

# John R. Marsh Cancer Center

Annual Cancer Registry Report for 2010

## Endometrial Cancer

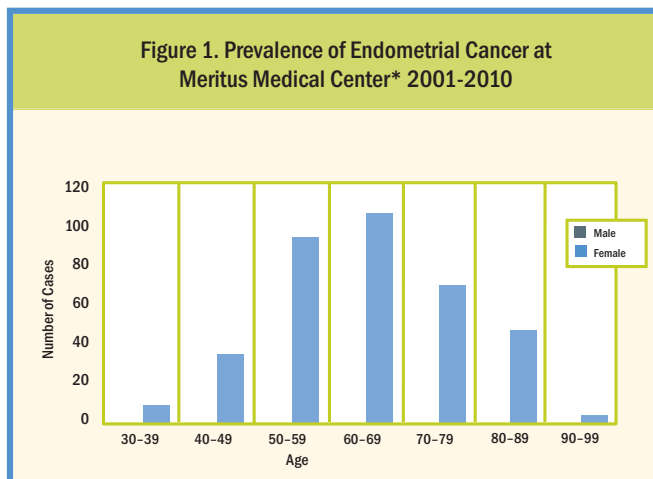
by Neil B. Rosenshein, MD

Endometrial cancer arises from the lining of the uterus and is the most common gynecologic malignancy in the United States. In 2011, there will be 46,270 new cases and 8,120 deaths which account for 6% of all cancers in women, with women having a lifetime risk of 2.5% of developing endometrial cancer. At Meritus Medical Center\* over the last 10 years there have been 351 cases of endometrial cancer; more than all cases of other gynecologic malignancies combined.

Endometrial Cancer is an age-specific disease with a mean and median age of 61 years, thus typically a cancer of the postmenopausal woman. The age data of patients at Meritus

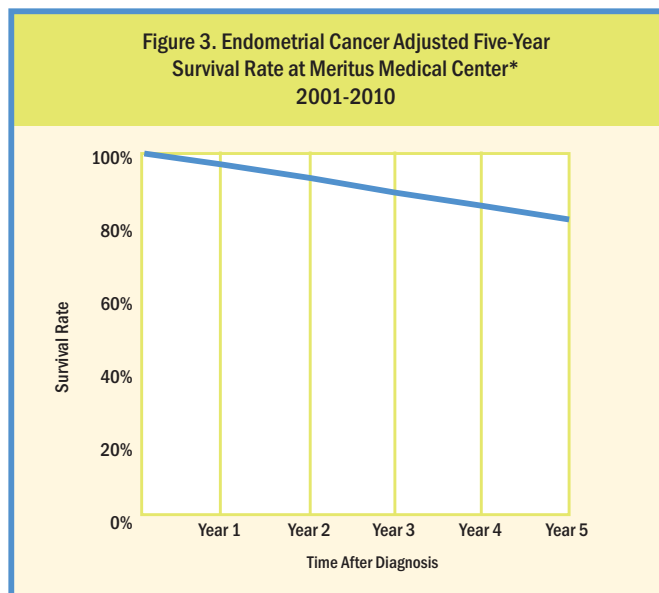
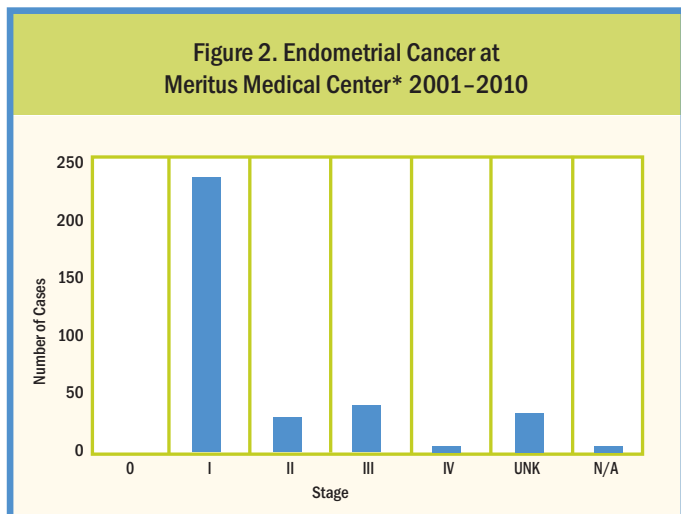
Medical Center is shown in Figure 1. Eight percent of endometrial cancers are estrogen-related (Type I) with risk factors of obesity, nulliparity, endogenous or exogenous estrogen excess, diabetes mellitus, hypertension, and histology of endometrioid. The remaining 20% of endometrial cancers (Type II) are unrelated to estrogen stimulation and do not have an increased prevalence of obesity, diabetes mellitus or hypertension and tend to have higher grade tumors or poor prognostic types (papillary serous or clear cell tumors). The risk factors cited for developing endometrial cancer are confirmed by our patient population.

The presenting symptom for endometrial cancer is abnormal uterine bleeding which occurs in 90% of cases. Once endometrial cancer is documented by histology typically by a biopsy of the lining of the uterus or dilatation and curettage is performed. The staging of endometrial cancer is surgical and pathologic, the surgery consisting of a total abdominal hysterectomy and bilateral salpingoophorectomy, pelvic and para aortic node evaluation and omenectomy. The staging is based on the International Federation of Gynecology and Obstetrics (Table 1). The vast majority of



endometrial cancers are limited to the uterus and this is the experience of that of the Gynecologic Oncology Center at Meritus Medical Center (Figure 2).

by a multimodality approach of integrating the expertise of the gynecologic oncologist, medical oncologist, and radiation oncologist. The Adjusted Survival Analysis as shown in Figure 3 compares very favorably with national and international statistics.



Following initial surgery patients are selected for adjuvant therapy either radiation or a combination of chemotherapy and radiation therapy. The radiation may be vaginal brachytherapy or external beam radiation therapy. The determination of adjuvant therapy is based on histologic type and grade depth of invasion, cervical involvement, tumor size, lymphovascular invasion, and nodal involvement. The endometrial cancer patient is stratified into low risk, intermediate risk, and high risk patients. The treatment at Meritus Medical Center is determined

Endometrial cancer, the predominant gynecologic cancer, presents a challenge in providing optimal surgical care and appropriate adjuvant care to the patient. The multimodality approach at Meritus Medical Center has provided that excellence of care as demonstrated by our survival data.

Table 1. International Federation of Gynecology and Obstetrics	
I	Confined to the corpus uteri
IA	Invasion less than 50%
IB	Invasion 50% or more
II	Invasion of the cervical stroma
IIIA	Serosal/adnexal Involvement
IIIB	Vaginal/parametrial involvement
IIIC1	Positive pelvic nodes
IIIC2	Positive para-aortic nodes
IVA	Invasion bladder/bowel
IVB	Distant metastasis

## Primary Site Distribution of Cancer Cases at Meritus Medical Center\* for 2010

	Total Cases	Analytic	Non- Analytic	Male	Female
All sites	977	867	110	468	509
Oral Cavity	22	22	0	16	6
Lip	0	0	0	0	0
Tongue	7	7	0	7	0
Oropharynx	1	1	0	0	1
Hypopharynx	2	2	0	2	0
Other	12	12	0	7	5
Digestive System	130	124	6	67	63
Esophagus	10	9	1	8	2
Stomach	5	4	1	4	1
Colon	59	58	1	28	31
Rectum	28	26	2	13	15
Anus/anal canal	1	1	0	1	0
Liver	7	7	0	7	0
Pancreas	7	6	1	1	6
Other	13	13	0	5	8
Respiratory System	145	142	3	85	60
Nasal/sinus	1	1	0	1	0
Larynx	17	16	1	12	5
Lung/bronchus	125	123	2	71	54
Other	2	2	0	1	1
Blood & Bone Marrow	38	38	0	20	18
Leukemia	10	10	0	4	6
Multiple Myeloma	14	14	0	11	3
Other	14	14	0	5	9
Bone	1	1	0	0	1
Connective Tissue/Soft Tissue	1	1	0	1	0
Skin	69	36	33	39	30
Melanoma	64	32	32	37	27
Other	5	4	1	2	3

**Primary Site Distribution of Cancer Cases at Meritus Medical Center\* for 2010** continued

	Total Cases	Analytic	Non- Analytic	Male	Female
Breast	166	160	6	2	164
Female Genital	84	82	2	0	84
Cervix uteri	13	13	0	0	13
Corpus uteri	49	47	2	0	49
Ovary	18	18	0	0	18
Vulva	3	3	0	0	3
Other	1	1	0	0	1
Male Genital	122	94	28	122	0
Prostate	114	88	26	114	0
Testis	6	6	0	6	0
Other	2	0	2	2	0
Urinary System	82	53	29	67	15
Bladder	51	23	28	46	5
Kidney/renal	31	30	1	21	10
Other	0	0	0	0	0
Brain & CNS	23	22	1	10	13
Brain (benign)	0	0	0	0	0
Brain (malignant)	16	16	0	9	7
Other	7	6	1	1	6
Endocrine	18	18	0	4	14
Thyroid	17	17	0	4	13
Other	1	1	0	0	1
Lymphatic System	55	53	2	29	26
Hodgkin's disease	3	3	0	3	0
Non-Hodgkin's	52	50	2	26	26
Unknown Primary	20	20	0	6	14
Other/III-defined	1	1	0	0	1

Number of cases excluded: 84

This report excludes CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

**2010 National Cancer Rates vs. Washington County, Md., Cancer Rates by Gender for Top Five Sites**

Sites	Female		Sites	Male	
	Washington County	National		Washington County	National
Breast	17%	28%	Prostate	12%	28%
Lung	6%	14%	Lung	7%	15%
Colorectal	5%	10%	Colorectal	5%	9%
Corpus Uteri	5%	6%	Bladder	5%	7%
Melanoma	3%	4%	Melanoma	4%	5%

**\*Any reference to Meritus Medical Center also refers to data from Washington County Hospital prior to December 2011**



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For more information about the John R. Marsh Cancer Center, please visit [MeritusHealth.com/Cancer](http://MeritusHealth.com/Cancer).