

WAKE-UP CALL



Rising Uterine Cancer Rates Demand Awareness and Prevention

By Brian Justice

Uterine cancer is the most common type of gynecologic cancer¹ and the fourth most common cancer for women in the United States.² The number of people diagnosed with uterine cancer in the United States is rising by nearly 2% annually in women ages 49 and younger and 1% in women ages 50 and older.² Estimates suggest 66,200 new cases will be diagnosed in 2023,² and that number is predicted to rise to 122,000 by 2030.¹

Additionally, death rates increased by nearly 1% each year between 2016 and 2020.² Approximately 13,030 people in the United States are estimated to die from the disease in 2023.² Uterine cancer cases are increasing so rapidly that it is expected to become the third most common cancer among women by 2040 and the fourth-leading cause of

women's cancer deaths.³ These concerning statistics make awareness a crucial step in the prevention and treatment of uterine cancer.

WHO'S CALLING?

Every person with a uterus is at risk, and most occurrences are in individuals who are going through or have completed menopause.⁴

Several factors may increase a person's risk of developing uterine cancer⁵:

- Being older than 50
- Having obesity
- Taking drugs such as progesterone-free estrogen during menopause or tamoxifen, which is used for breast cancer prevention and treatment

- Having a history of difficulty becoming pregnant
- Having a history of fewer than five periods in the year prior to starting menopause
- Having close relatives with uterine, colon, or ovarian cancer
- Having a genetic mutation that may make some people more susceptible to the disease or one associated with Lynch syndrome

Individuals with any number of these risk factors should consult with their provider to see if they should receive more frequent examinations as a preventive measure.⁵

Symptoms of uterine cancer may include vaginal discharge or bleeding that is abnormal for the individual (e.g., excessively

heavy, between periods, or after menopause). The individual may also experience pelvic pressure or pain.⁶

DIAL IN

Uterine cancer treatment typically requires a complete hysterectomy. Depending on the stage of the disease, treatment may require radiation and medication therapies.³ However, promising new alternatives are on the horizon.

“This is an exciting time for uterine cancer treatments, because we now recognize distinct subtypes of endometrial cancer based on molecular testing,” says Tilley Jenkins Vogel, MD, a gynecologic oncologist and assistant professor in the gynecologic oncology division at NorthShore University HealthSystem in Evanston, Illinois. “This testing is being performed at most centers in the U.S. and worldwide. And based on the results, we are better able to target therapy, and this more targeted approach translates into improved survival rates. I also hope that ongoing trials will confirm that chemotherapy is not indicated for some patients.”

PHONE A FRIEND

Whatever the level of treatment, medical assistants are often the first people patients see in the physician’s practice.

When that visit involves irregular or postmenopausal bleeding, pelvic pain, or bloating, Kellie Rath, MD, a gynecologic oncologist with the OhioHealth Physician Group in Columbus, Ohio, has advice. “Remind patients that you are asking about *any* irregular bleeding, even if it only happened once,” she says. “Patients can be hesitant to be honest about some symptoms, so encourage them to be open with their [physician]. You should also let the provider know so they can ask the patient about [the symptoms] directly.”

A level of understanding is required for medical assistants, says Kristin Stovern, APRN-C, MSN, WHNP, CNM, FACNM, a women’s health expert and host of *Why Am I Just Finding This Out?*, a podcast about inadequacies in women’s health care.

“[Medical assistants] are first-line people talking to a woman who is saying, pos-

SPREAD THE WORD

Overall survival rates are high when uterine cancer is detected early,³ and there are over 600,000 uterine cancer survivors in the United States today.² However, new studies have shown that uterine cancer is more likely to affect Black women and to be more deadly.³

“Twice as many Black patients as white patients never undergo an endometrial biopsy, transvaginal or pelvic ultrasound, or hysteroscopy,” says Samyukta Mullangi, MD, MBA, medical director of Thyme Care in Nashville, Tennessee. “And, when they do, they often experience delays in diagnostic procedures compared to white patients.”

As a result, Black women die of uterine cancer at twice the rate of white women.⁷ Black women represented less than 10% of the more than 200,000 uterine cancer cases diagnosed between 2000 and 2017, but they comprised nearly 18% of the almost 17,000 uterine cancer deaths during that same period.⁸ That makes uterine cancer an outlier, as progress has been made in narrowing existing racial gaps associated with other cancer-related deaths over the past 20 years.

Kemi Doll, MD, MCSR, a gynecologic oncologist at the University of Washington School of Medicine in Seattle, has been researching the racial disparity and reports it is largely due to the lack of public awareness. People know they should have mammograms and Papanicolaou tests (i.e., Pap smears), but Dr. Doll notes that “if someone found a lump in her breast, would she put off doing something? Everybody would tell her, ‘No, no, no—go right now.’” Despite that uterine cancer is more common than cervical cancer, “we have not had any national dialogue about it,” says Dr. Doll.³

“It is imperative that medical assistants, who may be the first person in a clinical setting to speak to ... the patient reporting these symptoms, keep the diagnosis in mind in order to expedite the diagnostic workup process,” says Dr. Mullangi.

sibly embarrassed, ‘I started bleeding again but didn’t want to tell anyone.’ Handle that with dignity and grace so that person feels that they can trust where they are and can be comfortable continuing that care,” she says. “Many of the patients I’ve seen delayed care because of feeling embarrassed, ashamed, and uncomfortable. The way we approach and treat each person must show that they’re valuable, worthy, and heard.”

Only those who have experienced cancer can truly know that treatment has a much larger meaning.

“I understand [what] hearing the word *cancer* ... can do to you,” says Chrissi McCallister, CMA (AAMA), a medical assistant with Associated Urologists of North Carolina in Raleigh. A former cancer patient herself, she endured a long hospital stay and debilitating chemotherapy but has been cancer free since 2018. “The best advice I can give to family members is to be as supportive as they can. When the patient is tired, let them sleep. If they aren’t hungry, don’t feed them. Be their supporter,” she says. “And I tell every patient to remember that ‘You have cancer, but don’t let it have you.’” ♦

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