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Understanding **Uterine Cancer**



Introduction

Uterine cancer is a cancer which starts in the lining of the uterus (womb). There are two main types of uterine cancer. Endometrial cancers - it begins in the lining of the uterus (endometrium) and account for about 95% of all cases; and uterine sarcomas, which develop in the muscle tissue (myometrium), and is a rarer form of uterine cancer. Uterine cancer is often referred to as endometrial cancer as this is the most common form.

What is Endometrial Cancer?

Most uterine cancers develop from cells in the endometrium. The endometrium is the inside lining of the womb (uterus) and this cancer is called endometrial cancer. It is an adenocarcinoma.

What is Womb (uterus)?

The uterus is in your lower tummy (abdomen) and behind your bladder. The inside of your uterus is where a baby grows if you become pregnant. The inside lining of your uterus is called the endometrium. This builds up and is then shed each month as a period in women who have not yet gone through the menopause. The thick body of the uterus is called the myometrium and is made of specialised muscle tissue.

The lowest part of your uterus is the neck of the womb (cervix) which pushes just into the top part of your vagina.



What causes Endometrial Cancer?

A cancerous tumour starts from one abnormal cell. The exact reason why a cell becomes cancerous is unclear. It is believed that something damages or alters certain genes in the cell. This makes the cell abnormal and multiply out of control.

Risk factors for Endometrial Cancer

There are certain factors which are known to increase the risk of endometrial cancer. These include the following:

Increased Exposure to Oestrogen

Oestrogen is the main female hormone. Before the menopause the changing level of oestrogen together with another hormone, progesterone, causes the endometrium to build up each month and then be shed as a period. It is believed that factors which lead to prolonged higher-than-usual levels of oestrogen, or increased levels of oestrogen not being balanced by progesterone, may somehow increase the risk of endometrial cells becoming cancerous. These include:

- If you have never had a baby. This is because your womb (uterus) has never had a rest from the rise of oestrogen that happens in the course of a normal monthly cycle
- If you are overweight or obese. This is because fat cells make oestrogen
- If you have certain rare oestrogen-producing tumours
- If you have a late menopause (after the age of 52) or started periods at a young age
This is because you will have more monthly menstrual cycles



Endometrial Hyperplasia

This is a non-cancerous (benign) condition where the endometrium builds up more than usual. It can cause heavy periods or irregular bleeding after the menopause. Most women with this condition do not develop cancer but the risk is slightly increased.

Tamoxifen

Tamoxifen is a medicine which is used in the treatment of breast cancer. The risk of developing endometrial cancer from tamoxifen is very negligible - about 1 in 500. However, the benefits of taking tamoxifen usually outweighs the risks.

Genetic Factors

'Genetic' means that a condition is passed on through families via special codes inside cells called genes. Most cases of endometrial cancer are not due to genetic or inherited (hereditary) factors. However, in a small number of cases, a faulty gene (which can be inherited) may trigger the disease. This disorder is called Hereditary Nonpolyposis Colon Cancer (HNPCC).

Diabetes

There is a slight increased risk in women with diabetes



Polycystic Ovary Syndrome

There is a very slight increased risk in women with polycystic ovary syndrome. Women who take the Combined Oral Contraceptive (COC) pill actually have a lower risk of developing Endometrial Cancer.

Type and grade of Endometrial Cancer:

Most cases of endometrial cancer are called endometrioid adenocarcinomas. These arise from cells which form the glandular tissue in the lining of your endometrium. A sample of cancerous tissue can be looked at under the microscope. By looking at certain features of the cells the cancer can be graded.

- **Grade 1** - is low grade. The cells look reasonably similar to normal endometrial cells. The cancer cells are said to be well differentiated. The cancer cells tend to grow and multiply quite slowly and are not so aggressive
- **Grade 2** - is middle grade
- **Grade 3** - the cells look very abnormal and are said to be poorly differentiated. The cancer cells tend to grow and multiply quite rapidly and are more aggressive



Endometrial Cancer Symptoms

In most cases, the first symptom of cancer of the inside lining of the womb (uterus) - known as endometrial cancer - is abnormal vaginal bleeding such as:

- Vaginal bleeding past the menopause. This can range from spotting to more heavy bleeds. This is the most common symptom of endometrial cancer
- Bleeding after having sex (post-coital bleeding)
- Bleeding between normal periods (intermenstrual bleeding) in women who have not gone through menopause

Early symptoms that occur in some cases are:

- Pain during or after having sex
- Vaginal discharge
- Pain in your lower tummy (abdomen)

All the above symptoms can be caused by various other common conditions. However, if you develop any of these symptoms, you should see your doctor

How is endometrial cancer diagnosed and assessed?

To confirm the diagnosis

A doctor will usually do a vaginal examination if you have symptoms which may be due to cancer of the inside lining of the womb (uterus) - known as endometrial cancer. He or she may experience an enlarged womb. It is likely you will need to undergo further tests to confirm the diagnosis - usually one of the following:

- **Ultrasound scan of your womb:** This is usually the first test that is done. An ultrasound scan is a safe and painless test which uses sound waves to create images of organs and structures inside your body. It is most commonly used in pregnant women.
- **Endometrial sampling:** In this procedure, a thin tube is passed into your womb. By using very gentle suction, small samples of your endometrium can be obtained. This is done in the outpatient clinic, without anaesthesia. The sample (biopsy) is looked at under the microscope for any abnormal cancer cells.
- **Hysteroscopy:** In this procedure, a doctor uses a hysteroscope, which is a thin telescope that is passed through the neck of your womb (cervix) into your uterus. The doctor can see the lining of your uterus and take samples of any abnormal-looking areas. This can also be done without anaesthesia.

Endometrial Cancer Treatment Options

Surgery

Surgery is the main treatment for cancer of the inside lining of the womb (uterus) - known as endometrial cancer. Radiotherapy or chemotherapy are also used in some circumstances. The treatment advised for each case depends on various factors such as the stage of the cancer (how large the cancer is and whether it has spread) and your general health.



Surgery

An operation to remove your uterus (hysterectomy) and ovaries is a usual form of treatment. It is common for your fallopian tubes and both ovaries to be removed as well. Many operations are now performed by a keyhole procedure (laparoscopically). If the cancer is at an early stage and has not spread then surgery alone can be curative.

If the cancer has spread to other parts of the body, surgery may still be advised, often in addition to other treatments. Even if the cancer is advanced and a cure is not possible, some surgical techniques may still have a place to ease symptoms - for example, to relieve a blockage of the bowel or urinary tract which has been caused by the spread of cancer.

Radiotherapy

Radiotherapy is a treatment which uses high-energy beams of radiation which are focused on cancerous tissue. This kills cancer cells or stops cancer cells from multiplying. Radiotherapy alone can be curative for early-stage endometrial cancer and may occasionally be an alternative to surgery. In some cases, radiotherapy may be advised in addition to surgery.

Even if the cancer is advanced and a cure is not possible, radiotherapy may still have a place to ease symptoms. For example, radiotherapy may be used to shrink secondary tumours which have developed in other parts of the body and are causing pain.

Chemotherapy

Chemotherapy is a treatment of cancer using anti-cancer medicines. They kill cancer cells, or stop them from multiplying. Chemotherapy is not a standard treatment for endometrial cancer but may be given in certain situations (usually in addition to radiotherapy or surgery).

Hormonal Treatment

Treatment with progesterone is used in some types of endometrial cancer. It is generally not used in the initial treatments but may be considered if the cancer spreads or comes back after the treatment.

Endometrial Cancer Prognosis

The outlook (prognosis) depends on the stage at which endometrial cancer is picked up. There is an excellent chance of a cure if cancer of the inside lining of the womb (uterus) is diagnosed and treated when the disease is at an early stage. This is when the cancer is confined to the womb and has not spread.

Many cases are diagnosed at an early stage because abnormal vaginal bleeding often develops at an early stage of the disease and alerts women (and their doctors) to the possibility of cancer. This is why it is very important to see your doctor if you have any abnormal bleeding, particularly bleeding between periods or after menopause.

For women who are diagnosed when the cancer has already spread, a cure is less likely but still possible. Even if a cure is not possible, treatment can often slow down the progression of the cancer.