



Endometrial cancer

This fact sheet is for anyone diagnosed with or concerned about endometrial cancer. It explains what it is, common symptoms and ways to treat it.

If you're concerned about any symptoms you're having, you should see your nurse, doctor or gynaecologist (a specialist in women's health). Even though your symptoms may not be related to cancer, it's important to have them checked out.

What is endometrial cancer?

Endometrial cancer is a type of cancer that starts in the lining of the uterus (womb), called the endometrium. The endometrium thickens during ovulation, when an egg is released from your ovaries. If you don't become pregnant, the top layers come out during your period.

Endometrial cancer is also called uterine cancer. It's the most common gynaecological cancer, with around 1,900 Australians diagnosed every year.

What causes endometrial cancer?

We're not exactly sure what causes someone to get endometrial cancer. However, there are common factors, known as risk factors, that increase the chance of someone getting it. They include:

- being overweight or obese
- being over 50 and having gone through menopause
- having a thickened endometrium (endometrial hyperplasia)

- having one or more family members who've had endometrial, bowel, breast or ovarian cancer, or Lynch syndrome (hereditary non-polyposis colorectal cancer - HNPCC)
- using oestrogen hormone replacement therapy without progesterone
- taking tamoxifen, a drug used to treat breast cancer
- having high blood pressure (hypertension) and diabetes
- never having had children
- having had pelvic radiation for another cancer
- having a tumour in one of your ovaries
- having polycystic ovary syndrome (PCOS).

The number of cases of endometrial cancer is increasing. This is most likely due to the rising rates of obesity.

What are the symptoms of endometrial cancer?

Symptoms of endometrial cancer may include:

- bleeding after you've been through menopause
- unusually heavy periods and bleeding in between your periods
- unusual fluid or discharge from your vagina which may be watery, bloody or smelly.

Less commonly, you might also feel:

- pain in your belly or abdomen
- trouble going to the toilet or pain when you do go.

If you experience any of these symptoms regularly or they're unusual for you, make sure you see your doctor.

What should you do if you think you have endometrial cancer?

If you think you might have endometrial cancer:

- see your doctor, nurse or gynaecologist
- discuss any changes you've noticed in your body
- let them know about any family history of cancer, medicines you're taking or existing conditions that might increase your risk of endometrial cancer.

During your visit, they will likely:

- ask you about your medical history
- do a physical exam
- do a blood test
- use a speculum, like those used for cervical screening, to examine your vagina and cervix
- do an ultrasound of your uterus by putting a small wand, called a transducer, into your vagina. This provides images of your cervix, uterus, endometrium and ovaries.

They may also take a sample (biopsy) of your endometrium for testing. This can be done in a day clinic without needing anaesthesia. A thin tube (pipelle) is inserted into your uterus through your vagina to collect a small sample of cells. Sometimes, you might receive medicine or anaesthesia to make you sleep while they scrape part of your endometrium. This procedure is called a dilation and curettage or D&C.

It's important to know that cervical screening tests do not check for endometrial cancer. They are specifically for cervical cancer.

How is endometrial cancer treated?

The kind of treatment you have will depend on:

- the size of the cancer and where it is in your body (stage of cancer)
- how quickly it's growing (grade of cancer)
- where in the endometrium it started (type of cancer)
- your age, health and medical history.

At the Women's, a team of specialists will discuss these things and determine the best treatment for your specific cancer, lifestyle and wishes. They'll recommend one or more of the following treatment options:

- surgery to remove your uterus and cervix (total hysterectomy), your fallopian tubes (salpingectomy) and ovaries (oophorectomy) is the standard treatment. If the cancer has spread to other parts of your body, you may have surgery to remove these other cancers.
- radiotherapy to control or kill cancer cells. It can be external (outside your body) or internal (inside your body). If you have external radiation, you'll be near a machine that directs radiation beams at the cancer. If it's internal radiotherapy (known as brachytherapy), a small radioactive device will be put inside or near the cancer in your uterus. This is usually after surgery.

Sometimes, treatment may involve:

- using chemotherapy drugs to control or kill the cancer if it has spread beyond the uterus. This happens before any surgery. You'll receive these drugs through an IV or drip over a couple of hours. This allows the drugs to be released slowly into your body.
- taking hormonal therapy drugs to stop the hormones that help the cancer grow. This may be an option to treat your cancer temporarily so you can still have a baby or if you're too unwell for surgery or other standard treatments.

Who can you talk to?

The word 'cancer' scares a lot of people. Getting support can help manage that fear. Close friends and family may be a good starting place. Or you can get help from professional counsellors who can support you through the cancer journey.

If you're a patient at the Women's, the gynaecology team, which includes nurses, doctors, psychologists and social workers, will provide counselling and practical support. If you're not a patient at the Women's, [Counterpart](#) and [Cancer Council Victoria](#) can connect you with experts and other people who've had cancer.

Things to remember

- If you notice any changes in your body, talk to your nurse, doctor or gynaecologist.
- Your treatment and its success depend on the stage and grade of your cancer, as well as your overall health.
- You're not alone – it's normal to feel a range of emotions, including fear and anger.

Questions to ask your nurse, doctor or gynaecologist

- How big is my cancer and where exactly is it?
- Can endometrial cancer be detected through a cervical screening test?
- Is my child more likely to have endometrial cancer if I do?
- What if I still want to have children?
- Is there a risk of cancer in any children I have after cancer treatment?
- What are the side effects of the treatment you're recommending?
- Why is the treatment you're recommending the best option for me?
- Will all my treatment be at this hospital?
- How often will I need check-ups?
- Will treatment stop my periods and start menopause?
- Will I still be able to have sex?
- Can you write down what you've told me so that I can read it later?

For more information or support

If you're a patient at the Women's

[Gynaecological Oncology Unit](#),
[Royal Women's Hospital](#)

T: (03) 8345 3566

For women in Victoria

[Cancer Council Helpline](#)

T: 13 11 20

W: cancervic.org.au

[Counterpart](#)

T: 1300 781 500

W: counterpart.org.au

Related fact sheets

- [Endometrial cancer: Hormone treatment using a progestogen IUD](#)
- [Hysteroscopy](#)

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24-hour support service)

1800respect.org.au

Do you need an interpreter?



If you need an interpreter, you can ask for one.

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department.
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