Types of Cancer

Uterine and Endometrial Cancer

What are uterine and endometrial cancer?

Cancer develops when cells grow out of control. There are two main types of cancer of the uterus, or womb. Endometrial cancer affects the inner lining of the uterus while uterine sarcoma develops in the muscle and support structures of the uterus. Cancer may also arise elsewhere in the body and spread to the uterus, a process known as metastasis. Cervical cancer, which affects the lower opening of the uterus (the cervix), is not considered uterine cancer.

Who gets uterine and endometrial cancer?

About 66,000 new cases of uterine cancer, including endometrial cancer, are diagnosed annually in the United States, according to the American Cancer Society. Endometrial cancer is much more common; sarcomas account for less than 10% of uterine cancers. Endometrial cancer occurs most often among postmenopausal women; it is uncommon in those younger than 45.

What are the risk factors for uterine and endometrial cancer?

Estrogen can trigger endometrial cancer. Higher estrogen levels over a lifetime—due to early menstruation, late menopause or few or no pregnancies—raise the risk. Taking certain types of birth control pills or using an intrauterine device lowers the risk. Women who use hormone replacement therapy after menopause should take a combination of estrogen and progesterone to reduce endometrial cancer risk. The cancer drug tamoxifen has been linked to uterine sarcoma.

Other risk factors for endometrial cancer or uterine saroma include family history, genetic factors, obesity, diabetes, a high-fat diet, a history of breast or ovarian cancer and receiving pelvic radiation therapy to treat other cancers.

What are the symptoms of uterine and endometrial cancer?

Endometrial cancer and uterine sarcoma cancer often have few or no symptoms during early stages, so they are often detected later, when they are harder to treat. Some women have signs and symptoms that are similar to those caused by other conditions, which may include:

- Abnormal vaginal bleeding between periods.
- Vaginal bleeding after menopause.
- Pain or beeding during or after sex.

- Unusual vaginal discharge.
- Lumps in the pelvic area or lower abdomen.
- Pain in the pelvic area or abdomen.
- Unexplained weight loss.

How are uterine and endometrial cancer diagnosed?

Early detection and treatment of cancer increases the likelihood of long-term survival. Screening for endometrial and uterine cancer is not recommended for women at average risk. However, women who are at increased risk due to certain genetic mutations may receive regular endometrial biopsies, which involve removing a small tissue sample from the uterine lining to examine in a laboratory, or they may get a preventive hysterectomy (uterus removal).

The process of diagnosis starts with a general physical exam, health history and pelvic exam, including a manual exam of the vagina or rectum to feel for lumps. A hysteroscopy (insertion of a thin tube with a viewing scope through the cervix) may be done to look at the inside of the uterus and a biopsy or larger tissue sample may be removed for testing.

Blood may be tested for the CA-125 protein, which is elevated in many women with endometrial cancer. A pelvic or transvaginal ultrasound scan may be used to look at the uterus, ovaries and fallopian tubes. X-rays, CT, PET, MRI or ultrasound scans may be done to see how extensive the cancer is and how much it has spread.

How are uterine and endometrial cancer treated?

Treatment for endometrial and uterine cancer depends on the type of cancer, how advanced it is when detected, how large the tumors are and whether cancer has spread to nearby lymph nodes or other parts of the body.

Surgery: The main treatment for endometrial or uterine cancer that has not spread is a hysterectomy, or removal of the uterus. Sometimes the ovaries, fallopian tubes and nearby lymph nodes are removed as well. Women who have had a hysterectomy cannot become pregnant.

Radiation: Radiation may be used to kill cancer cells that remain after surgery or to shrink tumors that cannot be surgically removed. It is often used in conjunction with other forms of treatment.

Chemotherapy: Traditional chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects like nausea and hair loss.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth. This type of treatment has not been widely studied for uterine cancer.

Hormone therapy: This type of targeted therapy works against cancers that grow faster in the

presence of estrogen. Hormone-blocking drugs deprive tumors of hormones that stimulate their growth, but they can cause side effects such as premature menopause.

Immunotherapy: The newest type of treatment helps the immune system fight cancer. For example, some tumors can turn off immune responses against them, and drugs known as checkpoint inhibitors can restore T cells' ability to recognize and destroy cancer. Immunotherapy drugs don't work for everyone, and it can be hard to predict who will benefit.

For more information on uterine and endometrial cancer, visit:

American Cancer Society: Endometrial Cancer

American Cancer Society: Uterine Sarcoma

National Cancer Institute

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