

Endometrial Cancer

Endometrial cancer, or cancer of the lining of the **uterus** (womb), is the fourth most common cancer in women in the United States. Each year, 37,000 to 39,000 women in the United States are diagnosed with endometrial (also known as uterine) cancer. Endometrial cancer most commonly develops in older women who are past their childbearing years. However, it can occur in younger women. Endometrial cancer is often a slowly growing cancer. It can be detected early because it usually produces vaginal bleeding. Women who experience abnormal bleeding, especially after menopause, should see their doctor because early detection can lead to successful treatment and cure of the cancer. The October 2, 2002, issue of *JAMA* includes an article about endometrial cancer.

RISK FACTORS

- Age (average age at diagnosis is 60)
- Family history of uterine cancer (may be linked to colon cancer in some families)
- History of breast or ovarian cancer
- Unopposed estrogen therapy (without progestin) or treatment with tamoxifen
- Obesity
- Diet high in animal fat
- Early start of menstruation or late menopause
- No pregnancies

SYMPTOMS AND SIGNS

- Vaginal bleeding after menopause (most common symptom)
- Lower abdominal pain
- Heavy periods or bleeding between periods
- Weight loss

Women who have any of the symptoms or signs of endometrial cancer should see a doctor who treats diseases of the female reproductive system. Doctors who specialize in these problems are called **gynecologists**. A **gynecologic oncologist** is a doctor who specializes in cancers of the female reproductive system (uterus, ovaries, cervix, or vagina).

In addition to a physical examination, there are other tests that may be done. These include a **dilation and curettage** (also known as a **D & C**), a surgical procedure that scrapes the lining of the uterus; an **ultrasound** to see the shape and size of the uterus; **hysteroscopy** (a procedure to look inside the uterus); an endometrial **biopsy** (a tissue sample) to examine the lining of the uterus; and blood tests for **anemia** (low blood cell count).

TREATMENTS

- **Hysterectomy** (surgery to remove the uterus)
- **Hysterectomy and bilateral salpingo-oophorectomy** (surgery to remove the uterus, the fallopian tubes, and both ovaries)

Hysterectomy is major surgery and requires anesthesia. After having a hysterectomy, a woman is no longer able to bear children because the entire uterus is removed. Because endometrial cancer can be completely treated in many cases by a hysterectomy, surgery is usually recommended. If the cancer is advanced or has spread to other parts of the body, other treatments may be needed, such as radiation therapy, chemotherapy, or hormone therapy.

Sources: American Cancer Society, Mayo Clinic, National Cancer Institute

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FOR MORE INFORMATION

- National Cancer Institute
800/4-CANCER (422-6237)
www.cancer.gov/cancerinfo/types/endometrial
- American Cancer Society
800/ACS-2345
www.cancer.org
- American College of Obstetricians and Gynecologists
www.acog.org

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