



Endometrial cancer affects the lining or the body of the uterus. It mainly occurs in post menopausal women in their late 40s and 50s.

The lining of the uterus may be supersensitive to estrogen. With the introduction of the birth control pill and estrogen replacement therapy in the 1960's, the incidence of this type of uterine cancer rose sharply in the 1970's. These synthetic hormones contain unopposed estrogen. Other women may have conditions where their bodies are influenced by this type of unopposed estrogen. Overweight women produce higher amounts of estrogen because estrogen is partially produced in fat cells. Women who have a history of irregular ovulation or have other ovarian disorders may be at risk. (Also see information for endometrial hyperplasia)

Other so called risk factors include being diabetic, having high blood pressure. Approximately 50% of women with uterine cancer have never had children.

The most common symptom in 90% of cases is vaginal bleeding. In menopause periods gradually stop and can be irregular. This could be confused with abnormal bleeding. If a woman has not bleed for six months during menopause and then some bleeding occurs; then she should check that out. Pap smears are not reliable screening tests for endometrial cancer. Paps can detect perhaps only 30% of them.

The main diagnosis for endometrial cancer is done by D & C (dilation of the cervix and scraping of the uterus.) Samples may also be taken from the cervix. Sometimes a doctor will want to do an endometrial biopsy (taking a tiny piece of tissue from the endometrium) before a D & C. This is not always accurate. It would depend upon where the cancerous tissue was and whether it was sampled in the biopsy. It is also a painful procedure.

A new technique has been developed called the Gravlee Jet Washer. This Gravlee Intrauterine Washing Device is a double tubed cannula (tube) which is inserted into the uterus. A saline solution is drawn into the uterus by vacuum suction. After the uterus is thoroughly bathed, the fluid is withdrawn. Endometrial cells in the fluid are then sent to the lab and checked in a way similar to Pap smears.

Treatment is usually hysterectomy and some form of radiation therapy. This depends on how the cancer is rated. (See WOMANCARE) Endometrial cancer can spread to the ovaries so a hysterectomy usually includes removal of the ovaries. Also the surgeon may take tissue samples from lymph nodes in the pelvic area to detect any microscopic spread of disease.