



Foundation  
for Women's Cancer

# endometrial cancer:

*Your guide*



RESEARCH · AWARENESS · OUTREACH · EDUCATION



# Introduction



**You and your family have learned of a diagnosis of endometrial cancer, also called uterine cancer.**

The amount of information you receive at the time of diagnosis can feel overwhelming. All at once, you may feel there are many unanswered questions, decisions to be made, and so much information to understand. It can be helpful to have friends and family with you when discussing your diagnosis and treatment.

A team of health care professionals will work with you and your family throughout your treatment process. Each of them has an important job, but the most vital member of the team is you. In order to play an active role during your treatment, you should try to learn as much as possible about endometrial cancer.

This booklet will take you through the basics of what you need to know about endometrial cancer. It will introduce you to the people who may be part of your treatment team. Also, it will identify the different types of treatments for endometrial cancer. Hopefully, this information will help prepare you to talk with your treatment team and to feel more confident about your treatment plan.

# Endometrial cancer: *An overview*

Cancer occurs when cells in an area of the body grow abnormally. **Endometrial cancer is cancer of the lining of the uterus (called the endometrium).** The uterus (or womb) is where a baby grows during pregnancy. The fallopian tubes and ovaries are on both sides of the uterus. The cervix is the mouth of the uterus (or womb) that connects it to the vagina. These reproductive organs are located in the pelvis, close to the bladder and rectum.

The endometrium is the inside lining of the uterus that grows each month during the childbearing years. It does this so that it will be ready to support an embryo if a woman becomes pregnant. If pregnancy does not occur, the endometrium is shed during the menstrual period.

## Risk factors

Risk factors for endometrial cancer include obesity, use of estrogen without progesterone, diabetes, hypertension, tamoxifen use, and later age of menopause (after age 52). About 75% of women diagnosed with endometrial cancer have already gone through menopause.

The strongest and most common risk factor for the development of endometrial cancer, however, is obesity. Women who are obese have higher circulating levels of estrogen, which increases their risk for endometrial cancer.

Heredity also plays a role in a small percentage of women with endometrial cancer. Some families have a high frequency of endometrial, colon, and ovarian cancer. If you have relatives with endometrial, colon, and/or ovarian cancer, you should see a genetics specialist as testing can be performed to determine this risk, which can be helpful to you and your family members.

## Symptoms

The most common warning sign for uterine cancer, including endometrial cancer, is abnormal vaginal bleeding. Recognition of this symptom often affords an opportunity for early diagnosis and treatment. In older women, any bleeding, spotting, or brownish discharge after menopause may be a symptom of endometrial cancer. Younger women are also at risk and should note irregular or heavy vaginal bleeding as this can be a symptom of endometrial cancer.

## Medical evaluation

When a woman experiences concerning symptoms, a pelvic exam, including a rectovaginal exam, and a general physical should be performed. If the exam is abnormal or she presented for abnormal vaginal bleeding, the woman should undergo an endometrial biopsy, an ultrasound and/or a D&C (dilation and curettage) procedure.





## Working with your treatment team

During your treatment, you will come in contact with many health care professionals. These people make up your treatment team. They will work with each other and you to provide the special care you need. Your treatment team may include some of the health care professionals listed below.

**Gynecologic oncologists** are board-certified obstetrician- gynecologists who have an additional three to four years of specialized training in treating gynecologic cancer from an American Board of Obstetrics and Gynecology-approved fellowship program. A gynecologic oncologist can manage your care from diagnosis to completion of treatment.

Women with endometrial cancer who undergo surgery performed by a gynecologic oncologist have better outcomes than women whose surgery is performed by another type of physician. The better outcomes are related to the fact that gynecologic oncologists are more knowledgeable about the disease biology and more likely to perform the appropriate surgery and provide the appropriate postsurgical treatment if needed.



## You also may be treated by:

**Medical oncologist** who specializes in using drug therapy (chemotherapy) to treat cancer.

**Radiation oncologist** who specializes in using radiation therapy to treat cancer.

**Oncology nurse** who specializes in cancer care. An oncology nurse can work with you on every aspect of your care, from helping you understand your diagnosis and treatment to providing emotional and social support.

**Social worker** who is professionally trained in counseling and practical assistance, community support programs, home care, transportation, medical assistance, insurance, and entitlements. Social workers are very helpful advocates, especially when you are first diagnosed and unsure about what to do next.

**Patient navigator** who educates patients about the disease and serves as an advocate on behalf of the patient and her caregivers throughout the cancer treatment.

## **Nutritionist or registered dietician**

who is an expert in helping you maintain healthy eating habits. This is important in the recovery process. These professionals help you overcome potential side effects of treatment such as poor appetite, nausea, or mouth sores. It is important to note that natural remedies and supplements should only be taken under the supervision of a naturopathic physician in consultation with your gynecologic oncologist.

## Talking with your treatment team

You deserve expert advice and treatment from your treatment team. Be sure to talk openly about your concerns with the members of your team and let them know what is important to you. If it is hard for you to speak for yourself, these tips may help:

- Make a list of questions before your visit. Ask the most important questions first.
- Take notes or ask if you can tape-record your medical office visits and phone conversations.
- If you don't understand something, ask the treatment team member to explain it again in a different way.
- Always bring another person with you when you meet with members of your treatment team to discuss test results and treatment options.

# Surgical staging

Though the majority of endometrial cancers are confined to the uterus, your treatment team may recommend more tests to determine if the cancer has spread. Additionally, specific procedures during surgery may be performed to determine the extent of disease. This process is called staging. **Staging helps to determine the exact extent of your cancer and the best treatment plan for you.**

Following surgery, your cancer will be categorized into Stage I, II, III, or IV, illustrated on the following page. The cancer will also be assigned a grade. Grade refers to how abnormal the cells appear under a microscope. Low grade tumors, also called grade 1, have features that resemble normal endometrium cells. In contrast, in high grade tumors (grade 3) the microscopic appearance is greatly altered from normal.

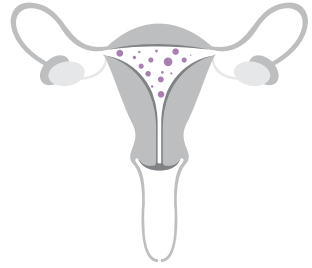
**It is important that your surgery be performed by a gynecologic oncologist, a physician with special training in the care of women's reproductive cancers.** Studies show that patients treated by gynecologic oncologists at high-volume centers have improved outcomes.



# Endometrial cancer stages

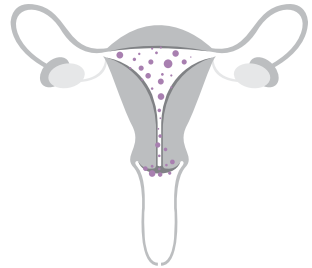
## Stage I

The cancer is found only in the uterus. It has not spread to the cervix (opening of the uterus).



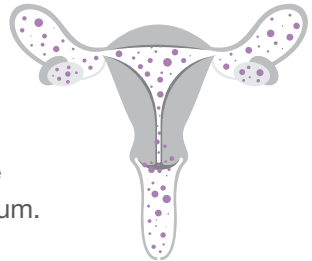
## Stage II

The cancer has spread from the uterus to the cervix (opening of the uterus), but it has not gone any farther.



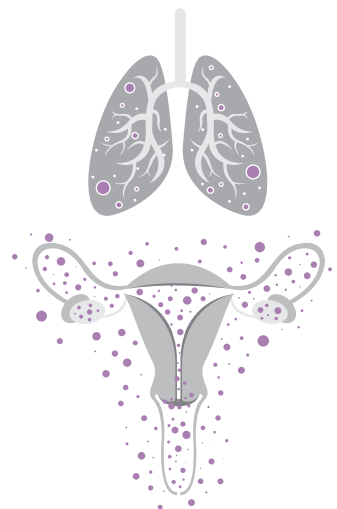
## Stage III

The cancer has spread outside the uterus itself. It may have spread to nearby lymph nodes, ovaries, fallopian tubes, and vagina, but it has not gone outside the pelvic area. It has not spread to the bladder or rectum.



## Stage IV

The cancer has spread into the bladder or rectum and/or to other body parts outside the pelvis, such as the abdomen or lungs.





# Treatment types & side effects

Endometrial cancer may be treated with **surgery, radiation therapy, chemotherapy, or hormonal therapy**. Depending on your situation, your treatment team may recommend using a combination of therapies to treat your cancer.

## Understanding the goals of treatment

As you begin your treatment, make sure that you understand what to expect. Is this for cure? What are the chances of cure? If there is no cure, will the treatment make me live better or longer? It is very important to understand the truth about what to expect from the treatment – and what are the potential costs of side effects, expenses, etc.– so that you can make the best decisions for yourself and the life you want to lead.

All treatments for endometrial cancer have side effects, but most side effects can be managed or avoided. Treatment may affect various aspects of your life, including your function at work, home, intimate relationship, and deeply personal thoughts and feelings.

Before beginning treatment, it is important to learn about the possible side effects and talk with your treatment team members about your feelings or concerns. They can prepare you for what to expect and tell you which side effects should be reported to them immediately. They can also help you find ways to manage the side effects that you experience.

## Surgery

The most common treatment for endometrial cancer is surgery. Several types of surgery can be performed.

### **Hysterectomy (total)**

Involves removal of the uterus, cervix, fallopian tubes, and ovaries and is the standard procedure for treating endometrial cancer. The uterus, cervix, fallopian tubes, and ovaries can be removed in one of two ways:

### **Total abdominal hysterectomy**

The uterus, cervix, fallopian tubes, and ovaries are taken out through an incision in the abdomen.

### **Minimally invasive hysterectomy (laparoscopic-assisted vaginal hysterectomy and robotic-assisted laparoscopic hysterectomy)**

The uterus, cervix, fallopian tubes, and ovaries are taken out through the vagina with the assistance of a laparoscope or robotic device (with a camera attached) that is placed through the abdomen via a small incision.

For patients with multiple medical problems who are not healthy enough to undergo an extensive surgical procedure, a vaginal hysterectomy is another option, although some patients are not surgical candidates. In most cases, both ovaries and both fallopian tubes must also be removed. This procedure is called a **bilateral salpingo-oophorectomy**.

In addition to these procedures, lymph nodes in the abdomen and pelvis may also be removed to see whether they contain cancer.

### **Side effects of surgery**

Some discomfort is common after surgery. It often can be controlled with medicine. Tell your treatment team if you are experiencing any pain. Other possible side effects are:

- Nausea and possible vomiting
- Fevers
- Infections
- Wound problems
- Anemia
- Swelling of the legs caused by lymphedema
- Blood clots
- Difficulty urinating or constipation

Talk with your doctor if you are experiencing any of the side effects listed above.

## Radiation therapy

Radiation therapy (also called radiotherapy) uses high-energy x-rays, or other types of radiation, to kill cancer cells or stop them from growing.

Radiation therapy can be used:

- Instead of surgery to treat early-stage endometrial cancer, although this is uncommon.
- Before surgery, to shrink the cancer (called neoadjuvant therapy).
- After surgery, to kill any cancer cells that may have spread to other tissues within the pelvis (called adjuvant therapy).

Two types of radiation therapy are used to treat endometrial cancer:

**External radiation therapy** uses a machine that directs the x-rays toward a precise area on the body. The therapy is usually given every day for about 6 weeks. It does not hurt and only takes a few minutes each day. You can be treated at a clinic, hospital or radiation oncology office.

**Internal radiation therapy (also called brachytherapy)** involves placing a small capsule of radioactive material inside the vagina. This procedure can be performed either on an inpatient or outpatient basis, depending on your treatment team's recommendation.

## Side effects of radiation

The side effects of radiation therapy depend on the dose used and the part of the body being treated. Common side effects include:

- Dry, reddened skin in the treated area
- Fatigue
- Diarrhea
- Discomfort when urinating
- Narrowing of the vagina
- Anemia

Most of these side effects are temporary. Be sure to talk with your treatment team members about any side effects that you experience. They can help you find ways to manage them.

## Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells. Chemotherapy for endometrial cancer is usually given intravenously (injected into a vein). You may be treated in the doctor's office or the outpatient part of a hospital.

The drugs travel through the bloodstream to reach all parts of the body. This is why chemotherapy can be effective in treating endometrial cancer that has spread beyond the uterus. However, the same drugs that kill cancer cells may also affect healthy cells.

Another method of delivering chemotherapy drugs is intraperitoneal (IP) therapy, which is the delivery of anti-cancer drugs directly into the peritoneal space (abdominal cavity), the space that lies between the abdominal muscles and abdominal organs.

To limit the damage to healthy cells, chemotherapy is usually given in cycles. Periods of chemotherapy are alternated with rest periods, during which no chemotherapy is given. Some side effects may still occur. Most women with endometrial cancer receive intravenous chemotherapy that is usually given after surgery, but in some cases, it may be given prior to hysterectomy surgery. Commonly used chemotherapy drugs include: carboplatin, cisplatin, paclitaxel, docetaxel, doxorubicin, and others. These medications are given alone or in combination. The combination of carboplatin and paclitaxel is the most commonly used therapy for patients requiring chemotherapy for endometrial cancer.

## Side effects of chemotherapy

Each person responds to chemotherapy differently. Some people may have very few side effects, while others experience several. Most side effects are temporary. They include:

- Nausea
- Loss of appetite
- Mouth sores
- Increased chance of infection
- Bleeding or bruising easily
- Hair loss
- Fatigue

## Hormone therapy

Some types of endometrial cancer have hormone receptors that can be targeted to prevent their growth. In such cases, hormone therapy is a treatment option. Hormone therapy can block these receptors and inhibit female hormones as a way of preventing endometrial cancer cells from getting or using the hormones they may need to grow. It is usually taken as a pill but can be given as a shot.

## Side effects of hormone therapy

The side effects of hormone therapy depend on the type of hormones being used. Some women retain fluid and have a change in appetite or have hot flashes. Other hormones can sometimes cause blood clots.

## Importance of participation in clinical trials

There are many ongoing clinical trials studying new and better ways to treat endometrial cancer. Many treatment options are available today because women diagnosed with endometrial cancer were willing to participate in prior clinical trials. Clinical trials are designed to test some of the newest and most promising treatments for endometrial cancer. The Foundation for Women's Cancer partners with NRG Oncology (formerly Gynecologic Oncology Group), part of the only National Cancer Institute cooperative group working only on gynecologic cancer clinical trials, and others to make information about current clinical trials available. For more information about clinical trials available for enrollment, visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

## Follow up after treatment

The frequency of exams, imaging, and blood tests varies because of many factors. Typically, you will be followed every 3 to 6 months for the first 2 years with at least an examination of the vagina and rectum to detect any recurrences early at the most curable stage. These examinations will occur less frequently thereafter. In addition, imaging studies such as x-rays, CT scans, or MRIs may be periodically performed, especially if you have any new pains or symptoms. The top of the vagina is the most common site of recurrent endometrial cancer, and patients will typically present with vaginal bleeding.

## Recurrent disease

If your cancer recurs, there are several options for treatment. These include repeat surgery, re-treatment with the same chemotherapy given initially, treatment with a different type of agent (chemotherapy, hormonal, or targeted therapy) and sometimes radiation therapy. As each recurrence will be different, it is important to discuss your individual situation with your team. It is also important to investigate whether there is a clinical trial that is appropriate for you. Don't be afraid to seek a second opinion.

Isolated vaginal recurrences can often be cured so early detection and recognition of abnormal symptoms is critical. Notify your physician if you develop abnormal bleeding or other unusual pelvic symptoms following treatment for endometrial cancer.





The experience of being diagnosed with endometrial cancer and undergoing cancer treatment may change the way you feel about your body and it will affect your life in many ways. You may experience many or relatively few side effects. Being aware of the possible treatment effects may help you anticipate them and plan ways to cope.

### **Weight loss**

Maintaining a healthy weight after treatment is very important. Several reports show that obese women have a high death rate after treatment for endometrial cancer. Weight loss after diagnosis may improve outcome. Consider enrolling in a diet and exercise program. Also, women treated for early endometrial cancer are more likely to die of heart disease than endometrial cancer. It is important not to neglect general health care and screening for other conditions.

### **Exercise**

During treatment you may find that even the stairs to your bedroom are a challenge, even if you have worked hard during your adult life to keep fit. It's discouraging, but normal, to have to reduce or interrupt your fitness routine. If you've had surgery, ask your doctor for specific guidelines about exercise. During chemotherapy or radiation, adjust your exercise according to how you feel.





You should avoid overexerting or dehydrating yourself. Over the weeks and months after you finish cancer treatment you can build back toward your previous level of fitness.

## Fatigue

Regardless of the treatment prescribed, you are likely to experience fatigue, frequent medical appointments, and times when you do not feel well enough to take care of tasks at home. You will need to rely on family and friends to help with some of the things you usually do.

You may want to consider hiring someone for help with chores until you feel well enough to manage again. If you know that you will not have support at home, talk frankly with your health care team as early as possible so that alternatives can be explored. Since a nourishing diet is important, be sure to ask for help, if needed, in maintaining healthy meal and snack choices in your home.

Be sure that your blood count is checked to rule out anemia as a treatable cause of fatigue. There are also medications for the relief of fatigue.

## Work accommodations

You will probably need to be away from work quite a bit during the first month or two of your treatment. Talk with your supervisors at work and with your health care team to set up a realistic plan for work absences and return to work. Remember to tell your work supervisor that any plan must be flexible because your needs may change as treatment progresses. The Family Medical Leave Act (FMLA) offers certain protections for workers and family members who must be away from work for health reasons.

## Facing the world

The effects of cancer and your cancer treatment may alter your appearance. You may appear fatigued, pale, slow-moving and you may have to face temporary mild hair loss. You may feel self-conscious because of these changes. It might help to imagine how you might feel if you saw a friend or sister looking as you do. Remember that many people are loving you rather than judging you as they notice these changes.

## Family, friendships, and fun

No matter what type of treatment you have, you may experience side effects that could affect how you feel about joining in social events with friends and family. Talk to your health care team if special events are coming up such as a wedding or graduation. The timing of your treatments may be able to be adjusted so that you feel as well

as possible for these special days. Don't hesitate to plan activities that you enjoy. You may have to cancel on occasion or leave a little early, but the good times will help you to find strength for the hard days.

It is often difficult for young children to understand what you are going through. Counselors are available to help you answer questions and to help your children cope. It is also a good idea to ask family and friends to help you keep your children's normal routine.

## Driving

For many people, driving is an almost indispensable part of adult life. You should not drive if you are taking medications that cause drowsiness, such as narcotic pain relievers and some nausea medications. Most women can start driving again within a few weeks of surgery, and usually women can drive most days during chemotherapy and radiation therapy. Be sure to ask your health care team about driving.







# *Sexuality & intimacy*

Some treatments for cervical cancer can cause side effects that may change the way you feel about your body or make it difficult to enjoy intimate or sexual relationships. Which side effects you experience depend on your treatment course. You may experience some or none at all. Being aware of the possible side effects may help you anticipate them and learn ways to cope.

## Possible side effects include:

**Hair loss.** A common side effect of chemotherapy, hair loss is usually temporary. Still, it can be difficult to accept. If you experience hair loss, you may choose to wear flattering wigs, scarves, or other head wear.

**Vaginal changes.** Some forms of treatment, such as hysterectomy and radiation therapy, may cause dryness, shortening, and narrowing of the vagina. These changes can make sexual activity uncomfortable. Using an over-the-counter vaginal lubricant may help you feel more comfortable. Your treatment team may also recommend a vaginal dilator.

**Reduced sexual desire.** The stress and fatigue you may experience during cancer treatment may cause you to lose interest in sex for a period of time.

## Tips for coping

Talk with your treatment team. They can provide advice based on your individual situation, so it is very important that you talk honestly with them. You may want to ask:

- How will my treatment affect my sexuality?
- Will these effects be temporary?
- Are there other treatment options that might lessen these effects?
- Do you have suggestions about how I can deal with the effects of treatment on my sexuality?

### Communicate with your partner.

Cancer can strain both partners in a relationship. Talking about the sexual and emotional effects cancer has on your relationship can be difficult. But you may find it easier to work through the challenges if you talk about them. Be prepared to share your own feelings and to listen to what your partner has to say.

**Shift your focus to intimacy.** Sexual intercourse is only one part of intimacy. You may find that touching, kissing, and cuddling are equally fulfilling.

**Be patient with yourself.** Understand that a return to a sexual relationship may take time. Your treatment team can tell you if and how long you should wait to have sex after treatment. It may be longer before you feel emotionally ready. Give yourself the time you need.

**Keep an open mind.** Having an open mind and a sense of humor about ways to improve your sexuality may help you and your partner find what works best for you.

# Hopeful messages



As you go through cancer treatment, **be patient with yourself.**

**Understand** that a return to your full life will take time.

Your treatment team can **guide you through** the difficulties that you will face if they know what is troubling you.

**Talk openly** about the things that bother you.

Give yourself the **time you need.**

**Nurture hope.** It's up to you to take charge of your reaction even as you face the unknown of cancer. Hope helps you see the positive aspects of life.

If you have inner spiritual beliefs, reach out to your religious community to give you additional support to face each day and **LIVE.**

**Seek support.** There are many resources available to help you deal with the physical, sexual, or emotional issues you may have as a result of cancer and its treatment. Specially trained counselors can help you deal with the impact of cancer on your life.

Support groups are another good resource. People who are facing a situation similar to yours can come together to share their experiences and give one another advice and emotional support. To find support services in your area, talk with a member of your treatment team or contact the resources on the next page. Remember, you are surrounded by a devoted health care team, so let us be at your side.

Advance Medical Directives can be a helpful tool for clarifying your medical care wishes. We encourage both patients and families to complete one. Your health care team is available for guidance on this matter.

# What can you do to help us End Women's Cancer?

**Raise awareness** about gynecologic cancers.

**Donate** to the Foundation for Women's Cancer online.

**Participate** in the **National Race to End Women's Cancer**  
by running, walking or donating to a team.  
[endwomenscancer.org](http://endwomenscancer.org)

**Host** your own fundraising event or partner with the Foundation.

**Give** a Matching Gift through your employer to the Foundation.

**Give** gifts of stock or securities to the Foundation.

**Designate** a planned gift to the Foundation.

To make a gift or for additional information, please email the Foundation  
at [info@foundationforwomenscancer.org](mailto:info@foundationforwomenscancer.org) or call **312.578.1439**.

**Connect** with us on social media



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The Foundation for Women's Cancer offers many resources for women, advocates and the general public, including Survivor Courses around the U.S. and online. Find more about all of them on our website.

Donate & Learn More  
[foundationforwomenscancer.org](http://foundationforwomenscancer.org)

# Facts to share

Endometrial cancer, also known as uterine cancer, is the **most common gynecologic cancer**.

**85%** of women with endometrial cancer survive, because of **early detection**.

**Three out of four** women are diagnosed at Stage I.

Endometrial cancer usually occurs around the time of **menopause, but younger women are also at risk**.

## Symptoms

- Abnormal vaginal bleeding; younger women should note irregular or heavy vaginal bleeding
- Bleeding after menopause
- A watery pink or white discharge from the vagina
- Two or more weeks of persistent pain in the lower abdomen or pelvic area
- Pain during sexual intercourse

Over **90% of women** diagnosed with endometrial cancer say that they experienced **abnormal vaginal bleeding** prior to their diagnosis.

Please see a gynecologist or gynecologic oncologist and ask about an endometrial biopsy if you experience any of these symptoms.





## Risk factors

- Taking estrogen alone without progesterone
- Obesity
- Late menopause (after age 52)
- Diabetes
- Never becoming pregnant
- Hypertension
- A family history of endometrial or colon cancer
- Use of tamoxifen

## Risk reduction

- Exercise regularly
- Keep your blood pressure and blood sugar under control
- Manage your weight

*If endometrial cancer is suspected or diagnosed, consult a gynecologic oncologist. Women treated by gynecologic oncologists are more likely to get appropriate surgery and have a higher cure rate.*



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*The Foundation for Women's Cancer (FWC) is a 501(c)3 nonprofit organization dedicated to increasing research, education and awareness about gynecologic cancer risk, prevention, early detection and optimal treatment.*

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[foundationforwomenscancer.org](http://foundationforwomenscancer.org)  
[info@foundationforwomenscancer.org](mailto:info@foundationforwomenscancer.org)



/foundationforwomenscancer



@GYNCancer



@foundationforwomenscancer

phone 312.578.1439  
fax 312.235.4059

**Foundation for Women's Cancer**

230 W. Monroe, Suite 710  
Chicago, IL 60606–4703



Society of Gynecologic Oncology

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