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TODAYS HEALTHFOR THE EMPOWERED WOMAN

UTERINE CANCER

I have written in the past about ovarian cancer and also about the obesity epidemic. It is reasonable to say that the obesity epidemic is greatly increasing the rate of cancer of the uterus. Women who come to my office are frequently confused about gynecologic malignancies so first some clarification. Cancer of the cervix (the mouth of the uterus) is generally not inherited and in 96% of cases is due to the Human Papilloma Virus that is sexually transmitted. Early detection is through Pap Smears that are diagnostic for disease of the cervix, not of the uterus or ovaries. Ovarian cancer can be of many types, is relatively rare : 5% if you live to age 75; can be inherited and is very hard if not impossible to detect in early stages. Causation is unknown so there are no preventative strategies. Treatment is surgery and chemotherapy. To understand cancer of the uterus one must first understand the anatomy. The uterus by and large is a muscular organ with a very thin lining (the endometrium) comprised of glands that enlarge after ovulation and in the absence of pregnancy shrink and are shed as menstrual flow. This is regulated by the estrogens and progesterins that are produced in the ovary from ovulation. When the progesterone surge from ovulation falls, menses occurs. In the absence of progesterone the estrogen level stays high and the lining can grow too thickly (endometrial hyperplasia) and this is a precursor to uterine cancer. In the presence of obesity, frequently the part of the brain that controls diet and hormones (the hypothalamus) becomes confused and the wrong signals are sent to the ovary so ovulation does not occur, estrogen levels remain high and the risk for cancer increases. In addition obesity leads to diabetes which, in addition to high blood pressure, greatly increases the risk. Estrogen is also made in body fat so more adiposity (fatness, if you will) equals more estrogen and higher risk of cancer. Fortunately, unlike ovarian or cervical cancer which have no symptoms until rather advanced, uterine cancer and precancers generally announce themselves with unusual bleeding or bleeding after menopause. ALL circumstances of unusual bleeding, especially in the high risk group noted above must be investigated. ALL cases of postmenopausal bleeding must be biopsied regardless of the amount or duration of the bleeding. However only 5% of postmenopausal bleeding is due to cancer. The other 95% can be caused by vaginal dryness, cervical polyps, shrinking of the uterus, etc. The biopsy is done in the doctor's office with a very thin, plastic, disposable device that is inserted through the cervix into the uterus under sterile conditions and a very small piece of tissue is obtained and sent to the pathologist for examination. A cramp is usually experienced. In the event that the cervix is too tight or that the patient experiences much discomfort a sonogram can be done to measure the thickness of the lining or a dilatation and curettage (d and c) can be done under anesthesia to obtain the same findings. The pathologist report will indicate either no cancer OR endometrial hyperplasia (precancer) or uterine cancer with various grades of severity. Precancer can be treated with progesterone pills by mouth for six months and then rebiopsy—this negates the estrogen causation. Some patients elect to have the uterus removed. When this is the case the ovaries are removed also because as mentioned above it is the constant bombardment of estrogen from the ovaries that has caused the problem in most cases.

When encountering frank cancer hysterectomy must be performed with biopsy of the pelvic lymph nodes. If upon examination the lymph nodes are negative, the uterus not enlarged and the cancer confined to the lining, cure has been effected. Follow up is pap smear of the vagina every six months as this is the most likely place for recurrence to be if it should happen. On the other hand, if the uterus is enlarged, the glands invade the muscle or lymph nodes are positive, the usual treatment after hysterectomy is a course of radiation, the type and duration to be determined by interventional radiation oncologists based on type of tumor, patient weight, etc. In summation all cases of unusual bleeding must be determined especially when the patient is obese, diabetic and hypertensive and ALL cases of postmenopausal bleeding need be biopsied and NEVER treated with any hormonal therapy until a diagnosis is made. Cancer of the uterus is easily detected early, treated with skill by gynecologic surgeons and patients can live a long and happy life. A few more words about estrogens. Many patients are under the impression that estrogens obtained from plants are more safe. These are called phytoestrogens and carry the same risk as animal estrogens. Unfortunately women who have had uterine cancer cannot take hormones for hotflashes which can be severe. A talk with the doctor will reveal coping strategies and sometimes small doses of vaginally applied estrogen can be used if the cancer was early and dryness has become a problem.