

Endometrial Cancer

Patient Information Series – What you should know, what you should ask.

What is endometrial cancer?

Endometrial cancer is a malignant proliferation of the endometrium lining the uterine cavity.

How does endometrial cancer happen?

Endometrial hyperplasia develops in a background of chronic stimulation of the endometrium by estrogens unopposed by a progestin. Endometrial hyperplasia may progress to cancer. Endometrial cancer is caused by changes (mutations) in the DNA of cells in the endometrium the lining of the uterus. Mutation turns normal, cells into abnormal cells, that grow, multiply out of control, and don't die at a set time. Cancer cells may invade nearby tissues and can spread elsewhere in the body (metastasize).

How frequent is endometrial cancer in women?

The lifetime risk to develop endometrial cancer is 2-3%.

How to suspect endometrial cancer?

Ninety percent of women with endometrial cancer present with abnormal uterine bleeding most commonly postmenopausal bleeding (PMB). 10% of women with PMB will have endometrial cancer.

Are there different types of endometrial cancer?

Yes, endometrioid tumors account for 80-85% of endometrial cancer and non-endometrioid for 15-20%.

What are the risk factors for developing endometrial cancer?

Overweight alone is responsible for around half of the cases of EC in Europe and the US. Other risk factors are increasing age, long reproductive period, PCO, and long-term exposure to unopposed estrogen, Tamoxifene, Tibolone. Smoking, physical exercise, and sun exposure may have a preventive effect.

Endometrial Cancer

Patient Information Series – What you should know, what you should ask.

What is the prognosis?

The majority (approximately 80%) of cases are diagnosed in stage I, where the prognosis is excellent with a 5-year survival of 90%. Prognosis is also dependent on the patient's age and tumour grade. Endometrioid tumors are classified into 3 grades, where grade 1-2 have a better prognosis than grade 3 tumors. All Non-endometrioid tumors have in general a worse prognosis than endometrioid tumors.

How can endometrial cancer be diagnosed?

Ultrasound may suspect the presence of endometrial cancer, but sonographic findings are not specific. The risk increases if the endometrial lining is > 5mm.

For this reason, the best diagnostic method is endometrial sampling. Saline infusion sonography can help to determine if sampling can be made by simple office or if hysteroscopic resection is needed.

How endometrial cancer should be treated?

Endometrial cancer is treated with surgery, where the uterus and ovaries are removed. The preoperative diagnostic work-up decides if lymph nodes should also be sampled or systematically removed. The need for additional treatment such as radio or chemotherapy is determined after surgery.

What other questions should I ask?

- What type of cancer do I have?
- What stage is the tumor?
- What kind of surgery should be performed?
- Will I need any additional treatment other than surgery?

Last updated August 2023