
EASY READING

If You Have Endometrial Cancer

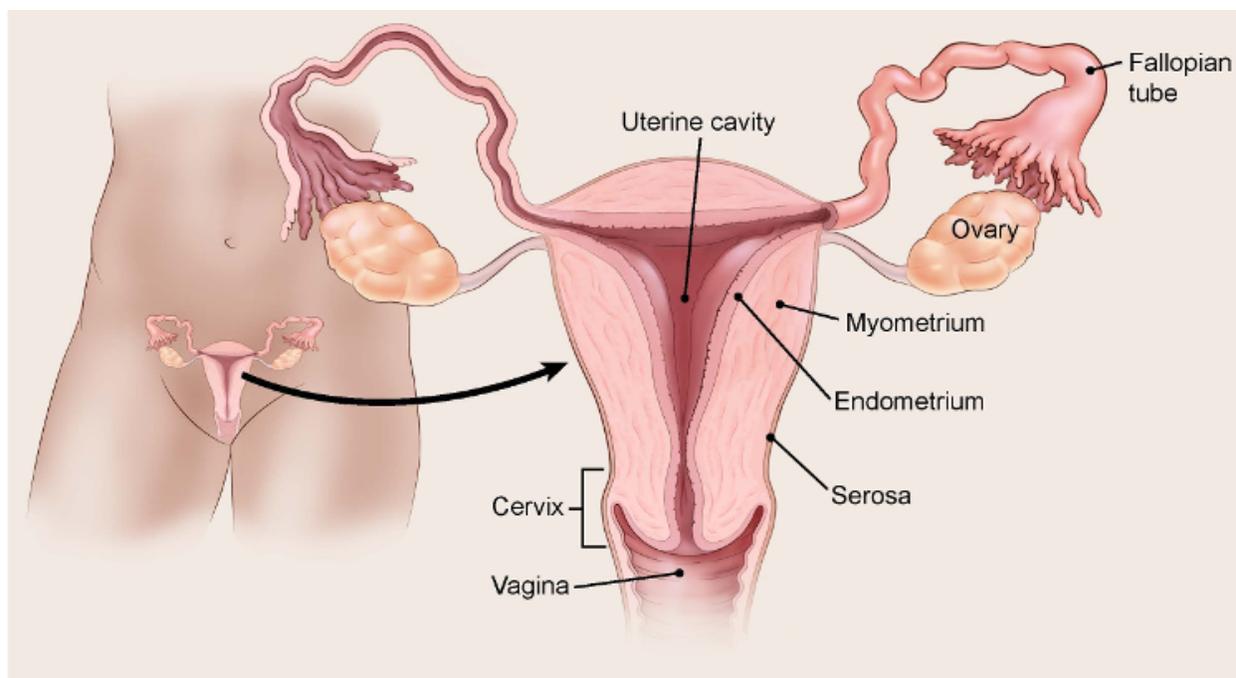
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What is endometrial cancer?

Endometrial cancer is a type of cancer that starts in the lining of the uterus, called endometrium. It happens when cells in the endometrium grow out of control and crowd out normal cells.

Endometrial cancer cells can spread to other parts of the body such as the vagina or liver and grow there. When cancer cells do this, it's called metastasis. But the type of cancer is based on the type of cells it started from. So even if endometrial cancer spreads to the liver (or any other place), it's still called endometrial cancer.



Ask your doctor to use this picture to show you where the cancer is.

What is the endometrium?

The endometrium is the inner lining of the uterus. The uterus is the pear-shaped organ low in a woman's belly that holds a growing baby.

About every 4 weeks, a woman's hormones cause the endometrium to get thicker and be ready for pregnancy. If there's no pregnancy, the endometrium comes out a woman's vagina as her period. (The vagina connects the uterus to the outside of the body.)

Are there different kinds of endometrial cancer?

There are [many kinds of endometrial cancer](#)¹ based on how the cells look. Some are very rare. Your doctor can tell you more about the kind you have.

The most common kind is called adenocarcinoma. These tumors are made up of cells in glands that look a lot like the normal endometrium.

Questions to ask the doctor

- Why do you think I have cancer?

- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

How does the doctor know I have endometrial cancer?

Endometrial cancer may be found after a woman goes to a doctor because she has [symptoms](#)² such as new bleeding, spotting, or other discharge from the vagina; pain and/or lump in her lower belly; or weight loss. The doctor will ask you questions about your health and do a physical and a pelvic exam.

Tests that may be done

If signs are pointing to endometrial cancer, more tests will be done. Here are some of the [tests you may need](#)³:

Transvaginal ultrasound (TVUS): For this test, a small wand is put into your vagina. It gives off sound waves and picks up the echoes as they bounce off tissues. The echoes are made into a picture seen on a computer screen. These pictures can show if there's a tumor in the endometrium, or if it's thicker than usual. These can be signs of endometrial cancer. TVUS may also help see if cancer is growing into the muscle layer of the uterus. (This layer is called the myometrium.)

Hysteroscopy: A tiny telescope is put through the vagina to see inside your uterus. The uterus is filled with salt water so the doctor can see the lining better. This lets the doctor find any changes in the endometrium and take out anything that shouldn't be there. Numbing medicine is used to do this test, but you are awake.

Endometrial biopsy: In this test, the doctor takes out a small piece of the endometrium to check it for cancer cells. A very thin tube is put through your vagina into your uterus. Then a small piece of the endometrium is sucked out through the tube. A biopsy is the only way to tell for sure if you have cancer.

Dilation and curettage or D&C: This test may be needed if the biopsy sample doesn't get enough tissue, or the results are not clear. To do this, the opening to the uterus (the cervix) is opened and a special tool is used to scrape tissue from the endometrium. Drugs may be used to help you sleep during this test.

Grading endometrial cancer

The cancer cells in the biopsy sample will be graded. This helps doctors know how fast the cancer is likely to grow and spread. Cancer cells are graded based on how much they look like normal cells. Grades 1, 2, and 3 are used. Cells that look very different from normal cells are given a higher grade (3) and tend to grow faster. Ask the doctor to explain the grade of your cancer. The grade helps the doctor decide which treatment is best for you.

Questions to ask the doctor

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?

How serious is my endometrial cancer?

If you have endometrial cancer, the doctor will want to find out how far it has spread. This is called staging. You may have heard other people say that their cancer was “stage 1” or “stage 2.” Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the growth or spread of the cancer through the endometrium and the uterus. It also tells if the cancer has spread to other parts of your body that are close by or farther away.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread beyond the endometrium. Be sure to ask the doctor about the [cancer stage and what it means for you](#)⁴.

Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I’ll live?

- What will happen next?

What kind of treatment will I need?

There are many [ways to treat endometrial cancer](#)⁵.

Surgery is the main treatment for most women, but sometimes more than one kind of treatment can be used. The treatment plan that's best for you will depend on:

- The stage and grade of the cancer
- The chance that a type of treatment will cure the cancer or help in some way
- Your age
- Other health problems you have
- Your feelings about the treatment and the side effects that come with it

Surgery for endometrial cancer

Most women with endometrial cancer have some kind of surgery.

A **hysterectomy** takes out the uterus and cervix. It's the most common way to treat endometrial cancer. There are many ways to do this surgery. Sometimes the ovaries and fallopian tubes are taken out at the same time. Nearby lymph nodes may also be taken out to see if they contain cancer cells.

Ask your doctor what kind of surgery you will need. Each type has pros and cons.

Side effects of surgery

Any type of surgery can have risks and side effects. Ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat women with endometrial cancer should be able to help you with any problems that come up.

Radiation therapy

Radiation uses high-energy rays (like x-rays) to kill cancer cells. This treatment may be used to kill any cancer cells that may be left after surgery. There are 2 main ways radiation can be given:

- **Vaginal brachytherapy:** To do this, radioactive seeds are put into a small tube that's put in the vagina. This is most often used to treat the upper part of the vagina after surgery. Brachytherapy does not affect nearby organs like the bladder or rectum as much as external radiation.
- **External radiation:** Getting this kind of radiation is a lot like getting an x-ray, but it takes longer. It's most often given 5 days a week for 4 to 6 weeks. Treatments are quick, but the daily trips for treatment may be tiring.

Side effects of radiation treatments

If your doctor suggests radiation treatment, talk about what side effects might happen. Side effects depend on the type of radiation that's used. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue)

Most side effects get better after treatment ends. Some might last longer. Talk to your cancer care team about what you can expect.

Chemo

Chemo is the short word for chemotherapy – the use of drugs to kill cancer cells. The drugs may be given through a needle into a vein or taken as pills. They go into the blood and reach the whole body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

Side effects of chemo

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But these problems go away over time after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, talk to your cancer care team so they can help.

Other treatments

- **Hormone therapy:** This type of treatment uses hormones or hormone-blocking drugs to fight cancer. It's not the same as the hormone therapy given to treat the symptoms of menopause. There are many types of hormone drugs. Ask your doctor to tell you about any drugs you are given.
- **Targeted drugs:** Targeted drugs attack the changes in cells that cause cancer. These drugs affect mainly cancer cells and not normal cells in the body. They may work even if other treatment doesn't. These drugs have different side effects than chemo, and they're often not as bad.
- **Immunotherapy:** Immunotherapy is treatment that boosts your own immune system to help it attack the cancer cells. It might be used to treat advanced endometrial cancer.

Clinical trials

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

Clinical trials are one way to get the newest cancer treatment. They are the best way for doctors to find better ways to treat cancer. If your doctor can find one that's studying the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials](#)⁶ to learn more.

What about other treatments that I hear about?

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be [vitamins, herbs, special diets, and other things](#)⁷. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

Questions to ask the doctor

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- How soon do I need to start treatment?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?

What will happen after treatment?

You'll be glad [when treatment is over](#)⁸. But for years after treatment ends, you will see your cancer doctor. Be sure to go to all of these follow-up visits.

How often you need to be seen depends mostly on what stage your cancer was. Women with lower-stage cancers might be seen less often, while those with higher-stage cancers have visits that are closer together.

During each follow-up visit, the doctor will examine you (do a pelvic exam). The doctor will also ask about any symptoms that might point to the cancer coming back or to side effects of treatment. It's very important to tell your doctor exactly how you are feeling. Over time you'll see the doctor less often.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us at 1-800-227-2345 or talk to your cancer care team to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as good as you can.

For connecting and sharing during a cancer journey

Anyone with cancer, their caregivers, families, and friends, can benefit from help and support. The American Cancer Society offers the [Cancer Survivors Network \(CSN\)](#)⁹, a safe place to connect with others who share similar interests and experiences. We also partner with [CaringBridge](#)¹⁰, a free online tool that helps people dealing with illnesses like cancer stay in touch with their friends, family members, and support network by creating their own personal page where they share their journey and health updates.

Hyperlinks

1. www.cancer.org/cancer/endometrial-cancer/about/what-is-endometrial-cancer.html
2. www.cancer.org/cancer/endometrial-cancer/detection-diagnosis-staging/signs-and-symptoms.html
3. www.cancer.org/cancer/endometrial-cancer/detection-diagnosis-staging/how-diagnosed.html
4. www.cancer.org/cancer/endometrial-cancer/detection-diagnosis-staging/staging.html
5. www.cancer.org/cancer/endometrial-cancer/treating.html
6. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
7. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/complementary-and-integrative-medicine.html
8. www.cancer.org/cancer/endometrial-cancer/after-treatment.html
9. csn.cancer.org/
10. www.caringbridge.org/
11. www.cancer.org

Words to know

Biopsy (BY-op-see): Taking out a small piece of tissue to see if there are cancer cells in it.

Brachytherapy (BRAY-kee-THAIR-uh-pee): Radiation treatment that's given by putting the radiation source right into the tumor or close to it.

Cervix (SER-vix): The lower part of the uterus that connects to the vagina.

Endometrial (en-doe-ME-tree-ul): Related to the lining of the uterus.

Endometrium (EN-doe-ME-tree-um): The lining of the uterus.

Fallopian tubes (fa-LO-pee-uhn tubes): The tubes on each side of the uterus that carry eggs from the ovaries to the uterus.

Lymph node (limf node): Small, bean-shaped sacs of immune system tissue found all over the body and connected by lymph vessels; also called lymph glands.

Oophorectomy (oh-of-uh-REK-tuh-me): Taking out the ovaries. If the fallopian tubes are also taken out it's called bilateral salpingo-oophorectomy (by-LAT-er-ul sal-PING-oh oh-of-uh-REK-tuh-me).

Ovary (O-vuh-ree): These 2 organs in the pelvis hold a woman's eggs that, when joined with sperm can make a baby. They also make the hormone called estrogen.

How can I learn more?

We have a lot more information for you. You can find it online at www.cancer.org (www.cancer.org)¹¹. Or, you can call our toll-free number at 1-800-227-2345 to talk to one of our cancer information specialists.

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