



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ097
GYNECOLOGIC PROBLEMS

Cancer of the Uterus

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What is cancer of the uterus?

Normally, healthy cells that make up the body's tissues grow, divide, and replace themselves on a regular basis. This keeps the body healthy. Sometimes certain cells develop abnormally and begin to grow out of control. When this occurs, growths or tumors begin to form. **Tumors** can be benign (not cancer) or malignant (cancer).

Malignant tumors can invade and destroy nearby healthy tissues and organs. Cancer cells also can spread (or metastasize) to other parts of the body and form new tumors.

There are different types of cancer of the **uterus**. The most common type is endometrial cancer (**adenocarcinoma**). Endometrial cancer affects the endometrium, the lining of the uterus. Sarcomas are another type of uterine cancer. They arise from muscle and other tissue. Although rare, this type of uterine cancer is more aggressive than adenocarcinoma and has different symptoms. Because endometrial cancer is more common and its symptoms differ from those of sarcoma, this FAQ focuses on endometrial cancer.

Who is at risk of endometrial cancer?

Endometrial cancer is the most common type of gynecologic cancer in the United States. About 2 or 3 women out of every 100 women will develop endometrial cancer during their lifetimes.

Endometrial cancer is rare in women younger than 40 years. It most often occurs in women around age 60 years.

What are the risks factors for endometrial cancer?

Certain factors can increase a woman's risk of uterine cancer:

- Obesity
- Irregular menstrual periods
- Never having a baby
- Infertility
- Starting menstrual periods at an early age (before age 12 years)
- Late **menopause**
- History of cancer of the ovary or colon
- Use of tamoxifen to treat or prevent breast cancer
- Family history of endometrial cancer

- History of diabetes, hypertension, gallbladder disease, or thyroid disease
- Long-term use of estrogen without progesterone to treat menopause
- Long-term use of high-dose birth control pills
- Cigarette smoking

Some of these risk factors are related to the use of estrogen. Estrogen is a hormone produced in a woman's ovaries. It can be taken after menopause, when a woman's ovaries stop producing estrogen (**hormone therapy**). Taken alone, estrogen increases the risk of endometrial cancer, if a woman still has her uterus. When estrogen is taken with another hormone, progesterone, a woman is protected against this increase.

What are the symptoms of endometrial cancer?

Abnormal bleeding, spotting, new discharge from your vagina, or bleeding or spotting after menopause all are symptoms of endometrial cancer. These symptoms may be constant or come and go. The cause of any abnormal bleeding or discharge, especially after menopause, should be checked by your health care provider.

How is endometrial cancer diagnosed?

There are no screening tests to detect endometrial cancer in women with no symptoms. But most women who have endometrial cancer have early symptoms. Several methods may be used to detect whether endometrial cancer is present:

- Endometrial biopsy—A test in which a small amount of the tissue lining the uterus is removed and examined under a microscope. This test will likely be the first step in checking for abnormal cells.
- Vaginal ultrasound—A test in which sound waves are used to check the thickness of the lining of the uterus and the size of the uterus.
- Hysteroscopy—A surgical procedure in which a slender, light-transmitting scope is used to view the inside of the uterus or perform surgery.
- Dilation and curettage (D&C)—A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

For many women, a **Pap test** may be part of a regular checkup, but it may not always detect endometrial cancer. In fact, most women with endometrial cancer have normal Pap test results. Endometrial cancer can be diagnosed only by examining tissue from the uterus.

How is endometrial cancer treated?

Surgery usually is done to treat the disease and find out if further treatment is needed. Most patients have both **hysterectomy** and **salpingo-oophorectomy**. During surgery, the **stage** of disease is determined. Staging helps your doctor decide what treatment has the best chance for success. Stages of cancer range from I to IV. Stage IV is the most advanced. The stage of cancer affects the treatment and outcome.

Radiation therapy may be done after surgery based on the stage of the disease. Although rare, some women are treated with radiation alone. Radiation stops cancer cells from growing by exposing them to high-energy rays.

Other forms of treatment include chemotherapy or hormone therapy. Some women may be treated with **progestin**, a synthetic version of the hormone progesterone.

What type of follow-up is required after treatment?

Women who did not receive radiation therapy should see their doctors every 3–4 months for 2–3 years to make sure the treatment is working. After that, they should see their doctors twice a year. Women who did receive radiation therapy may be able to see their doctors less frequently. With stage I disease, 85–90% of women will have no sign of cancer 5 or more years after treatment. The chance of a cure decreases with more advanced disease (higher stage).

Glossary

Adenocarcinoma: Cancer arising in glandular tissue, such as the uterus.

Hormone Therapy: Treatment in which estrogen, and often progestin, is taken to help ease some of the symptoms caused by low levels of these hormones.

Hysterectomy: Removal of the uterus.

Menopause: The process in a woman's life when ovaries stop functioning and menstruation stops.

Pap Test: A test in which cells are taken from the cervix and vagina and examined under a microscope.

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

Salpingo-oophorectomy: Removal of the 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.

Tumors: Growths or lumps made up of cells.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ097: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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