ENDOMETRIAL CANCER: SINGAPORE’S NO. 1 GYNAECOLOGICAL CANCER

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Endometrial cancer in the uterus

Endometrial cancer is a malignancy that arises in the lining layer of the uterus, which is also known as the endometrium. The most common gynaecological cancer in Singapore, endometrial cancer has doubled in incidence within the last 20 years. It is currently the fourth most common cancer in women in Singapore after breast, colorectal and lung cancers.1

In 2013, the Department of Gynaecological Oncology at KK Women’s and Children’s Hospital (KKH) managed over 220 newly-diagnosed cases of endometrial cancer, which constitutes about two-thirds of the total number of cases in Singapore.

Fortunately, more than 50 percent of patients with endometrial cancer are diagnosed during stage one – the earliest stage – which has an excellent five-year survival rate of more than 90 percent, according to a ten-year study (1998 - 2008) conducted by KKH’s Gynaecological Cancer Centre.2

More recent statistics from the centre indicate that the five-year survival rate has risen to 95 percent. Therefore, early detection and appropriate treatment for endometrial cancer can be potentially curative.

DIAGNOSIS AND TREATMENT

A diagnosis of the presence of endometrial cancer requires a biopsy to obtain a sample of cells from the endometrial lining (Figure 1). This can be done by a gynaecologist in the clinic, or through a dilatation and curettage under anaesthesia. Pelvic ultrasound and computer tomography scans may also be used to check for any obvious spread of the disease beyond the uterus.

In the majority of cases, surgery to remove the uterus, fallopian tubes and ovaries, as well as the pelvic lymph nodes, is the recommended mode of treatment. Minimally invasive surgery can be performed, using a keyhole method in suitable patients with early disease. This method of surgery results in less pain post-operatively and a quicker recovery (Figure 2).

After surgery, the patient may require radiotherapy or chemotherapy, or a combination of both, depending on the nature of the cancer and the stage of disease. A majority of women in the very early stages of endometrial cancer would be cured by the surgery alone.
EARLY SIGNS AND SYMPTOMS OF ENDOMETRIAL CANCER

There is currently no effective screening method for the early detection of endometrial cancer. However, many indicators may signal the need for further assessment to detect endometrial cancer in its early stages.

Common signs can include:

1. POST-MENOPAUSAL BLEEDING
This refers to any form of bleeding occurring more than a year after the last menstrual period. This is a classic danger sign that must be evaluated early by a gynaecologist to exclude endometrial or cervical cancer.

2. IRREGULAR OR HEAVY MENSTRUAL BLEEDING
Any irregular or heavy bleeding, especially in a woman above 40 years, should be investigated by a gynaecologist – especially if the bleeding is not controlled with hormonal regulation. In women with irregular bleeding, it is important to exclude lesions in the genital tract as a cause for the bleeding before arriving at the diagnosis of dysfunctional uterine bleeding, which is due to hormonal disturbances.

3. ABNORMAL PAP SMEAR TEST
Although the Pap smear test is designed to detect cervical pathology, certain abnormalities may suggest the presence of endometrial cancer. Up to 50 percent of women with endometrial cancer have abnormal Pap smear test results stating the presence of atypical glandular cells, endometrial cells out of cycle or, less commonly, frank adenocarcinoma. All women with such results must be referred to a gynaecologist for early evaluation.

4. A HISTORY OF OLIGOMENORRHOEA
Women who experience oligomenorrhoea – infrequent periods of four cycles within a year – have an increased risk of developing endometrial cancer. They should be referred for further management by a gynaecologist, regardless of age.

There are no established measures by which endometrial cancer can be effectively prevented. However, risk factors associated with endometrial cancer include obesity, diabetes mellitus and hypertension. Women with these conditions should be vigilant for any abnormal bleeding and seek medical advice early.

FERTILITY PRESERVATION

Although rare, endometrial cancer can occur in women younger than 40 years. Women of this age group often wish to preserve their uterus for fertility reasons. If the cancer is confined to the uterus with no invasion of the myometrium, the patient can be treated with progestogens for a few months under close follow-up. These hormones can suppress or control the cancer cells in about 80 percent of patients. A repeat assessment of the endometrium will be performed to check if the cancer is still present. If no cancer cells are detected, the patient can opt to undergo assisted reproduction, such as in vitro fertilisation.

However, this situation only applies to a very select group of patients and is not the standard treatment for endometrial cancer. These patients will eventually require removal of their uterus after undergoing assisted reproduction as there is a high chance that the cancer may recur and spread.

References
1. Statistics from the Singapore Cancer Registry Interim Report, 2008-2013

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