Cancer

Uterine and Endometrial Cancer

What is uterine 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 usually considered uterine cancer.

Who gets uterine cancer?

More than 61,000 women are diagnosed with uterine cancer and about 11,000 die from it annually, according to the American Cancer Society. Endometrial cancer is much more common; uterine sarcomas account for less than 10 percent of uterine cancers.

Endometrial cancer occurs most often among postmenopausal women; it is uncommon in those younger than 45. Although white women are slightly more likely to develop endometrial cancer, African-American women are more likely to die from it. Uterine sarcomas occur about twice as often in Black women compared with white or Asian women.

What are the risk factors for uterine cancer?

Estrogen is a major risk factor for endometrial cancer. Higher estrogen levels over a lifetime—due to early menstruation, late menopause or few or no pregnancies—raise the risk, while use of birth control pills lowers the risk. Women who use hormone replacement therapy after menopause should take a combination of estrogen and progesterone to prevent endometrial cancer.

Other risk factors for endometrial cancer include family history, genetic factors, obesity, diabetes and a high-fat diet. Using certain types of intrauterine devices for birth control appears to be protective. Certain genetic mutations and pelvic radiation therapy to treat other cancers raise the risk of uterine sarcomas.

What are the symptoms of uterine cancer?

Uterine cancer sometimes has few or no symptoms during its early stages, so it is often detected later, when it is harder to treat. Some women with uterine cancer 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.
- Unusual vaginal discharge.
- Lumps in the pelvic area or lower abdomen.
- Pain in the pelvic area or abdomen.
- Unexplained weight loss.

How is uterine cancer diagnosed?

Early detection and treatment of cancer increases the likelihood of long-term survival. Screening for endometrial cancer is not recommended for women at average risk. However, women who are at increased risk due to certain gene 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 uterine cancer 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, computed tomography (CT), positron emission tomography (PET), MRI or ultrasound scans may be done to see how extensive the cancer is and how much it has spread.

How is uterine cancer treated?

Treatment for 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 uterine cancer 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 uterine cancers that grow faster in the presence of estrogen. Hormone-blocking drugs deprive uterine 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 cells. This type of treatment is being studied for endometrial cancer, but current immunotherapy drugs work for only a subset of patients, and it is hard to predict who will benefit.

For more information on uterine cancer, visit:

American Cancer Society: Endometrial Cancer

American Cancer Society: Uterine Sarcoma

National Cancer Institute

For more information about uterine and endometrial cancer, please visit our sister site Cancer Health.

Last Reviewed: June 20, 2018

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