

# Endometrial Cancer

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Endometrial cancer is closely related to exposure of the endometrium to unopposed estrogens. Many studies have documented the association of endometrial cancer with increased exogenous or endogenous estrogen exposure. Thus the most important preventive measure for endometrial cancer is to avoid unopposed estrogen use.

At present, there is no recognized screening programme for endometrial cancer for asymptomatic women and screening has not been performed in the general population. The early symptoms and favourable prognosis of this disease preclude efficacy of population screening. However, patients with postmenopausal or abnormal vaginal bleeding should receive prompt analysis with vaginal ultrasound studies and endometrial biopsy if indicated.

Women receiving Tamoxifen as adjuvant treatment for breast cancer should be monitored for endometrial cancer as associations between tamoxifen use and development of endometrial cancer had been observed. Routine ultrasound screening is probably not indicated in asymptomatic women using tamoxifen but that all women with abnormal bleeding should be evaluated.

Women who carry the gene for hereditary nonpolyposis colon cancer (HNPCC) are at high risk of developing endometrial cancer, with an average annual risk exceeding 1% and cumulative incidence reaching 20% by age 70. Because transvaginal ultrasound alone has not been found effective, serial ultrasound studies combined with annual endometrial biopsy are recommended, starting at age 35.

## Summary

In summary, routine screening for asymptomatic women are not recommended. However, patients with suspicious symptoms such as postmenopausal or abnormal vaginal bleeding should receive prompt evaluation.

