UTERINE CANCER

Introduction

Uterine cancer is the most common gynecologic cancer. In the United States approximately one in thirty-seven women will develop uterine cancer. Associated risk factors are obesity, late menopause, infertility, estrogen and tamoxifen use. It most commonly appears in women aged sixty. Very rarely does it occur in women under age forty.

Diagnosis

The most common symptom of uterine cancer is vaginal bleeding. Fortunately, women who are postmenopausal and have bleeding recognize that this is abnormal and seek medical attention. A biopsy of the lining of the uterus is then performed. This is most commonly done in the office. Approximately 70% of patients diagnosed with a uterine cancer will have and early stage cancer and consequently do very well.

Stage

Stage is a way of determining where a cancer has present. The earlier the stage a cancer is the better. When the cancer is limited to the uterus, it is a stage I and has an excellent prognosis. Stage II involves the cervix and stage III involves the ovaries/fallopian tubes/vagina or lymph nodes. Stage four is the most advanced and is much more difficult to treat.

FIGO Staging

IA	tumor limited to endometrium
IB	invasion to less than half of the myometrium
IC	invasion to greater than half of the myometrium
IIA	endocervical glandular involvement
IIB	cervical stromal invasion
IIIA	tumor invades serosa or adnexae or positive peritoneal cytology
IIIB	vaginal metastasis
IIIC	metastasis to pelvic or paraaortic lymph nodes
IVA	tumor invades bladder and/or bowel mucosa
IVB	distant metastasis

Treatment

The standard treatment for uterine cancer is surgery. This entails removing the uterus, ovaries, fallopian tubes and cervix. Usually a “frozen section” of the uterus is obtained at the time of surgery while the patient is asleep. This gives the surgeon more detailed information about the cancer and will determine if more biopsies should be done and whether lymph nodes should be removed as well. The final pathology results determine if any further treatment is needed. This may take 3-5 days.

If there has been spread of the cancer beyond the uterus, additional therapy will probably be needed. This most likely will be radiation therapy. Alternatively, chemotherapy may

be given. The choice will depend on the kind of cancer and location of spread. Radiation therapy is given every weekday for a month (with no treatments on Saturday or Sunday). The treatments are short, roughly 30 minutes. This is then followed by vaginal radiation therapy.

Recurrent Disease

The risk for developing recurrent uterine cancer depends on the initial stage and tumor type. Early stage cancers are unlikely to recur. If it is going to recur it will likely do so within two years. If after five years it has not come back then it is very unlikely that it will.

Even though the original cancer has been removed, it may recur in the pelvis, abdomen or even the lung. Your doctor will determine the best way of following you after treatment but will likely include pelvic exams and radiographic studies.

Treatment for recurrent disease often entails chemotherapy, radiation therapy and/or surgery. Sometimes, anti-hormonal therapy is used. The choice for treatment depends on where the cancer has returned.