

Uterine Cancer: A Comprehensive Guide to Diagnosis and Treatment

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Uterine cancer, also known as endometrial cancer, is a type of cancer that affects the lining of the uterus, called the endometrium. It is one of the most common types of gynecological cancers, primarily affecting postmenopausal women. Early diagnosis and appropriate treatment are crucial in improving the chances of successful outcomes. In this comprehensive guide, we will explore the various aspects of uterine cancer, including its diagnosis and treatment options [1].

Diagnosis of Uterine Cancer

Medical History and Physical Examination: During the initial evaluation, your healthcare provider will discuss your medical history, including any symptoms you may be experiencing. They will also perform a physical examination to check for any abnormalities in the pelvic region.

Transvaginal Ultrasound: This imaging test uses sound waves to create detailed images of the uterus. It can help identify any thickening of the endometrium, which may indicate the presence of cancer.

Endometrial Biopsy: This procedure involves obtaining a small sample of the endometrial tissue for examination under a microscope. It is usually performed in an outpatient setting and is considered the most definitive test for diagnosing uterine cancer.

Imaging Tests: Additional imaging tests such as magnetic resonance imaging (MRI) or computed tomography (CT) scans may be conducted to determine the extent of cancer spread and to evaluate the lymph nodes and nearby organs [2].

Dilation and Curettage (D&C): In some cases, a D&C may be recommended to remove a larger tissue sample from the uterus. This procedure is performed under anesthesia and involves scraping the uterine lining for further examination.

Treatment Options for Uterine Cancer

The treatment plan for uterine cancer depends on several factors, including the stage of cancer, grade of the tumor, overall health of the patient, and individual preferences. The main treatment modalities include:

Surgery: Surgery is the primary treatment for uterine cancer and involves the removal of the uterus (hysterectomy) and often the

surrounding structures such as the fallopian tubes and ovaries. Lymph node dissection may also be performed to determine if the cancer has spread. In some cases, minimally invasive procedures such as laparoscopy or robotic surgery may be used [3].

Radiation Therapy: This treatment modality utilizes high-energy X-rays or other particles to kill cancer cells or shrink tumors. It may be used before surgery to shrink tumors, after surgery to destroy any remaining cancer cells, or as the primary treatment for cases where surgery is not an option.

Chemotherapy: Chemotherapy involves the use of drugs to destroy cancer cells. It is usually administered intravenously or orally and may be recommended in cases where cancer has spread beyond the uterus or if there is a high risk of recurrence.

Hormone Therapy: Some types of uterine cancer are hormone-sensitive, meaning they grow in response to estrogen. Hormone therapy involves the use of medications that block or reduce estrogen production, helping to slow down or stop the growth of cancer cells [4].

Targeted Therapy: In certain cases, targeted therapy may be recommended. This treatment approach uses drugs that specifically target certain genetic mutations or proteins found in cancer cells, disrupting their growth and survival.

It's important to note that the treatment approach may vary for each individual, and healthcare providers will tailor the treatment plan based on specific circumstances and patient needs.

Supportive Care and Follow-Up

Throughout the diagnosis and treatment journey, supportive care plays a vital role in managing the physical and emotional aspects of uterine cancer. Supportive care may include pain management, nutritional support, counseling, and access to support groups or other resources [5].

References

1. Chang CJ, O'Brien KM, Keil AP, Gaston SA, Jackson CL, Sandler DP, et al. Use of straighteners and other hair products and incident uterine cancer. *J Natl Cancer Inst.* 2022;114(12):1636-45.

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2. Toboni MD, Powell MA. New treatments for recurrent uterine cancer. *Curr Oncol Rep.* 2021;23:1-6.
3. Wijayabahu AT, Egan KM, Yaghjian L. Uterine cancer in breast cancer survivors: A systematic review. *Breast Cancer Res Treat.* 2020;180:1-9.
4. Momeni-Boroujeni A, Chiang S. Uterine mesenchymal tumours: recent advances. *Histopathology.* 2020;76(1):64-75.
5. Chelmow D, Brooks R, Cavens A, Huber-Keener K, Scott DM, Sheth SS, et al. Executive summary of the uterine cancer evidence review conference. *Obstet Gynecol.* 2022;139(4):626.