ENDOMETRIAL CANCER

ENDOMETRIAL CANCER AND SURGERY

This beautifully designed magazine has been created to give you all the essential information about endometrial cancer in an easy-to-understand manner. We aim to empower you throughout your cancer journey, enabling you to make informed choices, anticipate treatment and lifestyle changes, and ultimately achieve the best possible outcome.

LET'S START THE JOURNEY.
LET'S BRING IT ON!

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BITO HEALTH

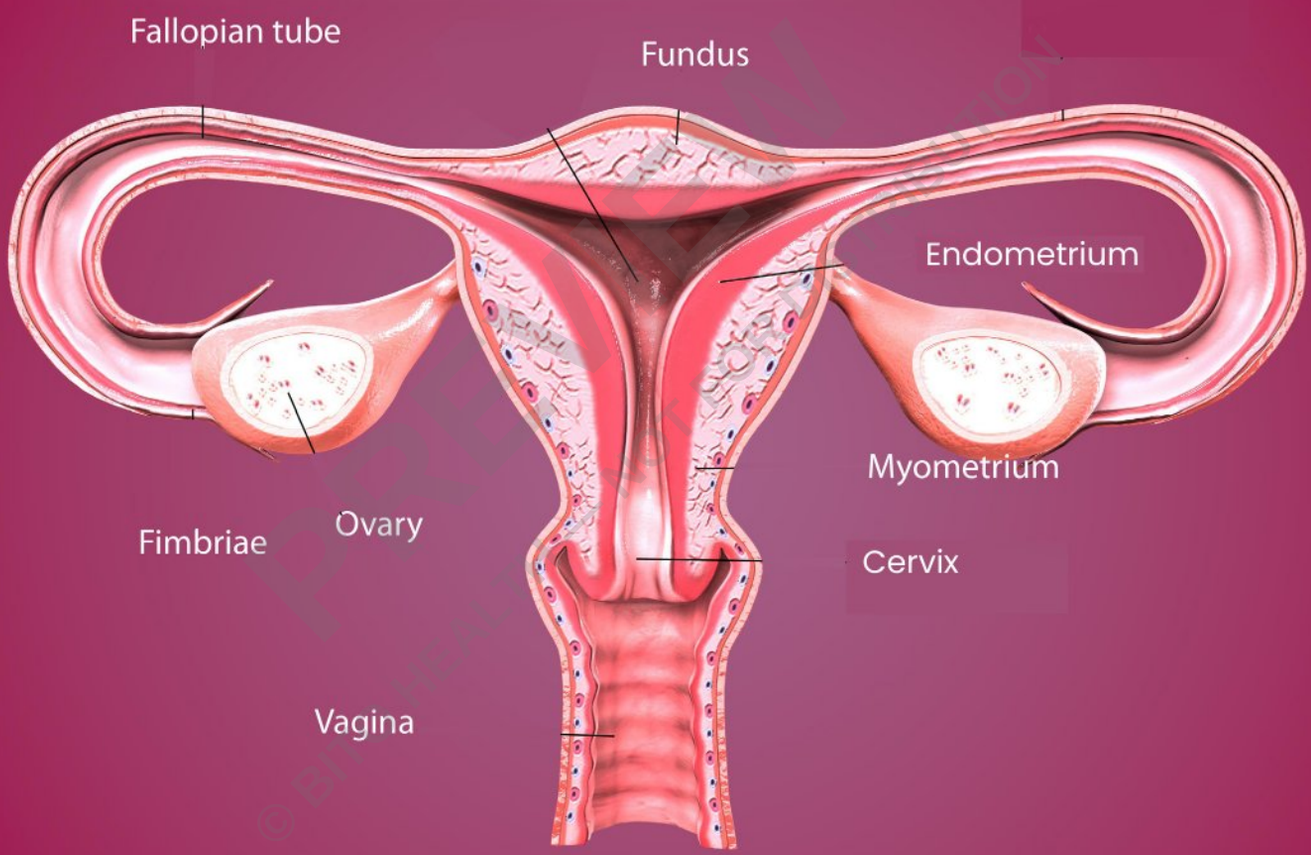
INTRODUCTION

UTERINE CANCER is the most common type of gynecologic cancer in the United States. It is the fourth most common cancer in women after breast, lung, and colorectal cancers. It is estimated that there are around 69,000 new cases annually, and the overall incidence rate is increasing each year. This type of cancer primarily affects postmenopausal women and is more prevalent among Black women, who also experience higher mortality rates from this disease.

WHERE IS THE UTERUS The uterus, commonly known as the womb, is a vital component of the female reproductive system. It plays a crucial role in menstruation, pregnancy, and childbirth. The uterus is pear-shaped and is approximately the size of a fist. It is situated in the pelvis, between the bladder and the rectum, and is connected to the fallopian tubes on either side, which lead to the ovaries. The cervix, which forms the lower part of the uterus, opens into the vagina.

THE UTERUS consists of several layers. The inner lining, which thickens during the menstrual cycle, is called the endometrium. The thick, muscular middle layer is known as the myometrium, while the outer layer is referred to as the perimetrium.

Uterus



WHAT IS UTERINE CANCER?

UTERINE CANCER occurs when the cells in the uterus grow uncontrollably. There are two main types of uterine cancer. The most common type is endometrial cancer, which develops in the innermost lining of the uterus, known as the endometrium. The second type, uterine sarcoma, accounts for less than 10% of all uterine cancer cases and is generally more aggressive. Uterine sarcoma arises when the middle layer of the uterus, called the myometrium, undergoes cancerous changes.

> "For the remaining sections, we will concentrate exclusively on endometrial cancer, excluding uterine sarcoma."

RISK FACTORS

HORMONAL IMBALANCE:

Estrogen stimulates the growth and thickening of the endometrium during each menstrual cycle. High levels of estrogen, when not balanced by progesterone, can lead to excessive exposure of the endometrium to estrogen, which may result in abnormal cell growth.

•EXTRINSIC ESTROGEN:

•Estrogen Therapy: Unopposed estrogen therapy may increase the risk of developing endometrial cancer.

•Tamoxifen: This medication treats breast cancer and can act like estrogen in the endometrium, increasing the risk four-fold.

•Hormone Replacement Therapy (HRT): Combined HRT, which includes both estrogen and progesterone, can lower the risk compared to estrogen-only therapy; however, it still carries some risk.

•INTRINSIC ESTROGEN:

•Obesity: Fat tissue produces estrogen, which can increase the risk of endometrial cancer. Obesity is associated with elevated levels of both estrogen and insulin, both of which can promote cancer cell growth.

•REPRODUCTIVE HISTORY:

Women who have been exposed to intrinsic estrogen for longer periods—such as those who experience early menarche, late menopause, nulliparity (not having children), infertility, or failure to ovulate—are at an increased risk for endometrial cancer.

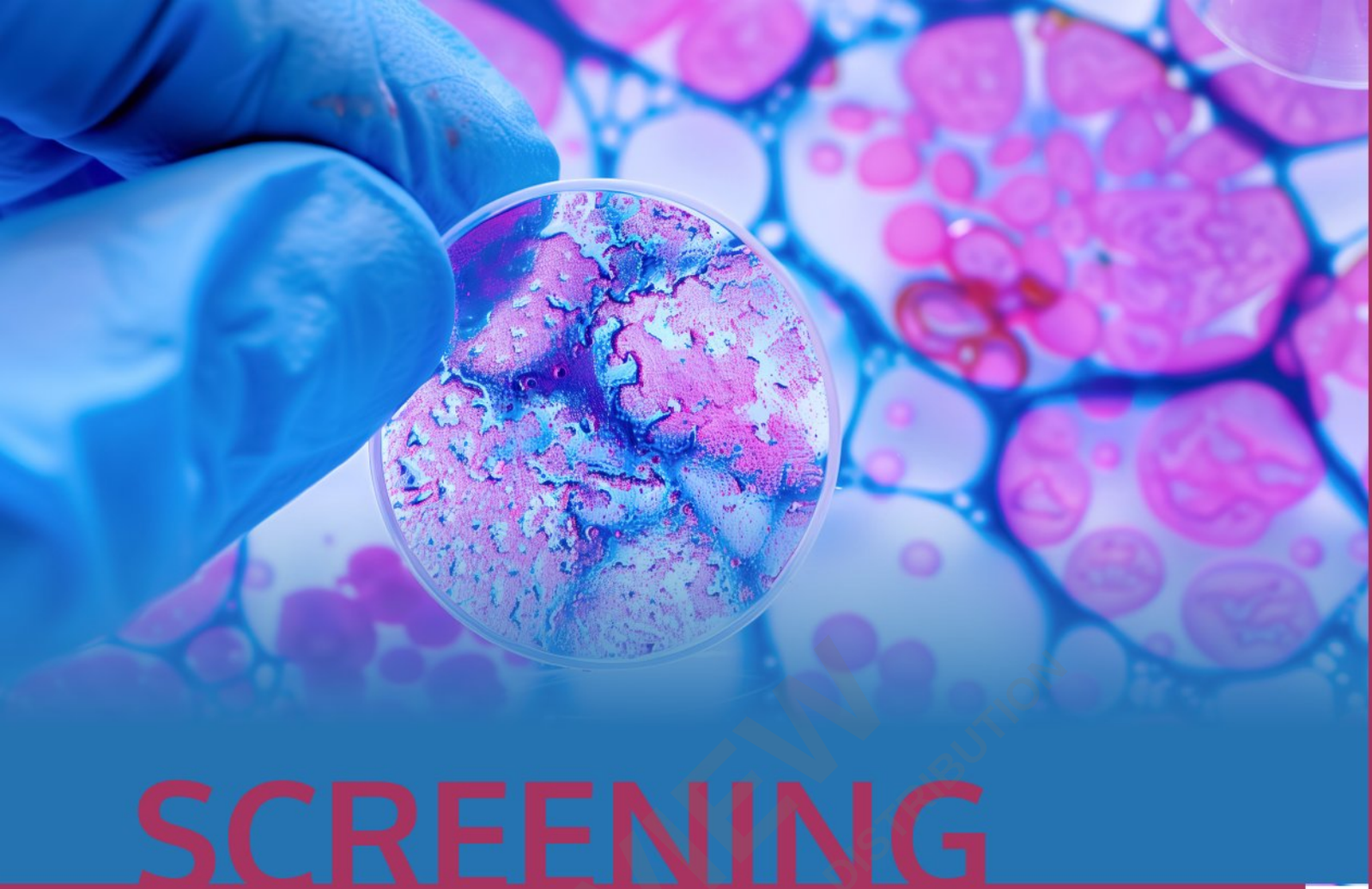
AGE:
The risk of endometrial cancer increases with age, particularly after menopause, when hormonal changes become more pronounced.

DIABETES AND METABOLIC SYNDROME:
High blood sugar and insulin resistance, which are common in diabetes and metabolic syndrome, can contribute to the development of endometrial cancer.

GENETIC MUTATIONS:
Changes in the DNA of endometrium cells can cause uncontrolled growth, leading to conditions like endometrial cancer. Lynch syndrome, which is linked to inherited mutations in one of the four mismatch repair (MMR) genes (MLH1, MSH2, MSH6, or PMS2), significantly increases cancer risk, potentially up to 50%. Having a 1st degree relative with endometrial cancer doubles the risk. Genetic factors contribute to about 10% of endometrial cancer cases.

SCREENING
Currently, there are no standard or routine screening tests for uterine or endometrial cancer in asymptomatic women, as no effective tests have been proven for this purpose. An exception applies to patients who have or are at an increased risk of Lynch syndrome. Despite some controversy, patients with Lynch syndrome may need to undergo annual screenings with an endometrial biopsy starting at the age of 35. They should also be advised to keep a menstrual calendar and report any abnormal vaginal bleeding to their gynecologist.

Currently, there Is no validated screening testing for endometrial cancer



SCREENING

SCREENING

SYMPTOMS AND SIGN

Abnormal uterine bleeding, AUB (vaginal bleeding)

DEFINITION: AUB refers to any bleeding from the uterus that is irregular in timing, duration, or amount, such as bleeding or spotting between periods, prolonged bleeding, extremely heavy period, bleeding or spotting after sex, or bleeding after menopause.

OTHERS: Of note, one-third of women experience abnormal uterine bleeding (AUB) in their lifetime.
Tracking when abnormal uterine bleeding occurs (including date, duration, and associated activities) and the amount of bleeding (light, medium, or heavy) on your calendar would be extremely helpful to share with your obstetrician and gynecologist (Ob-Gyn).

IMPORTANT: Women with a BMI over 40 kg/m² have a 10–15% lifetime risk of endometrial cancer. Urgent referral is advised for those with abnormal vaginal bleeding, regardless of age or menopausal status.

POSTMENOPAUSAL

Over 90% of women with endometrial cancer experience postmenopausal bleeding, but only 10% to 20% of those investigated actually have the cancer; most cases are due to endometrial atrophy. It's essential to evaluate all instances of postmenopausal bleeding, particularly in women over 55, as the risk of endometrial cancer increases with age.

PREMENOPAUSAL

The risk of endometrial cancer is lower in premenopausal women with abnormal vaginal bleeding, but it can still be a sign of the disease, as they account for 20% of cases. The American College of Obstetricians and Gynecologists (ACOG) recommends evaluation for endometrial cancer in women with abnormal bleeding if they are over 45 or under 45 with a history of unopposed estrogen exposure or higher risk factors, such as Lynch syndrome.

ENDOMETRIAL CANCER SYMPTOMS

Approximately 90% of patients with endometrial cancer present with abnormal uterine bleed (AUB), especially in postmenopausal woman

DIAGNOSTIC-CARE PATHWAY FOR ENDOMETRIAL CANCER