

MANAGING YOUR ENDOMETRIAL CANCER

What Is Endometrial Cancer?

The uterus, or womb, lies between the bladder and rectum. The inner layer of the uterus is the endometrium. Endometrial cancer is cancer of this layer.

Untreated endometrial cancer spreads and causes problems in the pelvic area, including bowel and urinary disorders. If the spread continues, swollen glands (lymph nodes), an abdominal (belly) mass, and eventually liver, lung, and bone disease can result.

More than 30,000 new cases cancer are diagnosed each year in the United States.

What Causes Endometrial Cancer?

The cause is unknown. It usually occurs in women between 55 and 70 years old, but can occur in younger women before they go through menopause. Women at increased risk are overweight, have diabetes, have never been pregnant or given birth, or took estrogen for effects of menopause.

What Are the Symptoms of Endometrial Cancer?

Bleeding from the vagina after menopause is the main symptom. For women who haven't gone through menopause, abnormal vaginal bleeding—heavy bleeding, minimal bleeding, bleeding between menstrual cycles—is the main symptom.

How Is Endometrial Cancer Diagnosed?

The health care provider will ask about symptoms and do a physical examination, including a pelvic examination. Vaginal ultrasonography may also be done.

To confirm the diagnosis, the doctor may take a biopsy specimen from the uterus by dilation and curettage (D&C). To do this, the cervix is dilated (widened) and a curette (a small spoon-shaped instrument) is inserted into the uterus to remove tissue.

The cancer is then classified into stages. Staging tells whether and how much the cancer spread. Stage I means tumor is only in the uterus; stage II, tumor invaded the cervix; stage III, tumor involved the vagina, ovary, or abdomen; and stage IV, tumor invaded the bladder and intestine. Blood tests, chest x-rays, and computed tomography (CT) of the abdomen and pelvis are studied to look for cancer spread.

How Is Endometrial Cancer Treated?

Surgery, radiation, hormones, and chemotherapy are used for treatment, which depends on the cancer's stage. Most endometrial cancers are diagnosed in early stages (I or II), and an operation to remove the uterus, fallopian tubes, and ovaries (hysterectomy and bilateral salpingo-oophorectomy) is usually suggested. Radiation may then be given if needed. Both surgery and radiation have side effects.

Hormones or chemotherapy may be recommended for cancer that has spread or returned after other treatment. Both these treatments also have side effects.

DOs and DON'Ts in Managing Endometrial Cancer

- ✓ **DO** remember that hysterectomy doesn't affect sexual intercourse and desire.
- ✓ **DO** remember you won't have periods. You can have hot flashes, sweating, and other symptoms if your ovaries are surgically removed or hurt by radiation.
- ✓ **DO** keep follow-up health care provider visits during and after treatment to watch for treatment responses or cancer recurrence.

✓ **DO** call your health care provider if you have vaginal bleeding or abnormal vaginal discharge.

✓ **DO** ask your health care provider about services and support groups for emotional support.

✓ **DO** call your health care provider if you have treatment side effects.

⊗ **DON'T** ignore vaginal bleeding after menopause.

⊗ **DON'T** ignore abnormal vaginal bleeding (excess, between periods) before menopause.

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FOR MORE INFORMATION

Contact the following sources:

- American Cancer Society: Tel: (800) 227-2345; Website: <http://www.cancer.org>
- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website: <http://www.acog.org>

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