

Endometrial Cancer



Basic description

Endometrial cancer is the most common cancer of the female reproductive organs in the United States. Symptoms of endometrial cancer can include abnormal vaginal bleeding, spotting, or other discharge (especially after menopause); pelvic pain and/or mass; and weight loss (usually in later stages of the disease).

Opportunities

Prevention Although most cases of endometrial cancer cannot be prevented, a lower risk of developing this cancer is associated with:

- Getting proper and timely treatment for pre-cancerous disorders of the endometrium
- Eating a diet high in fruits, vegetables, and whole-grain foods
- Participating in regular physical activity and staying at a healthy weight
- Using oral contraceptives. The risk is lowest in women who take oral contraceptives for a long time, and this protection continues for at least 10 years after a woman stops taking them.

Detection Although there are no recommended screening tests that can reliably detect most endometrial cancers in women without symptoms, the American Cancer Society recommends that women who have abnormal bleeding should see a doctor, who may order an endometrial biopsy. Women with or at risk for developing hereditary nonpolyposis colon cancer (HNPCC) should be offered annual testing for endometrial cancer with an endometrial biopsy beginning at age 35.

Treatment Endometrial cancer is usually treated with surgery, radiation, hormones, chemotherapy, or a combination of these treatments. The choice of treatment(s) will depend on the type and stage of the cancer when it is diagnosed and the woman's overall medical condition.

Who is at risk?

Age The risk of endometrial cancers increases as a woman ages. More than half of all endometrial cancers are diagnosed in women in the 50- to 69-year-old age group.

Estrogen Excessive exposure to estrogen, a female hormone, is the primary risk factor for developing endometrial cancer. These estrogen-related factors have all been shown to increase the risk of endometrial cancer:

- Starting monthly periods before age 12
- Starting menopause later in life
- Never giving birth or a history of infertility
- Using tamoxifen (to treat breast cancer and/or reduce the likelihood of developing breast cancer in women at increased risk)
- Having estrogen replacement therapy (adding progesterone lessens this risk)

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Other risk factors:

- Having hereditary nonpolyposis colon cancer (HNPCC) or having it in your family
- Diabetes
- Ovarian diseases, such as polycystic ovaries
- Overweight or obesity
- Diet high in animal fat
- Family history of endometrial cancer
- History of breast or ovarian cancer
- Prior pelvic radiation therapy

Quality-of-life issues

From the time of diagnosis, the quality of life for every cancer patient and survivor is affected in some way. They may be affected socially, psychologically, physically, and spiritually.

Concerns that patients and survivors most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying diagnostic workup or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden on finances and loved ones. Women with late-stage endometrial cancer often feel guilty for delaying a doctor's visit and treatment of the disease.

Bottom line

Most endometrial cancers cannot be prevented, but when they are detected and treated early, women have a 5-year survival rate of about 95%. Women should be encouraged to see a doctor if they have unusual vaginal bleeding, spotting, or discharge, or feel pain in the pelvis.

Endometrial cancer in the United States: 2014 estimates*

- New cases: 52,630
- Deaths per year: 8,590
- 5-year relative survival rate for localized stage: 95%
- 5-year relative survival rate for all stages combined: 82%

* These estimates include both endometrial cancers and uterine sarcomas. About 2% of uterine cancers are sarcomas, so the actual numbers for endometrial cancer cases and deaths are slightly lower than these estimates.



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