University of Basrah
Al-Zahraa Medical College

Ministry of higher Education
and Scientific Research

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REPRODUCTIVE BLOCK

Lecture

Duration : 1 hour

Endometrial Carcinoma

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GYNAECOLOGY 20th
EDITION by Ten Teachers

Learning Objectives (LO)

1- Endometrial Ca. and its classification .
2- Etiology of Endometrial Ca.
3- Clinical features and investigations .
4- Staging and management .
5- Prognosis of Endometrial Ca.
6- Sarcomas of the uterus .

LO 1
Endometrial cancer

❖Incidence :

- **Endometrial cancer is the most common gynecological malignancy.**
- **The mean age of diagnosis is 62 years, although cancers can be diagnosed in women throughout their reproductive life .**
- **Approximately 25% of endometrial cancers occur before the menopause.**
- **The incidence of endometrial cancer has risen steadily over the past 20 years as a consequence of the ageing population, the trend away from hysterectomy for benign gynaecological disease and the obesity epidemic.**

Classification:

- **Endometrial cancers are classified as type 1 or type 2, depending on their histological subtype and are graded 1–3, with 3 being high grade (mostly abnormal cells).**
- **Type 1 tumours are endometrioid adenocarcinomas that are oestrogen driven and arise from a background of endometrial hyperplasia .**
- **Type 2 tumours include high-grade serous and clear cell histological subtypes and arise from an atrophic endometrium.**

LO 2
Aetiology

Factors that increase endometrial cancer risk	Factors that protect against endometrial cancer
Obesity	Hysterectomy
Diabetes	Combined oral contraceptive pill
Nulliparity	Progestin-based contraceptives, including injectables
Late menopause >52 years	Intrauterine device, including Cu-IUD and LNG-IUS
Unopposed oestrogen therapy	Pregnancy
Tamoxifen therapy	Smoking
Family history of colorectal and endometrial cancer	

LO 3
Clinical features

- **Endometrial cancer usually presents at an early stage following the onset of postmenopausal bleeding , Approximately 5–10% of women with PMB have an underlying gynaecological malignancy .**
- **Abnormal bleeding is the most common presenting complaint in premenopausal women too, who variously complain of heavy, irregular or intermenstrual bleeding (IMB). Women at more advanced stages of disease present with abdominal pain, urinary dysfunction, bowel disturbances or respiratory symptoms.**
- **Sometimes endometrial cancer is picked up incidentally on a cervical smear, which shows 'abnormal glandular cytology**
- **Signs of endometrial cancer include bleeding from the cervical os on speculum**

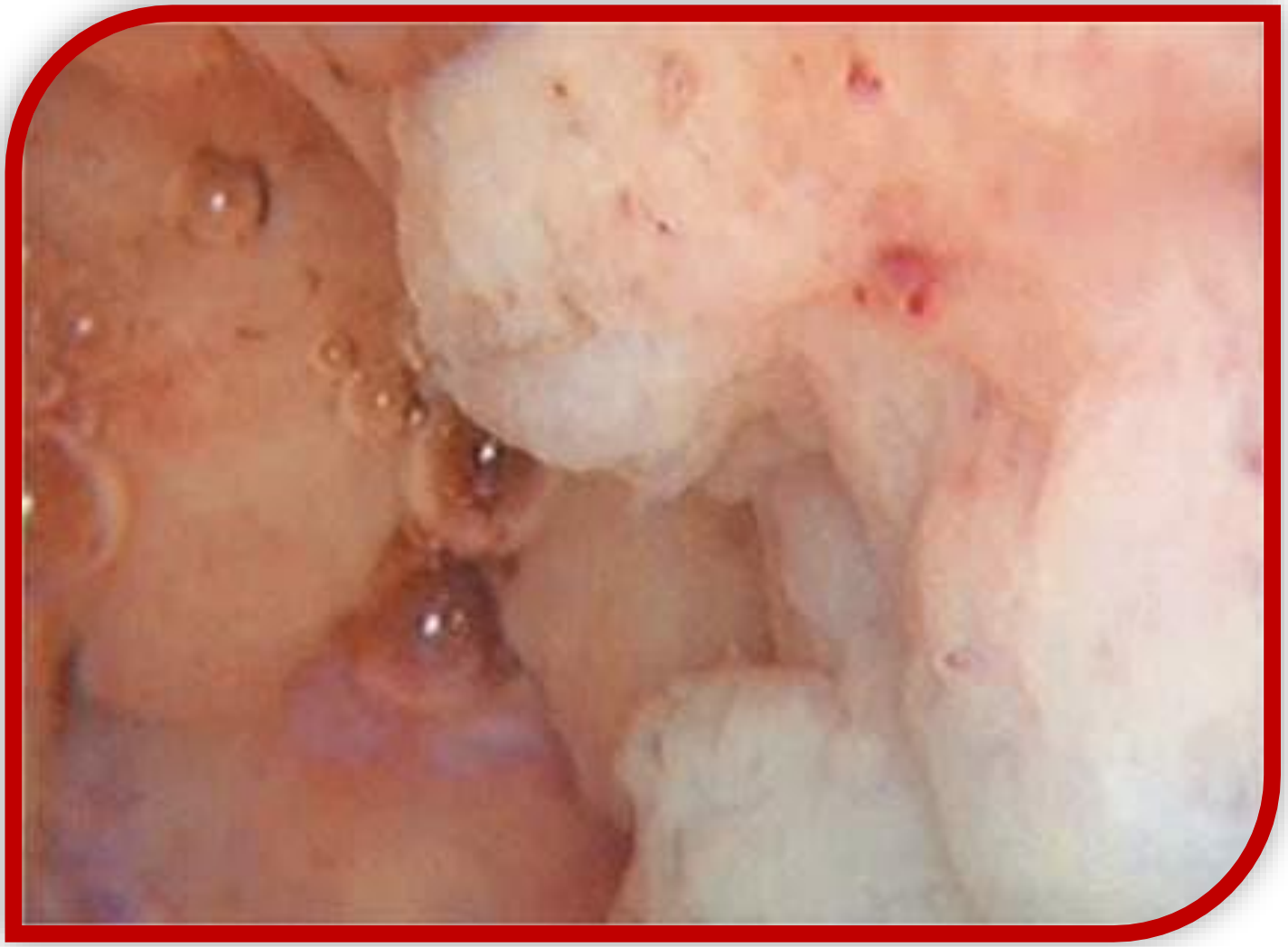
examination and a bulky uterus on bimanual pelvic examination. In most women with endometrial cancer, however, pelvic examination is completely normal.

Investigations :

- **mainstays of diagnosis are TVUSS, hysteroscopy and endometrial biopsy.**

- **TVUSS allows a quick and accurate assessment of endometrial thickness. If the endometrium measures less than 4 mm, cancer is very unlikely and further investigation is not needed.**

- **Any measurement greater than this requires further evaluation by hysteroscopy and/or biopsy.**
- **The extent of disease (stage) is determined by magnetic resonance imaging (MRI) scan.**
- **Patients with high-grade tumours undergo a computed tomography (CT) scan of the chest, abdomen and pelvis to exclude distant metastases.**



Hysteroscopic picture of endometrial carcinoma

LO 4
Staging:

- International Federation of Gynecology and Obstetrics (FIGO) staging of carcinoma of the uterus

I	Confined to uterine body
IA	Less than 50% invasion
IB	More than 50% invasion
II	Tumour invading cervix
III	Local and or regional spread of tumour
IIIA	Invades serosa of uterus
IIIB	Invades vagina and/or parametrium
IIIC	Metastases to pelvic and/or para-aortic nodes
IV	Tumour invades bladder ± bowel ± distant metastases

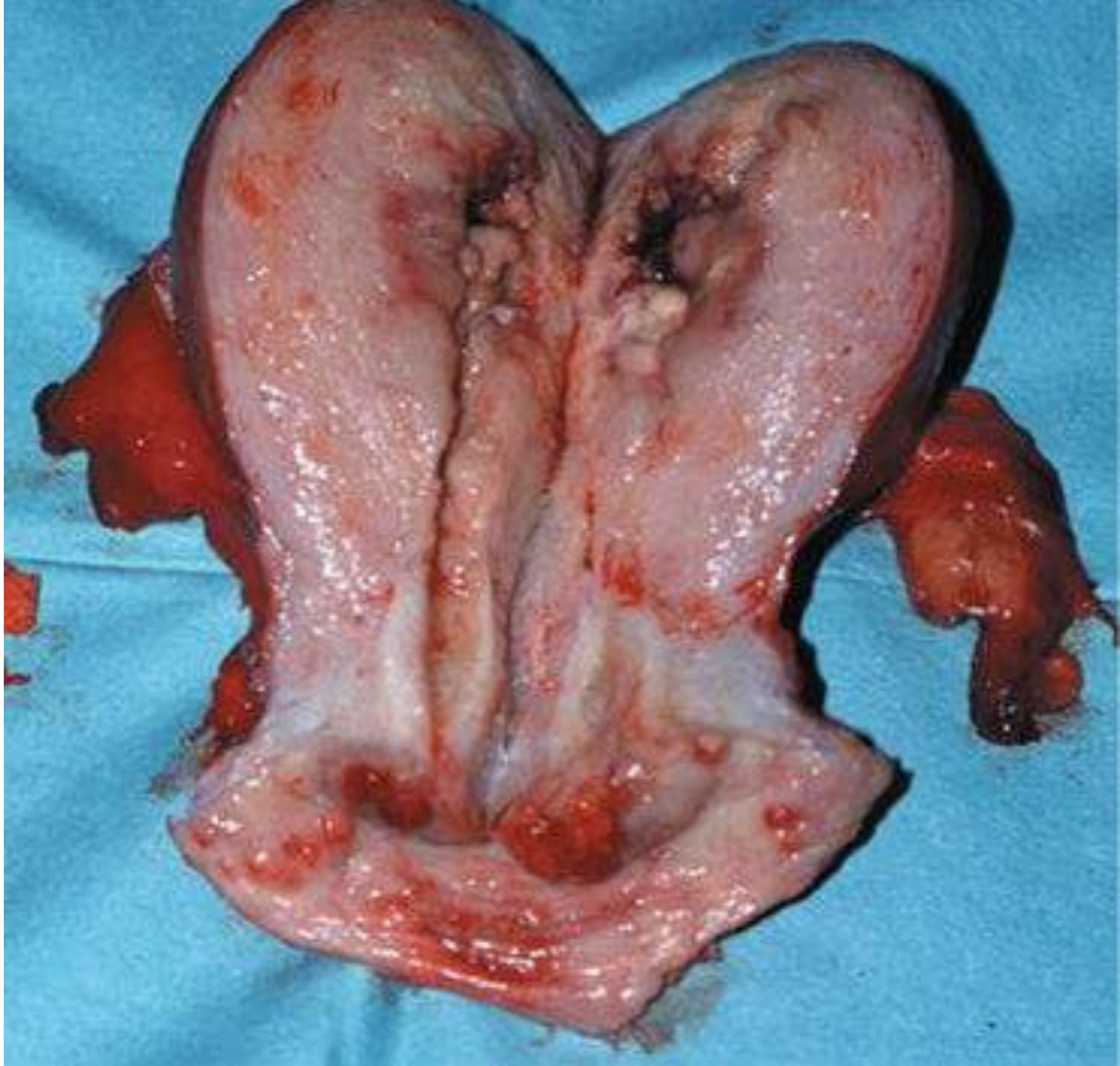
Management

Surgery

- **Standard surgery is total hysterectomy and removal of both Fallopian tubes and ovaries (bilateral salpingo-oophorectomy, BSO). This can be performed abdominally or laparoscopically (total, vaginally assisted or robotically).**

- **If the MRI suggests cervical involvement, a modified radical hysterectomy is performed, which also removes a cuff of vagina, paracervical and parametrial tissue to ensure adequate excision margins.**
- **If the tumour is high grade (grade 3) or of type 2 histology, many centres perform pelvic and para-aortic node dissection because nodal disease (to either pelvis or para-aortic lymph node chains) is seen in one-third of patients. The role of nodal dissection remains contentious**

Radical hysterectomy showing cervical invasion of endometrial cancer



Adjuvant treatment :

- **Postoperative radiotherapy reduces local recurrence rate but does not improve survival Chemotherapy is given for advanced or metastatic disease, although there is currently little evidence to support its use.**

Hormone treatment:

- **is successful for some women with complex atypical hyperplasia and low-grade stage IA endometrial tumours, but relapse rates are high.**

LO 5

Prognosis

- **The overall 5-year survival rate for endometrial cancer is 80%, although this varies depending on tumour type, stage and grade of tumour .**
- **Adverse prognostic features include advanced age, grade 3 tumours, type 2 histology, deep myometrial invasion, lymphovascular space invasion, nodal involvement and distant metastases.**

LO 6

Sarcomas of the uterus

- These are rare tumours accounting for approximately 5% of all uterine cancers.

Pure sarcomas

- This group includes endometrial stromal sarcomas and leiomyosarcoma.

Endometrial stromal sarcomas

- occur in perimenopausal women presenting with irregular bleeding and a soft, enlarged uterus. The majority are low grade and surgery is the main treatment.

Leiomyosarcomas

are rare tumours of the myometrium. Rarely (0.75%), they are associated with malignant transformation of benign fibroids and present with a rapidly growing pelvic mass and pain.

- Surgery is the main treatment and adjuvant treatment may be considered

Mixed epithelial sarcomas (carcinosarcoma):

- The majority present after the menopause and sometimes there is a history of previous pelvic irradiation. There is usually a history of PMB and a fleshy mass is often seen protruding from the cervix along with an enlarged soft uterus.
- Treatment is surgery followed by postoperative radiotherapy,

Heterologous sarcomas:

- This rare group of tumours consists of sarcomatous tissue not usually found in the uterus, such as striated muscle, bone or cartilage. The most common is rhabdomyosarcoma.
- may present in children as a grape-like mass protruding from the cervix with a watery discharge.

THANK YOU