

Women's Cancer Information Project

Coordinated by the European Institute of Women's Health

CANCER OF THE ENDOMETRIUM / ENDOMETRIAL CANCER

In this type of cancer the cancer cells are found in the lining of the [womb](#) (the [endometrium](#)). Often it may be referred to as uterine cancer. Endometrial cancer rarely strikes before the menopause and it occurs most often in women aged 55 to 69.

It tends to spread through the [lymphatic system](#), not the bloodstream. If left untreated it will simply grow. It's spread is inward, to the lungs, brain and the liver.

SIGNS AND SYMPTOMS

- Chronic pelvic pain.
- In pre-menopausal women, erratic periods or bleeding between may occur.
- In post-menopausal women, any post-menopausal bleeding. This can appear as a watery, blood-soaked discharge. In 85% of cases, this bleeding is not due to cancer at all, but from vaginal dryness due to menopausal changes.
- Pain during sex.
- Continuous feeling of tiredness.
- Painful urination or bowel movements during periods.
- Low resistance to infections.
- In women over the age of forty, extremely long, heavy or frequent episodes of bleeding.

SIGNS AND TESTS

A pelvic examination is frequently normal in the early stages of disease. Changes in the size, shape or consistency of the [womb](#) and/or its surrounding, supporting structures may exist when the disease is more advanced. A pap smear / [cervical smear](#) may be either normal or show abnormal cellular changes. A dilation and curettage (D&C) procedure is usually necessary for diagnosing and staging the cancer. The [cervix](#) is expanded (dilation) just enough to insert a small instrument that removes material from the lining of the womb (curettage).

This takes only a few minutes and may be followed by period-like cramps for 24 hours or so.

An endometrial biopsy may assist in diagnosis.

RISK FACTORS

- Women with increased levels of natural oestrogen.
- Any women on long term oestrogen replacement therapy are also at risk because the womb is sensitive to hormones and is stimulated by oestrogen. Modern HRT preparations, however, reduce this risk considerably.
- Obese women are more at risk, especially after the menopause.
- Increased risks are also noted with those:
- Never having carried a pregnancy.
- Early onset of a woman's period.
- Late menopause.

PREVENTION

If you have any abnormal bleeding, between periods, or after your periods have stopped, tell your doctor. According to some studies, the use of the Pill offers some protection against endometrial cancer.

TREATMENT

The type of treatment chosen will depend on the stage of the cancer, whether it has spread to other parts of the body, your age and overall condition.

The choices of treatment for cancer of the endometrium are:

1. [Surgery](#) – the womb alone may be removed and if necessary the fallopian tubes and the ovaries as well.
 2. [Radiotherapy](#) – a radioactive implant that looks like a tampon is inserted into the womb to fight the cancer from the inside.
 3. [Hormone Treatment](#) – if the cancer has spread or recurred, then hormone therapy (e.g. Provera) may be used which combats oestrogen.
 4. [Chemotherapy](#) – this may be an option in some cases.
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