure endometrial cancer in its early stages. However, once the uterus is removed, a woman may no longer become pregnant.
- Radiation therapy that can be given after surgery or instead of surgery. It is the preferred treatment for any but the earliest stages of disease. External beam therapy (EBT) is delivered from outside the body. Vaginal cuff brachytherapy, however, involves the placement of radioactive material directly adjacent to the post-hysterectomy surgical scar. In patients with inoperable endometrial cancer, the radiation source is placed inside or next to the tumor.
- Chemotherapy, often used along with radiation therapy to treat cancer that has spread beyond the uterus or cancer that has an increased risk of returning after treatment. In most cases, chemotherapy may be used as supplemental treatment, usually combined with radiation. It is usually given over time and alternated with periods of no treatment.
- Hormone therapy may be used to treat endometrial cancer that has hormone receptors for estrogen, progesterone, or both. Progesterone tablets are the most commonly used drug for hormone therapy.

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