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Endometrial Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of endometrial cancer. Find out how endometrial cancer is tested for, diagnosed, and staged.

Detection and Diagnosis

Finding cancer early, when it's small and hasn't spread, often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that's not always the case.

- [Can Endometrial Cancer Be Found Early?](#)
- [Signs and Symptoms of Endometrial Cancer](#)
- [Tests for Endometrial Cancer](#)

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the amount of cancer in the body, the best treatment options, and the likely response to treatment.

- [Endometrial Cancer Stages](#)
- [Survival Rates for Endometrial Cancer](#)

Questions to Ask About Endometrial Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [Questions to Ask About Endometrial Cancer](#)

Can Endometrial Cancer Be Found Early?

- [Early detection tests for endometrial cancer](#)

The best way to find endometrial cancer when it's small (at an early [stage](#)) is to see a health care provider if you have any [signs and symptoms of endometrial cancer](#), such as abnormal vaginal bleeding or discharge (that's getting worse, occurring between periods, or happening after menopause). Early detection improves the chances that the cancer will be treated successfully.

Most women with endometrial cancer have abnormal vaginal bleeding. Still, some endometrial cancers may reach an advanced stage before causing signs and symptoms. This means the cancer is big and may have spread before it causes any problems that are noticed.

Early detection tests for endometrial cancer

Early detection (also called screening) refers to the use of tests to find a disease, like cancer, in people who don't have symptoms of that disease. Early detection tests can help find some types of cancer at an early stage -- when it's small and hasn't spread beyond the place it started.

If you are at average risk

At this time, there are no screening tests or exams to find endometrial cancer early in women who are at average endometrial cancer risk and have no symptoms.

The American Cancer Society recommends that, at menopause, **all women should be told about the risks and symptoms of endometrial cancer and strongly encouraged to report any vaginal bleeding, discharge, or spotting to their doctor.**

Women should also talk to their doctors about getting regular pelvic exams. A pelvic exam can find some cancers, including some advanced uterine cancers, but it's not very useful for finding early endometrial cancers.

Screening tests used for cervical cancer, such as a Pap test or HPV (human papillomavirus) test aren't effective tests for endometrial cancer. The Pap test, which screens women for [cervical cancer](#)¹, can sometimes find some early endometrial cancers, but it's not a good test for this type of cancer. For information see [Screening Tests for Cervical Cancer](#)².

If you are at increased risk

The American Cancer Society recommends that most women at increased risk for endometrial cancer be told of their risk and be advised to see their doctor whenever they have any abnormal vaginal bleeding. This includes women whose risk is increased due to age, late menopause, never giving birth, infertility, obesity, diabetes, high blood pressure, estrogen treatment, or tamoxifen therapy.

Women who have (or may have) [hereditary non-polyposis colon cancer](#)³ (HNPCC, or Lynch syndrome) have a very high risk of endometrial cancer.

If several family members have had colon or endometrial cancer, think about getting genetic counseling to learn about your family's risk of having HNPCC. If you (or a close relative) have genetic testing and are found to have a mutation in one of the genes for HNPCC, you are at high risk of getting endometrial cancer, as well as some other kinds of cancer. See [Understanding Genetic Testing](#)⁴ for more on this.

The American Cancer Society recommends that **women who have (or may have) HNPCC be offered yearly testing for endometrial cancer with endometrial biopsy starting at age 35**. Their doctors should discuss this test with them, including its risks, benefits, and limits. This applies to women known to carry HNPCC-linked gene mutations, women who are likely to carry such a mutation (those with a mutation known to be present in the family), and women from families with a tendency to get colon cancer where genetic testing has not been done.

Another option for a woman who has (or may have) HNPCC is to have a hysterectomy once she is done having children. (See [Can Endometrial Cancer Be Prevented?](#))⁵

Hyperlinks

1. www.cancer.org/cancer/types/cervical-cancer.html
2. www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-

Non-bloody vaginal discharge may also be a sign of endometrial cancer. Even if you can't see blood in the discharge, it doesn't mean there's no cancer. Any abnormal discharge should be checked out by a doctor.

Pelvic pain, a mass, and weight loss

Pain in the pelvis, feeling a mass (tumor), and losing weight without trying can also be symptoms of endometrial cancer. These symptoms are more common in later stages of the disease. Still, any delay in seeking medical help may allow the disease to progress even further. This lowers the odds of [treatment](#)¹ being successful.

Although any of these symptoms can be caused by things other than cancer, it's important to have them [checked out by a doctor](#).

Hyperlinks

1. www.cancer.org/cancer/types/endometrial-cancer/treating.html
2. www.cancer.org/cancer/types/endometrial-cancer/references.html

References

Bagaria M, Shields E, Bakkum-Gamez JN. Novel approaches to early detection of endometrial cancer. *Curr Opin Obstet Gynecol*. 2017;29(1):40-46.

Burton ER, Sorosky JI. Recognition and Therapeutic Options for Malignancy of the Cervix and Uterus. *Obstet Gynecol Clin North Am*. 2017;44(2):195-206.

Matteson KA, Robison K, Jacoby VL. Opportunities for Early Detection of Endometrial Cancer in Women With Postmenopausal Bleeding. *JAMA Intern Med*. 2018;178(9):1222-1223.

[See all references for Endometrial Cancer](#)

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Tests for Endometrial Cancer

- [Medical history and physical exam](#)
- [Ultrasound](#)
- [Endometrial tissue sampling](#)
- [Tests to look for cancer spread](#)
- [Blood tests](#)

Endometrial cancer is most often diagnosed after a woman goes to her doctor because she has symptoms.

If there's a possibility you could have endometrial cancer, you should be examined by a gynecologist. This is a doctor trained to diagnose and treat diseases of the female reproductive system. Gynecologists can diagnose endometrial cancer, and sometimes treat it. Specialists in treating cancers of the endometrium and other female reproductive organs are called gynecologic oncologists. These doctors treat all stages of endometrial cancer.

Medical history and physical exam

If you have any of the symptoms of endometrial cancer (see [Signs and Symptoms of Endometrial Cancer](#)), you should see a doctor right away. The doctor will ask about your symptoms, [risk factors](#)¹, and medical history. The doctor will also do a physical exam and a pelvic exam.

Ultrasound

Ultrasound is often one of the first tests used to look at the uterus, ovaries, and fallopian tubes in women with possible gynecologic problems. Ultrasound uses sound waves to take pictures of the inside of the body. A small wand (called a transducer or probe) gives off sound waves and picks up the echoes as they bounce off the organs. A computer translates the echoes into pictures.

For a **pelvic ultrasound**, the transducer is moved over the skin of the lower part of the belly (abdomen). Often, to get good pictures of the uterus, ovaries, and fallopian tubes, the bladder needs to be full. That's why women getting a pelvic ultrasound are asked to drink lots of water before the test.

A **transvaginal ultrasound**(TVUS) is often better to look at the uterus. For this test, the

TVUS probe (that works the same way as the ultrasound transducer) is put into the vagina. Images from the TVUS can be used to see if the uterus contains a mass (tumor), or if the endometrium is thicker than usual, which can be a sign of endometrial cancer. It may also help see if cancer is growing into the muscle layer of the uterus (myometrium).

A small tube may be used to put salt water (saline) into the uterus before the ultrasound. This helps the doctor see the uterine lining more clearly. This procedure is called a **saline infusion sonogram** or **hysterosonogram**. (Sonogram is another term for ultrasound.)

Ultrasound can be used to see endometrial polyps (growths) , measure how thick the endometrium is, and can help doctors pinpoint the area they want to biopsy.

Endometrial tissue sampling

To find out exactly what kind of endometrial change is present, the doctor must take out some tissue so that it can be tested and looked at with a microscope. Endometrial tissue can be removed by endometrial biopsy or by dilation and curettage (D&C) with or without a hysteroscopy. A gynecologist usually does these procedures, which are described below.

Endometrial biopsy

An endometrial biopsy is the most commonly used test for endometrial cancer and is very accurate in postmenopausal women. It can be done in the doctor's office. A very thin, flexible tube is put into the uterus through the cervix. Then, using suction, a small amount of endometrium is removed through the tube. The suctioning takes about a minute or less. The discomfort is a lot like menstrual cramps and can be helped by taking a nonsteroidal anti-inflammatory drug (like ibuprofen) before the procedure. Sometimes a thin needle is used to inject numbing medicine (local anesthetic) into the cervix just before the procedure to help reduce the pain.

Hysteroscopy

For this procedure, the doctor puts a tiny telescope (about $\frac{1}{6}$ inch in diameter) into the uterus through the cervix. To get a better view of the inside (lining) of the uterus, the uterus is filled with salt water (saline). This lets the doctor look for and biopsy anything abnormal, such as a cancer or a polyp. This is usually done using a local anesthesia (numbing medicine) while the patient is awake.

Dilation and curettage (D&C)

If the endometrial biopsy sample doesn't provide enough tissue, or if the biopsy suggests cancer but the results are unclear, a D&C must be done. In this outpatient procedure, the opening of the cervix is enlarged (dilated) and a special instrument is used to scrape tissue from inside the uterus. This may be done with or without a hysteroscopy.

This procedure takes about an hour and may require general anesthesia (where drugs are used to put you into a deep sleep) or conscious sedation (drugs are put into a vein to make you drowsy) either with local anesthesia injected into the cervix or a spinal (or epidural). A D&C is usually done in an outpatient surgery area of a clinic or hospital. Most women have little discomfort after this procedure.

Testing endometrial tissue samples

Endometrial tissue samples removed by biopsy or D&C are looked at with a microscope to see if cancer is present. If cancer is found, the lab report will state what type of endometrial cancer it is (like endometrioid or clear cell) and what grade it is.

Endometrial cancer is graded on a scale of 1 to 3 based on how much it looks like normal endometrium. (See [What Is Endometrial Cancer?](#)²) Women with lower grade cancers are less likely to have cancer in other part of their body and are less likely to have the cancer come back after treatment (recur).

option, especially for more advanced endometrial cancers.

Tests to look for cancer spread

If the doctor suspects that your cancer is advanced, you'll probably have to have other tests to look for cancer spread.

Chest x-ray

A plain [x-ray](#)⁶ of your chest may be done to see if cancer has spread to your lungs.

Computed tomography (CT)

The [CT scan](#)⁷ is an x-ray procedure that creates detailed, cross-sectional images of the inside of your body. For a CT scan, you lie on a table while X-rays are done. Instead of taking one picture, like a standard x-ray, a CT scanner takes many pictures as the camera rotates around you. A computer then combines these pictures into an image of a slice of your body. The machine will take pictures of many slices of the part of your body that's being studied.

CT scans are not used to diagnose endometrial cancer. But they can help see if the cancer has spread to other organs and to see if it has come back after treatment.

In this test radioactive glucose (sugar) is given to look for cancer cells. Because cancers use glucose (sugar) at a higher rate than normal tissues, the radioactivity will tend to collect in the cancer. A scanner can spot the radioactive deposits. This test can be helpful for spotting small collections of cancer cells. Special scanners combine a [PET scan](#)⁹ with a CT to more precisely locate areas of cancer spread. PET scans are not a routine part of the work-up of early endometrial cancer, but may be used for more advanced cases.

Cystoscopy and proctoscopy

If a woman has problems that suggest the cancer has spread to the bladder or rectum, the inside of these organs will probably be looked at through a lighted tube. In **cystoscopy** the tube is put into the bladder through the urethra. In **proctoscopy** the tube is put in the rectum. These exams allow the doctor to look for cancer. Small tissue samples can also be removed during these procedures for testing. They can be done using a local anesthetic but some patients may need general anesthesia. Your doctor will let you know what to expect before and after these tests. These procedures were used a lot in the past, but now are rarely part of the work up for endometrial cancer.

Blood tests

Complete blood count

The complete blood count (CBC) is a test that measures different cells in the blood, such as the red blood cells, the white blood cells, and the platelets. Endometrial cancer can cause bleeding, which can lead to low red blood cell counts ([anemia](#)¹⁰).

CA-125 blood test

CA-125 is a substance released into the bloodstream by many, but not all, endometrial and ovarian cancers. If a woman has endometrial cancer, a very high blood CA-125 level suggests that the cancer has likely spread beyond the uterus. Some doctors check CA-125 levels before surgery or other treatment. If they're elevated, they can be checked again to see how well the treatment is working (levels will drop after surgery if all the cancer is removed).

CA-125 levels are not needed to diagnose endometrial cancer, so this test isn't done on all patients.

Hyperlinks

1. www.cancer.org/cancer/types/endometrial-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/cancer/types/endometrial-cancer/about/what-is-endometrial-cancer.html
3. www.cancer.org/cancer/risk-prevention/genetics/family-cancer-syndromes.html
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Bagaria M, Shields E, Bakkum-Gamez JN. Novel approaches to early detection of endometrial cancer. *Curr Opin Obstet Gynecol*. 2017;29(1):40-46.

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Matteson KA, Robison K, Jacoby VL. Opportunities for Early Detection of Endometrial Cancer in Women With Postmenopausal Bleeding. *JAMA Intern Med*.

Endometrial Cancer Stages

How is the stage determined?

The 2 systems used for staging endometrial cancer, the **FIGO (International Federation of Gynecology and Obstetrics) system** and the **American Joint Committee on Cancer TNM staging system** are basically the same.

They both stage (classify) this cancer based on 3 factors:

- The extent (size) of the tumor (**T**): How far has the cancer grown into the uterus? Has the cancer reached nearby structures or organs?
- The spread to nearby lymph nodes (**N**): Has the cancer spread to the para-aortic lymph nodes? These are the lymph nodes in the pelvis or around the aorta (the main artery that runs from the heart down the back of the abdomen and pelvis).
- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant lymph nodes or distant organs in other parts of the body?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called *stage grouping* to assign an overall stage.

The staging system in the table below uses the *pathologic stage*. It's found by examining tissue removed during an operation. This is also known as *surgical staging*. Sometimes, if surgery isn't possible right away, the cancer will be given a *clinical stage* instead. This is based on the results of a physical exam, biopsy, and imaging tests done *before* surgery. For more details, see [Cancer Staging²](#).

The system described below is the most recent AJCC system. It went into effect January 2018.

Endometrial cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

Stage	Stage grouping	FIGO Stage	Stage description*
I	T1 N0 M0	I	The cancer is growing inside the uterus. It may also be growing into the glands of the cervix, but not into the supporting connective tissue of the cervix (T1). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).

IIIC2	T1-T3 N2, N2mi or N2a M0	IIIC2	<p>The cancer is growing in the body of the uterus. It may have spread to some nearby tissues, but is not growing into the inside of the bladder or rectum (T1 to T3).</p> <p>It has also spread to lymph nodes around the aorta (para-aortic lymph nodes) (N2, N2mi, or N2a), but not to distant sites (M0).</p>
IVA	T4 Any N M0		<p>The cancer has spread to the inner lining of the rectum or urinary bladder (called the mucosa) (T4).</p> <p>It may or may not have spread to nearby lymph nodes (Any N), but has not spread to distant sites (M0).</p>
IVB	Any T Any N M1	IVB	<p>The cancer has spread to inguinal (groin) lymph nodes, the upper abdomen, the omentum, or to organs away from the uterus, such as the lungs, liver, or bones (M1).</p> <p>The cancer can be any size (Any T) and it might or might not have spread to other lymph nodes (Any N).</p>

*The following additional categories are not listed on the table above:

TX:

National Cancer Institute. Endometrial Cancer Treatment (PDQ®)—Health Professional Version. January 19, 2018. Accessed at www.cancer.gov/types/uterine/hp/endometrial-treatment-pdq/ on January 31, 2019.

[See all references for Endometrial Cancer](#)

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Survival Rates for Endometrial Cancer

Survival rates can give you an idea of what percentage of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can't tell you how long you will live, but they may help give you a better understanding of how likely it is that your treatment will be successful.

Keep in mind that survival rates are estimates and are often based on previous

The SEER database tracks 5-year relative survival rates for endometrial cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by [FIGO or AJCC TNM stages](#) (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** There is no sign that the cancer has spread outside of the uterus.
- **Regional:** The cancer has spread from the uterus to nearby structures or lymph nodes.
- **Distant:** The cancer has spread to distant parts of the body such as the lungs, liver or bones.

5-year relative survival rates for endometrial cancer

(These numbers are based on people diagnosed with endometrial cancer between 2013 and 2019.)

SEER* Stage	5-year Relative Survival Rate
Localized	95%

Hyperlinks

1. seer.cancer.gov/explorer/
2. www.cancer.org/cancer/types/endometrial-cancer/references.html

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/>¹ on February 23, 2023.

[See all references for Endometrial Cancer](#)

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Questions to Ask About Endometrial Cancer

- [When you're told you have endometrial cancer](#)
- [When deciding on a treatment plan](#)
- [During treatment](#)
- [After treatment](#)

As you cope with cancer, you need to have honest, open talks with your doctor. You should feel free to ask any question, no matter how small it might seem. Nurses, social workers, and other members of your treatment team may also be able to answer many of your questions. Here are some questions you might want to ask:

When you're told you have endometrial cancer

- What [type and grade of endometrial cancer](#)¹ do I have?

- Are there any limits on what I can do?
- What symptoms should I watch for?
- What kind of exercise should I do now?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and imaging tests?
- Will I need any blood tests?
- How will we know if the cancer has come back? What should I watch for?
- What will my options be if the cancer comes back?
- When can I go back to my usual activities at work and/or around the house?

Along with these sample questions, be sure to write down some of your own. For instance, you might want to ask about [getting a second opinion](#)⁵, or you may need specific information about how long it might take you to recover so you can plan your work schedule.

Doctors aren't the only ones who can give you information. Other health care professionals, such as nurses and social workers, can answer a lot of your questions. To find out more about speaking with your health care team, see [The Doctor-Patient Relationship](#)⁶.

Hyperlinks

1. www.cancer.org/cancer/types/endometrial-cancer/about/what-is-endometrial-cancer.html
2. www.cancer.org/cancer/types/endometrial-cancer/treating.html
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