

Endometrial (Uterine) Cancer: What You Need to Know

What is endometrial (uterine) cancer?

It is cancer in the lining of the uterus (womb). It is the fourth most common cancer in women. About 50,000 new cases are diagnosed every year in the United States.

Is it the same thing as cervical cancer?

No. Cervical cancer starts in the cervix (the neck of the uterus). Endometrial cancer starts inside the body of the uterus.

What are the risk factors?

- Age older than 50 years
- If you have high levels of estrogen in your body (for example, if you use estrogen therapy after menopause without another hormone called progesterone, if you have your first period at an early age, or if you start menopause at a late age)
- If you are infertile or have never been pregnant
- If you are obese, or have diabetes or thyroid disease
- If you have a mother or sister with endometrial cancer
- If you have a history of breast or ovarian cancer, endometrial hyperplasia, polycystic ovary syndrome, or Lynch syndrome

What are the symptoms?

The most common symptom is abnormal vaginal bleeding. If you are still having

menstrual periods, abnormal bleeding is any bleeding between periods or heavy periods. If you have gone through menopause and no longer have periods, any vaginal bleeding is abnormal. Because many other conditions also cause abnormal vaginal bleeding, be sure to tell your doctor so he or she can examine you.

How is it diagnosed?

There are several ways to diagnose endometrial cancer. Your doctor may look inside your uterus with a device that looks like a small telescope. He or she may take tissue or cell samples from your uterus (this is called a biopsy). An ultrasound image of your uterus can help your doctor to decide which of these methods will be needed.

If you are diagnosed with endometrial cancer, you may need more tests to see how far it has spread.

How is it treated?

Treatment depends on how far along the disease is. The most common treatment is surgery to remove the uterus and ovaries. This is called a hysterectomy. Radiotherapy and chemotherapy are also options.

How can I prevent it?

If you have given birth or are planning to have children, you have a lower risk of endometrial cancer. If you use hormone therapy after



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menopause, be sure that it includes progesterone. Staying at a healthy weight and exercising also can lower your risk.

What happens after treatment?

Most patients with endometrial cancer are diagnosed early and have a good outcome. Women with endometrial cancer should see their doctor every three to six months for three years after diagnosis. The risk that cancer will come back after treatment is highest during this time.

If I have endometrial cancer, can I still get pregnant?

You may still be able to get pregnant if your cancer is diagnosed at an early stage. If you are still of reproductive age and want to become pregnant, ask your doctor what options you have.

Where can I get more information?

Your doctor

AAFP's Patient Education Resource

<http://familydoctor.org/familydoctor/en/diseases-conditions/endometrial-cancer.html>

American Cancer Society

<http://www.cancer.org/cancer/endometrialcancer/detailedguide/endometrial-uterine-cancer-what-is-endometrial-cancer>

National Cancer Institute

<http://www.cancer.gov/types/uterine>

National Library of Medicine

<https://www.nlm.nih.gov/medlineplus/ency/article/000910.htm>

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Notes:

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP online at <http://familydoctor.org>.

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