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 2019, 61,880 new cases of uterine cancer are expected to be diagnosed in the United States.
- This year, 12,160 estimated deaths in the U.S. will occur due to uterine cancer.
- Among Texas women, 3,706 new cases of uterine cancer are expected to be diagnosed in 2019.
- In Texas this year, 706 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**: This is likely a risk factor because it increases the body’s amount of estrogen.
- **Estrogen Exposure**: This is a strong risk factor and can result in a number of ways, including estrogen treatment during and after menopause, late onset menopause, not having children, periods starting before age 12, granulosa cell tumors, and polycystic ovary syndrome.
- **Tamoxifen Usage**: A prescription drug often prescribed to treat or reduce the risk of breast cancer, tamoxifen raises risk slightly because it has an estrogen-like effect on the uterus.
- **Previous Cancer**: Previous breast, colon, or ovarian cancer raises risk. Women with these cancers may have a genetic mutation and should talk with their physician about the risk.
- **Radiation Treatment**: 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), or 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.

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, oral contraceptives, pregnancy, and breast feeding also reduce risk.

Pap tests are not used to screen for uterine cancer; however uterine cancer can occasionally 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 evaluate best treatment options.

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

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Updated 08/25/19