ACOG
The American College of Obstetricians and Gynecologists

FAQs

Endometrial Cancer

Frequently Asked Questions

Overview

What is endometrial cancer?

Endometrial cancer is cancer of the endometrium, the lining of the uterus. It is the most common type of cancer that affects the female reproductive organs. The most common type of endometrial cancer (type 1) grows slowly. It most often is found only inside the uterus. Type 2 is less common. It grows more quickly and often spreads to other parts of the body.

How does endometrial cancer develop?

Endometrial cancer occurs when the cells of the endometrium start to grow too rapidly. The lining of the uterus may get thicker in places and form a mass of tissue called a tumor. Cancer cells can also spread (metastasize) to other areas of the body.

What is endometrial intraepithelial neoplasia?

Endometrial intraepithelial neoplasia (EIN) is a condition that may lead to type 1 endometrial cancer. In EIN, areas of the endometrium grow too thick and show changes that look like cancer. Abnormal uterine bleeding is a common sign of EIN, so it is important to talk with your obstetrician–gynecologist (ob-gyn) about any abnormal bleeding. Early diagnosis and treatment of EIN can prevent it from becoming cancer.

Risk Factors, Symptoms, and Diagnosis

What are the risk factors for endometrial cancer?

Some of the risk factors for endometrial cancer include the following:

- **Age**—Most cases of endometrial cancer are diagnosed after menopause , in your mid-60s.
- **Levels of hormones**—The levels of estrogen and progesterone in your body can affect your risk of endometrial cancer. When estrogen is present without enough progesterone, it can cause the endometrium to become too thick. This condition can develop if you have irregular menstrual periods, are in perimenopause or menopause, or have certain medical disorders, such as polycystic ovary syndrome (PCOS) .
- **Being overweight**—Having a body mass index (BMI) of 25 or greater is a major risk factor for endometrial cancer. As BMI increases, so does the risk of cancer.
- **Genetics**— Lynch syndrome is an inherited condition that increases the risk of colon cancer, ovarian cancer, endometrial cancer, and other types of cancer. It is caused by a change or mutation in a gene that is passed down in families.

Does hormone therapy increase the risk of endometrial cancer?

Some forms of hormone therapy used for the treatment of menopause symptoms can increase your risk of endometrial cancer. If you have a uterus, estrogen-only therapy can cause the endometrium to thicken. Because of this, your ob-gyn may recommend that you take estrogen along with a form of progesterone called progestin . This combined therapy keeps the endometrium from getting too thick and decreases the risk of endometrial cancer.

What are the symptoms of endometrial cancer?

The most common symptom of endometrial cancer is abnormal uterine bleeding.

- Before or during menopause, this includes irregular menstrual bleeding, spotting, and bleeding between menstrual periods.
- After menopause, any bleeding or spotting is abnormal.

Symptoms of advanced endometrial cancer include abdominal or pelvic pain, bloating, feeling full quickly when eating, and changes in bowel or bladder habits.

How is endometrial cancer diagnosed?

There are no screening tests to detect endometrial cancer if you have no symptoms. After menopause, any abnormal bleeding needs to be checked. You may first have a transvaginal ultrasound exam. This exam measures the thickness of the endometrium and the size of the uterus. A thicker endometrium means that you need more testing.

The next step is usually an endometrial biopsy . This test may be done in your ob-gyn's office. In this procedure, a sample of the endometrium is removed and looked at under a microscope. Another way this can be done is with dilation and curettage (D&C) . A lighted instrument with a camera called a hysteroscope may be used to help guide this procedure. Anesthesia may be given to make you more comfortable.

If you have not yet gone through menopause, your ob-gyn should ask about your signs and symptoms, age, and other medical conditions to decide whether a biopsy is needed. An ultrasound exam is not as helpful in diagnosing endometrial cancer before menopause.

Treatment

How is endometrial cancer treated?

Treatment of endometrial cancer is done by a specialist, such as a gynecologic oncologist . The type of treatment depends on your age and whether you want more children. After menopause, it is usually recommended that you have surgery to remove your uterus. Before menopause, nonsurgical treatment options may be possible in some special cases. This decision is best made after talking with an endometrial cancer specialist.

How is surgery used to treat endometrial cancer?

Endometrial cancer is usually treated with surgery. Surgery for endometrial cancer includes removing the cervix and uterus (total hysterectomy) and removing both ovaries and fallopian tubes (salpingo-oophorectomy). Lymph nodes and other tissue may be removed and tested to find out if they contain cancer.

After surgery, the stage of disease is determined. Staging helps your doctor decide if more treatment, such as chemotherapy or radiation therapy , is needed. Stages of cancer range from I to IV. Stage IV is the most advanced. The stage of cancer affects the treatment and outcome.

How is radiation therapy used to treat endometrial cancer?

Radiation stops cancer cells from growing by exposing them to high-energy X-rays. Radiation therapy may be recommended after surgery if you are at a higher risk of the cancer coming back (recurrence).

How is chemotherapy used to treat endometrial cancer?

Chemotherapy is recommended for advanced-stage and recurrent endometrial cancer. Chemotherapy is the use of cancer-fighting medications. Chemotherapy for endometrial cancer is sometimes combined with radiation therapy.

How is hormone therapy used to treat endometrial cancer?

Treatment with progestin may be an option for if you want to have more children or if you cannot have surgery for other medical reasons. This option is usually only recommended if

- you have slower-growing cancer that has not reached the muscle layer of the uterus
- do not have cancer outside of the uterus
- are in general good health and are able to take progestin
- understand that information about future outcomes is limited

In some cases, it may be possible to keep the ovaries at the time of surgery. Keeping your ovaries means that you may be able to use your own eggs for in vitro fertilization (IVF) . This choice is not for everyone and is best made after talking with your health care team.

What happens after treatment for endometrial cancer?

You will need to have regular health care visits after treatment for endometrial cancer. The purpose of these visits is to make sure that you stay healthy and to check any signs

and symptoms that could signal a recurrence. But with stage I disease, 9 in 10 women will have no sign of cancer 5 or more years after treatment.

A healthy lifestyle is recommended after cancer treatment. Several studies have found that obesity, high blood pressure, and diabetes can contribute to long-term health risks after having type 1 endometrial cancer. A healthy diet and regular exercise can help lower these risks.

Glossary

Abnormal Uterine Bleeding: Bleeding from the uterus that is different from what is normal for a woman who is not pregnant. This bleeding may vary in how long, how regular, and how often it occurs.

Anesthesia: Relief of pain by loss of sensation.

Body Mass Index (BMI): A number calculated from height and weight. BMI is used to determine whether a person is underweight, normal weight, overweight, or obese.

Chemotherapy: Treatment of cancer with drugs.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Cancer: Cancer of the lining of the uterus.

Endometrial Intraepithelial Neoplasia (EIN): A precancerous condition in which areas of the lining of the uterus grow too thick.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Gene: A segment of DNA that contains instructions for the development of a person's physical traits and control of the processes in the body. The gene is the basic unit of heredity and can be passed from parent to child.

Gynecologic Oncologist: A doctor with special training and experience in the diagnosis and treatment of cancer of the female reproductive organs.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hysterectomy: Surgery to remove the uterus.

Hysteroscope: A thin, lighted telescope that is used to look inside the uterus and do procedures.

In Vitro Fertilization (IVF): A procedure in which an egg is removed from a woman's ovary, fertilized in a laboratory with the man's sperm, and then transferred to the woman's uterus to achieve a pregnancy.

Lymph Nodes: Small groups of special tissue that carry lymph, a liquid that bathes body cells. Lymph nodes are connected to each other by lymph vessels. Together, these make up the lymphatic system.

Lynch Syndrome: Genetic condition that increases a person's risk of cancer of the colon, rectum, ovary, uterus, pancreas, and bile duct.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Metastasize: Spreading of cancer to other parts of the body.

Mutation: A change in a gene that can be passed from parent to child.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Perimenopause: The time period leading up to menopause.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Radiation Therapy: Treatment with radiation.

Recurrence: The return of disease or its signs and symptoms.

Salpingo-oophorectomy: Surgery to remove an ovary and fallopian tube.

Stage: Stage can refer to the size of a tumor and the extent (if any) to which the disease has spread.

Transvaginal Ultrasound Exam: A type of ultrasound in which the device is placed in your vagina.

Tumor: A growth or lump made up of cells.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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