

Understanding Endometrial Cancer

Risk Factors

Clinical studies have found the following factors impact your risk of developing endometrial cancer:

- **Age** – occurring mostly in women over 50
- **Obesity** – if you are more than 100 lbs. overweight, your risk is increased 10 times
- **Endometrial hyperplasia**
- **Hormone Replacement Therapy (HRT)** – primarily estrogen without progesterone
- **Use of tamoxifen** to prevent or treat breast cancer (small increased risk)
- **Race** – (more common in Caucasian than African-American women)
- **Colorectal cancer**



Prevention

These are the best defenses against endometrial cancer:

- Annual pelvic exams
- Respond quickly to warning signs and symptoms
- Avoid controllable risk factors
- Pap tests do not screen for endometrial cancer

Although most cases of endometrial cancer cannot be prevented, there are certain things a woman can do to lower her risk of getting this disease including the following:

- Staying at a healthy weight
- Managing diabetes (if diagnosed with this disease)
- Risk assessment before starting HRT
- Follow-up and treatment of hyperplasia

Symptoms

Abnormal vaginal bleeding is the most common symptom of endometrial cancer.

Other symptoms might include:

- Bleeding after menopause
- Unusual bleeding or spotting between periods, or persistent discharge
- Persistent pelvic pain and weight loss
- Painful intercourse

If you experience any of these signs and/or symptoms, report them to your doctor right away.

Diagnosis and Staging

When you visit your physician, you will be asked about your medical history and symptoms and be given a pelvic physical exam. If he or she suspects a problem, you may be given diagnostic tests, such as an imaging scan and/or a biopsy (tissue sample from uterine lining).

If cancer is found, your doctor will determine, through a surgical procedure, the disease's "stage" – its size, depth of invasion, and how far it has spread. This will help further determine the methods of treatment needed.

Treatment

There are four basic types of treatment for women with endometrial cancer: surgery, radiation therapy, hormonal therapy, and chemotherapy.

While the treatment of choice depends largely on the stage of the disease at time of diagnosis, other factors include your general state of health, whether you plan to have children, and other personal considerations.



Introduction

In the United States, cancer of the uterus, the pear-shaped organ where a baby grows, is the most common cancer of the female reproductive system.

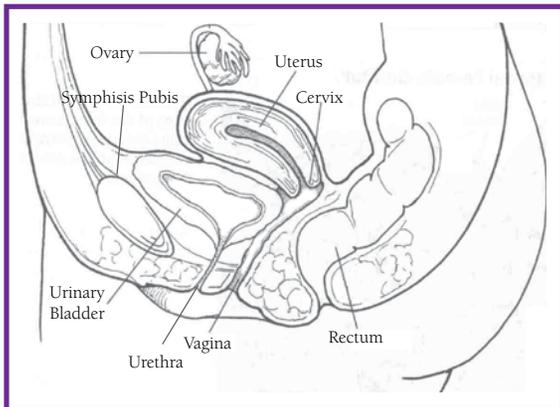
The wall of the uterus has two layers of tissue. The inner layer, or lining, is the endometrium. The outer layer is the muscle tissue called the myometrium.

Uterine tumors

Tumors can be *benign* (*non-cancerous*) or *malignant* (*cancerous*). Benign conditions include:

- **Polyps:** localized growths in the endometrial lining.
- **Fibroids:** common growths in the muscle of the tissue. As a woman reaches menopause, fibroids are likely to become smaller and disappear.
- **Endometrial hyperplasia:** an increase in the number of cells in the lining of the uterus. Sometimes develops into cancer. Cells may be atypical and sometimes develop into cancer.

Malignant tumors can invade and damage near-by tissues and organs. Cancer cells can break away from the tumor and spread to the bloodstream and lymphatic system. The most common type of cancer in the uterus begins in the lining (endometrium) and is called carcinoma. Cancers starting in the muscle layers are called sarcomas and are rare.



Gynecologic Oncology Services at Monarch Women's Cancer Center

Our specialized Cancer Center provides examination, evaluation and recommendations for timely, innovative and compassionate care, including surgical intervention and follow-up if indicated.

Stay positive in attitude and know that your healthcare team will work with you to find solutions for your long-term health.

*Strive,
Survive,
Thrive.*



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