

Uterine / Endometrial Cancer

Information for people with cancer

This information should not be used to diagnose yourself or in place of a doctor's care.

Uterine cancer starts in the uterus. Endometrial cancer starts in the endometrium (inner layer of the uterus). This is the most common type of uterine cancer.

The uterus is part of the reproductive system. It is sometimes called the womb. It is the part of the body in which a baby grows during pregnancy.

The uterus is a hollow organ the size and shape of an upside-down pear. It is in the pelvis between the bladder and rectum.

The upper part of the uterus is called the fundus or dome. The central part of the uterus is called the body or corpus.

The lower part, or neck, of the uterus is called the cervix. It is the connection between the body of the uterus and the vagina. For more information about cervical cancer:

www.bccancer.bc.ca/health-info/types-of-cancer/pelvic-area/cervix

The body of the uterus has two layers of tissue:

- The myometrium is the muscular, outer layer. It is needed to push out a baby during birth.
- The endometrium is the inner layer or lining. During a person's menstrual cycle, hormones cause the endometrium to change. Ovaries make estrogens which cause the endometrium to thicken. This is needed for pregnancy. If there is no pregnancy, a change in hormones causes the endometrium to shed. This causes bleeding during a person's menstrual period.

Cancers that start in the muscle or connective tissue in or near the uterus are much less common. These are called uterine sarcomas.

Endometriosis is a condition in which tissue that looks like the uterine lining grows in areas it should not grow in the pelvic area. It is not cancer.

Diagnosis and Staging

What are the signs and symptoms of uterine / endometrial cancer?

These are some of the symptoms of uterine / endometrial cancer:

- Unusual vaginal bleeding is the most common symptom, such as:
 - Bleeding between periods.
 - Bleeding with sexual intercourse.
 - Heavy bleeding (more than is normal for you).
 - Irregular or heavy bleeding during menopause or any bleeding after menopause.
- Unusual vaginal discharge.
- Difficult or painful urination (peeing).
- Pain in the abdomen or pelvic area.
- Back pain.

Investigating early symptoms usually leads to an early diagnosis and successful treatment.

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

How is uterine / endometrial cancer diagnosed?

Tests that may help diagnose uterine or endometrial cancer include:

- **Physical exam:** a doctor or nurse practitioner will do a pelvic or rectal exam. This involves them putting their fingers inside your vagina or rectum (bum). They may also feel your abdomen and groin to look for fluid build-up or swollen lymph nodes.

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- **Biopsy:** a small amount of tissue is removed from the endometrium. A specialist (pathologist) will examine the tissue to check for cancer.
- **D and C (dilation and curettage):** the opening of your cervix is made larger (dilated) and a special instrument removes tissue samples from your endometrium. This is done in an operating room. You may have general anesthesia (put under) or sedation (medication that helps you relax and may make you sleepy). You may also have local anesthesia which will numb the area for the procedure. This may be done if the sample from an endometrial biopsy was too small or the biopsy results were unclear.
- If your doctor suspects you have cancer, a surgeon may do a hysterectomy (remove your uterus). A surgeon may also remove your ovaries, fallopian tubes and lymph nodes near your uterus to check if the cancer has spread.
- **Imaging:** x-rays or ultrasound to see the tumour and if it has spread to other tissues.
- **Blood tests:** to check if cancer has spread to the liver or kidneys.

For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: bccancer.libguides.com/pathfinder-screening

What are the types of uterine / endometrial cancer?

Endometrial cancer

- **Endometrial carcinoma:** Most common. About 70-80% (70-80 out of 100) of endometrial cancers. Usually only in the uterus and has not spread. Cure rate is very high.
- **Serous, clear cell and mucinous cancers:** Rare and more aggressive.

Uterine Sarcomas

- These are rare types of uterine cancer. They can grow fast and spread.

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What are the stages of uterine / endometrial cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

Endometrial carcinoma staging:

- **Stage 1A:** Tumour is only in the endometrium or has grown less than halfway through the muscle layer of the uterus wall (myometrium).
- **Stage 1B:** Tumour has grown halfway or more than halfway into the myometrium.
- **Stage 2:** Tumour has grown into the cervix.
- **Stage 3A:** Tumour has grown into the outer surface of the uterus (uterine serosa) or has grown into the fallopian tubes, ovaries or their supporting ligaments.
- **Stage 3B:** Tumour has grown into or spread to the vagina or tissues next to the cervix and uterus (called the parametria).
- **Stage 3C:** Cancer has spread to the lymph nodes in the pelvis (pelvic lymph nodes) or to the lymph nodes around the aorta (para-aortic lymph nodes)
- **Stage 4A:** Tumour has grown into the lining of the bladder or intestines.
- **Stage 4B:** Cancer has spread to other parts of the body such as the lungs, liver or bone. This is called distant metastases or metastatic cancer.

Uterine sarcoma staging

- **Stage 1A:** Tumour is only in the uterus. Tumour is not larger than 5 cm (2 inches).
- **Stage 1B:** Tumour is only in the uterus. Tumour is larger than 5 cm (2 inches).

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- **Stage 2A:** Tumour has grown into the fallopian tubes, ovaries or their supporting ligaments.
- **Stage 2B:** Tumour has grown into other tissues in the pelvis.
- **Stage 3A:** Tumour has grown into one part of the abdomen.
- **Stage 3B:** Tumour has grown into 2 or more parts of the abdomen.
- **Stage 3C:** Cancer has spread to the lymph nodes in the pelvis (pelvic lymph nodes) or to the lymph nodes around the aorta (para-aortic lymph nodes)
- **Stage 4A:** Tumour has grown into the lining of the bladder or rectum.
- **Stage 4B:** Cancer has spread to other parts of the body such as the lungs, liver or bone. This is called distant metastases or metastatic cancer.

For more information on staging, see our About Cancer page:

bccancer.bc.ca/health-info/types-of-cancer/about-cancer

What are the grades of uterine / endometrial cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing. A pathologist will give the cancer a grade after looking at the cells under a microscope.

Uterine and endometrial cancer can be grade 1, 2 or 3. The lower the number, the lower the grade.

Low grade: cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

High grade: cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

The grade of the cancer can help your health care team plan your treatment.

Treatment

What is the treatment for uterine / endometrial cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different from what is listed here.

Surgery

- **Total abdominal hysterectomy:** surgeon removes uterus and cervix. For stage 1 cancers, this may cure the cancer.
- **Bilateral salpingo oophorectomy (BSO):** surgeon removes uterus, cervix, ovaries and fallopian tubes.

Radiation therapy (high energy x-rays that kill or shrink cancer cells)

- Can be used before surgery to shrink tumours and make them more suitable for surgery.
- Can be used after surgery to try to lower the risk of recurrence (cancer coming back) in people with very advanced tumours.
- For uterus cancers, radiation might be given using an external beam (from a machine outside of your body) or internally with brachytherapy (radioactive seeds that are put inside your body, in and around the tumour).
- For more information about radiation therapy go to:
bccancer.bc.ca/our-services/treatments/radiation-therapy

Systemic therapy

- Recommended for some types, stages and grades of cancer.
- For more information about systemic therapy go to:
[bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

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Hormone Therapy

- May be used if surgery is not an option.
- May be used in advanced or recurrent cancer.

What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Please talk to your health care team about what follow-up you need.
- Guidelines for follow-up after treatment are on our website:
 - Endometrium: www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/uterine-cervix#Follow-up-Uterine-Cervix
 - Uterine Sarcoma: www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/gynecological-sarcomas#Follow-up-Gynecological-Sarcomas
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- After treatment, you may return to the care of your family doctor or specialist for regular follow-up. If you do not have a family doctor, please talk to your BC Cancer health care team.
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: bccancer.bc.ca/lifeaftercancer

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More Information

What causes uterus / endometrial cancer and who gets it?

These are some of the risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer grow.

- A longer lifetime exposure to the hormone estrogen. Factors that increase your lifetime exposure to estrogen:
 - Starting menstruation before age 12.
 - Entering menopause after age 55.
 - Never being pregnant.
 - Having your first pregnancy after age 30.
 - Using estrogen-only hormone replacement therapy after menopause.
- Having Hereditary Non-polyposis Colorectal Cancer (HNPCC) or Lynch Syndrome:
www.bccancer.bc.ca/our-services/services/hereditary-cancer
- Being overweight or obese
- Being treated for cancer with Tamoxifen.
- Diabetes.
- Polycystic ovarian syndrome (PCOS).

Statistics

B.C.: www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type

Canada: www.cancer.ca/en/cancer-information/cancer-type/uterine/statistics/?region=bc

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Note: Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

Can I help prevent uterine / endometrial cancer?

Here are some things you can do to lower your risk of uterine / endometrial cancer:

- **Do not take estrogen alone.** Estrogen and progesterone therapy together can help prevent cancers of the uterus.
- **Taking birth control pills** lowers a person's chance of developing cancer of the uterus.
- **Healthy eating and regular physical activity.** Your risk rises if you are moderately to significantly overweight. Together, healthy eating and regular physical activity are the best way to maintain a healthy body weight.
 - Follow Canada's Food Guide: www.canada.ca/en/health-canada/services/canada-food-guides.html
 - Visit the BC Cancer Food Choices and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/food-choices
 - Visit the BC Cancer Physical Activity and Cancer Prevention page: www.bccancer.bc.ca/health-info/prevention/physical-activity

Is there screening for uterine / endometrial cancer?

There is no screening program for this type of cancer.

Although a Pap test sometimes finds this type of cancer, it will miss many of them because the Pap smear scrape does not reach the body of the uterus. For more information on pap tests:

www.bccancer.bc.ca/screening/cervix

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Talk to your doctor or nurse practitioner right away if you have vaginal bleeding that is not normal for you. This is especially important if you have post-menopausal bleeding or usual bleeding after the age of 40.

Where can I find more information?

- If you have questions about uterine / endometrial cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page: bccancer.bc.ca/our-services/services/library
- BC Cancer Library Uterine and Endometrial Cancer pathfinder: bccancer.libguides.com/pathfinder-uterine
- Managing Your Symptoms: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
- Emotional Support: www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support