

Cancer of the Lining of the Womb

What should I watch for?

Cancer of the lining of the womb (*uterus*) is called *endometrial cancer*. The most common sign of endometrial cancer is unusual bleeding from your vagina, especially bleeding after you've already gone through menopause.

You can increase the chances that endometrial cancer will be found early by having any unusual bleeding checked by your doctor right away. Endometrial cancer can almost always be treated successfully if it's caught early.

Am I at risk for getting endometrial cancer?

Certain things may put you at higher risk for getting endometrial cancer. One thing is age. Endometrial cancer is most common in women who are 50 to 60 years old, or older.

You may also be at more risk if you have had high levels of estrogen in your body. Many things can increase your estrogen level. These include being extremely overweight, having high blood pressure or having diabetes.

Using estrogen replacement therapy without taking progestin is also related to a higher risk for endometrial cancer. Taking progestin seems to offset any risk the estrogen may pose. In fact, using birth control pills that contain both estrogen and progestin during the childbearing years seems to decrease the risk of getting endometrial cancer.

Other things that may put you at higher risk for endometrial cancer include having your first period at a young age, before about the age of 12, or going through menopause late, after about the age of 52.

How is endometrial cancer diagnosed?

Endometrial cancer can be diagnosed by using *endometrial sampling* or by *dilatation and curettage* (D & C) of the uterus. Both procedures can be effective.

What is endometrial sampling?

Endometrial sampling is usually done in your doctor's office. It involves inserting a very thin suction device into your uterus to remove a bit of the lining. This sample is then tested in a laboratory to check it for cancer.

Anesthesia isn't needed, but you may be given a mild sedative to help you relax. You may have cramping or spotting after the procedure. You may be given medicine for these problems.

What does a D & C involve?

A D & C can be done in your doctor's office or as an outpatient at the hospital. It involves dilating the *cervix*, the opening to the uterus, and then scraping or suctioning out the entire lining of the uterus. The lining is then sent to a laboratory to be tested.

You may be given either a local anesthetic or general anesthesia for a D & C. D & C is highly useful in diagnosing endometrial cancer and can sometimes even be helpful as a treatment of abnormal uterine bleeding because it may remove the tissue that is causing you problems.

You may bleed for a short while after the procedure, and you may notice some cramping. Your doctor may suggest that you not use tampons during this time and that you avoid sex for a short while.

What is the treatment for endometrial cancer?

Treatment usually involves removing the uterus, the fallopian tubes and the ovaries. You may also need to take progestin to offset high levels of estrogen. Sometimes radiation therapy or chemotherapy is also needed. Treatment can be very effective, especially if the cancer is found early.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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