

Uterine (Endometrial) Cancer

Uterine cancer, also known as endometrial cancer, is a disease that forms in the endometrium, which is the tissue lining the uterus. Type 1 endometrial carcinomas are associated with obesity and excess estrogen; they tend to present at an early stage and have a better prognosis. Type 2 endometrial carcinomas are not due to estrogen stimulation and are more likely to be higher grade with a poorer prognosis.

Uterine cancers that start in the muscle layer or connective tissue belong to another group of cancers called sarcomas. Cervical (uterine cervix) cancer begins in the cervix and can spread to the uterus, but is separate from uterine cancer that starts in the uterus itself.

Statistics

- In 2022, **65,960 new cases** of uterine cancer are expected to be diagnosed in the United States.
- This year, **12,550 estimated deaths** in the U.S. will occur due to uterine cancer.
- Among Texas women, **4,212 new cases** of uterine cancer are expected to be diagnosed in 2022.
- In Texas this year, **803 deaths** are expected from uterine cancer.

Risk Factors

- **Age:** Uterine cancer is most prevalent in women over age 50; the average age at time of diagnosis is 60.
- **Obesity or Being Overweight:** Obesity is defined as body mass index (BMI) at or above 30 and can easily be determined with an online calculator. Excess adipose or fat tissue can increase a woman's estrogen levels and increase the risk of endometrial cancer.
- **Estrogen Exposure:** Lifetime estrogen exposure can vary between women. Women can experience increased estrogen exposure in a number of ways such as estrogen containing medications during and after menopause, late onset menopause, having no history of pregnancy, starting menses before age 12, polycystic ovary syndrome, and granulosa cell tumors.
- **Tamoxifen Usage:** A prescription drug used to treat or reduce the risk of breast cancer, tamoxifen, slightly raises risk of uterine cancer because it has an estrogen-like effect on the uterus.
- **Previous Cancer:** Previous breast, colon, or ovarian cancer correlates with increased risk for uterine cancer. Women with any these cancers may have a genetic risk factor and should discuss genetic counseling and testing with their physician.
- **Radiation Treatment:** Previous pelvic radiation can increase the risk of a rare uterine cancer called a sarcoma.
- **Family History and Health Conditions:** Women with diabetes mellitus, metabolic syndrome (which includes high blood pressure), endometrial hyperplasia, or whose families have a history of endometrial cancer, Lynch syndrome, or hereditary non-polyposis colorectal cancer (HNPCC), are at a higher risk.

Symptoms

The following symptoms could be indications of uterine cancer, but may be related to other health conditions. A physician should be consulted immediately for further evaluation.

- Abnormal uterine bleeding, spotting, or discharge, especially postmenopausal or intermenstrual bleeding.
- Change in menstrual bleeding, usually heavier bleeding.
- Pain during sex or urination, or pain in the abdomen or pelvic area.
- Feeling a mass in the pelvic area or abdomen.
- Unexpected weight loss.

Tips for Prevention and Early Detection

To help prevent uterine cancer, women should maintain a healthy weight and exercise regularly. Intrauterine devices that deliver progesterone, progesterone-only oral contraceptives, pregnancy, and breast feeding also reduce risk.

Pap tests are not used to screen for uterine cancer; however uterine cancer occasionally can be detected through Pap tests by finding abnormal glandular cells. Diagnosis of endometrial cancer is typically made by an endometrial biopsy done in a doctor's office. Occasionally dilation and curettage (D&C) – the removal of tissue samples from the uterus – is required. Rarely a sonogram or CT scan may be included in the evaluation as well.

Treatment Options

Treatments used to fight uterine cancer include surgery, radiation therapy, chemotherapy, hormone therapy, immunotherapy, and targeted therapy. Women diagnosed with uterine cancer should consult with a medical or gynecologic oncologist to discuss best treatment options.

About Texas Oncology

Texas Oncology is an independent private practice with more than 525 physicians and 220 locations across the state and southeastern Oklahoma. Meeting the oncology needs of Texans for more than 35 years, the practice includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon and Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, Texas Imaging & Infusion Center, and Texas Center for Interventional Surgery. As a lead participant in US Oncology Research, Texas Oncology played a role in the development of more than 100 FDA-approved therapies. For more information, visit www.TexasOncology.com.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, and Texas Cancer Registry



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Updated: 8/24/2022

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