

# Endometrial Cancer

The National Cancer Institute (<http://www.cancer.gov/>), lists endometrial cancer as one of 13 common causes of cancer and provides the following information.

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## Understanding Cancer

Cancer begins in cells, the building blocks that make up *tissues*. Tissues make up the organs of the body. Normally, cells grow and divide to form new cells as the body needs them. When cells grow old, they die, and new cells take their place.

Sometimes this orderly process goes wrong. New cells form when the body does not need them, and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or *tumor*.

Not all tumors are cancer. Tumors can be *benign* or *malignant*.

**Benign tumors** are not cancer:

- Benign tumors are rarely life-threatening.
- Usually, benign tumors can be removed, and they seldom grow back.
- Cells from benign tumors do not spread to tissues around them or to other parts of the body.

**Malignant tumors** are cancer:

- Malignant tumors generally are more serious than benign tumors. They may be life-threatening.
- Malignant tumors often can be removed, but they can grow back.
- Cells from malignant tumors can invade and damage nearby tissues and organs. Also, cancer cells can break away from a malignant tumor and enter the bloodstream or lymphatic system. That is how cancer cells spread from the original cancer (*primary tumor*) to form new tumors in other organs. The spread of cancer is called *metastasis*.

## Endometrial Cancer

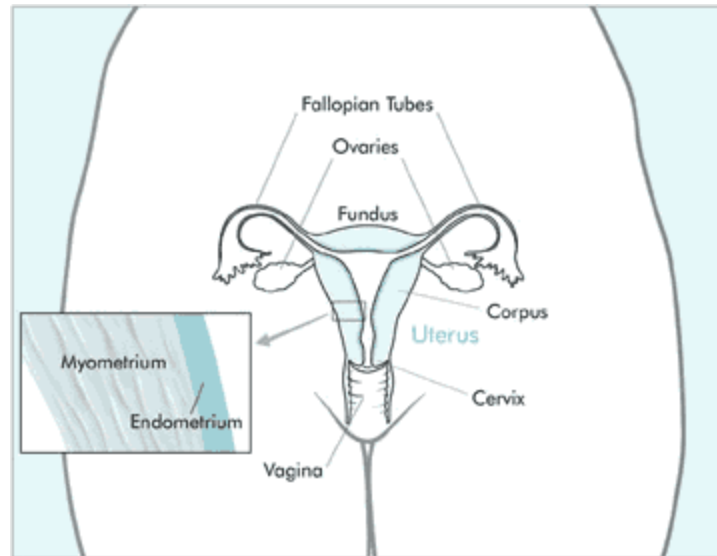
The National Cancer Institute (NCI) booklet (NIH Publication No. 01-1562) has important information about *cancer* of the uterus. In the United States, cancer of the uterus is the most common cancer of the female reproductive system. It accounts for six percent of all cancers in women in this country.

This booklet has information about the possible causes, symptoms, diagnosis, and treatment of cancer of the uterus. It will help patients and their families and friends better understand and cope with this disease.

## The Uterus

The *uterus* is part of a woman's *reproductive system*. It is the hollow, pear-shaped organ where a baby grows. The uterus is in the *pelvis* between the *bladder* and the *rectum*.

The narrow, lower portion of the uterus is the *cervix*. The broad, middle part of the uterus is the body, or *corpus*. The dome-shaped top of the uterus is the *fundus*. The *fallopian tubes* extend from either side of the top of the uterus to the *ovaries*.



The uterus and other reproductive organs.

The wall of the uterus has two layers of *tissue*. The inner layer, or lining, is the endometrium. The outer layer is muscle tissue called the myometrium.

In women of childbearing age, the lining of the uterus grows and thickens each month to prepare for pregnancy. If a woman does not become pregnant, the thick, bloody lining flows out of the body through the vagina. This flow is called menstruation.

## Uterine Cancer: Who's at Risk?

No one knows the exact causes of uterine cancer. However, it is clear that this disease is not contagious. No one can "catch" cancer from another person.

Women who get this disease are more likely than other women to have certain risk factors. A risk factor is something that increases a person's chance of developing the disease.

Most women who have known risk factors do not get uterine cancer. On the other hand, many who do get this disease have none of these factors. Doctors can seldom explain why one woman gets uterine cancer and another does not.

Studies have found the following risk factors:

- **Age.** Cancer of the uterus occurs mostly in women over age 50.
- **Endometrial hyperplasia.** The risk of uterine cancer is higher if a woman has endometrial hyperplasia. This condition and its treatment are described above.
- **Hormone replacement therapy (HRT).** HRT is used to control the symptoms of menopause, to prevent osteoporosis (thinning of the bones), and to reduce the risk of heart disease or stroke.

Women who use estrogen without progesterone have an increased risk of uterine cancer. Long-term use and large doses of estrogen seem to increase this risk. Women who use a combination of estrogen and progesterone have a lower risk of uterine cancer than women who use estrogen alone. The progesterone protects the uterus.

Women should discuss the benefits and risks of HRT with their doctor. Also, having regular checkups while taking HRT may improve the chance that the doctor will find uterine cancer at an early stage, if it does develop.

- **Obesity and related conditions.** The body makes some of its estrogen in fatty tissue. That's why obese women are more likely than thin women to have higher levels of estrogen in their bodies. High levels of estrogen may be the reason that obese women have an increased risk of developing uterine cancer. The risk of this disease is also higher in women with diabetes or high blood pressure (conditions that occur in many obese women).
- **Tamoxifen.** Women taking the drug tamoxifen to prevent or treat breast cancer have an increased risk of uterine cancer. This risk appears to be related to the estrogen-like effect of this drug on the uterus. Doctors monitor women taking tamoxifen for possible signs or symptoms of uterine cancer.

The benefits of tamoxifen to treat breast cancer outweigh the risk of developing other cancers. Still, each woman is different. Any woman considering taking tamoxifen should discuss with the doctor her personal and family medical history and her concerns.

- **Race.** White women are more likely than African-American women to get uterine cancer.
- **Colorectal cancer.** Women who have had an inherited form of colorectal cancer have a higher risk of developing uterine cancer than other women.

Other risk factors are related to how long a woman's body is exposed to estrogen. Women who have no children, begin menstruation at a very young age, or enter menopause late in life are exposed to estrogen longer and have a higher risk.

Women with known risk factors and those who are concerned about uterine cancer should ask their doctor about the symptoms to watch for and how often to have checkups. The doctor's advice will be based on the woman's age, medical history, and other factors.

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