



UNDERSTANDING ENDOMETRIAL CANCER (EC)



What is EC?

The endometrium is the inner layer of the uterus (often known as the womb).¹ It is the most common place for cancer to develop in the uterus, accounting for **94%** of all uterine cancers.²

Endometrial cancer is more likely to occur in women who have been through the **menopause**, with the average age for EC diagnosis ranging between **61-63** years old, and over 90% of cases occurring in women over 50.^{3,4}

HOW COMMON IS EC?



Womb cancer is the **most common gynaecological cancer in developed countries** and the second most common (after cervical cancer) in developing countries^{3,5}

Between 2006 and 2012 the rate of EC increased by **10%**⁶

This has been linked to increased rates of obesity, diabetes, use of hormone-replacement therapies (HRT); as well as changes in reproductive behaviour^{6,7}

In Europe in 2018, there were **121,578** new cases of EC,

equating to **6.1%** of all new cancer cases diagnosed in women that year⁸



RISK FACTORS

There are several risk factors that can contribute to EC:



Older age^{3,4}



Obesity – approximately **80%** of EC patients are overweight, and **50%** have obesity⁹



Increased oestrogen exposure during a woman's lifetime – this could be through early onset of periods, fewer or no pregnancies, increased adipose (fat) tissue, or through the use of HRT^{9,10}

COMMON SYMPTOMS OF EC INCLUDE:¹¹



• Unusual bleeding from the vagina, spotting or discharge, including bleeding between periods and bleeding after menopause

• Pelvic pain or pressure

• A mass in the pelvic region

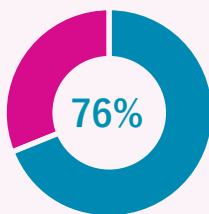
• Unexplained weight loss



PROGNOSIS

Most EC cases are diagnosed at an early stage (80%), leading to an encouraging five-year survival rate of **95%**. However, if there has been regional spread of the cancer or metastasis (spread to other parts of the body) at diagnosis, the five-year survival is reduced to 69% and 17% respectively.^{4,12}

In Europe the average five-year relative survival for uterine cancer is **76%** (2000–2007).¹³



TREATMENT



The most common first-line treatment for EC is surgery, often referred to as a total hysterectomy. Some patients may also receive radiation therapy or chemotherapy, depending on the stage and grading of their tumour.¹⁴

However, there is a significant unmet need for more treatment options for women with recurrent or metastatic EC, who have a considerably poorer prognosis, as shown by the five-year survival data.¹²

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