



# Endometrial Cancer MYTHS & FACTS

	MYTH	FACT
1	<b>Endometrial cancer occurs after menopause only.</b>	While endometrial cancer is more frequently diagnosed in postmenopausal women, it can also affect younger women, particularly those with specific genetic conditions. In fact, certain molecular subtypes of endometrial cancer are more commonly observed in younger age groups.
2	<b>Pap smears detect endometrial cancer.</b>	Pap smears are used to detect cervical cancer, not endometrial cancer. Endometrial cancer is typically diagnosed via endometrial biopsy, with a small sample of tissue from the lining of the uterus examined under a microscope.
3	<b>All types of uterine bleeding are signs of endometrial cancer.</b>	While abnormal bleeding can be a symptom of endometrial cancer, it is essential to recognize that various factors, such as fibroids or hormonal imbalances, can also cause uterine bleeding. Regardless of the cause, it is always important to see a specialist when experiencing abnormal bleeding.
4	<b>Endometrial cancer has no early symptoms.</b>	One of the earliest signs of endometrial cancer is abnormal vaginal bleeding. This is sometimes associated with vaginal discharge, which should never be ignored. Additionally, a very thick endometrium, often indicative of hyperplasia (with or without atypia), is considered a pre-cancerous condition. It is crucial that women do not ignore any abnormal signs or symptoms. Always consult a specialist in cases of abnormal vaginal bleeding.
5	<b>There are only 2 types of endometrial cancer depending on the relation to estrogen.</b>	In the past, endometrial cancer was divided into two types. Now, the disease is classified based on both traditional tissue analysis (histology) and modern molecular subtypes — POLEmut, MMRd, NSMP, and p53abn. These new classifications help doctors provide a more patient-personalized treatment plan and predict outcomes more accurately.
6	<b>All endometrial cancers are highly aggressive and have poor outcomes.</b>	Endometrial cancer subtypes like POLEmut have very favorable prognoses, highlighting the importance of molecular subtyping prior to treatment and prognosis. While some subtypes, such as p53abn, are linked to poorer outcomes, the use of molecular classification ensures a more accurate understanding of each case. Low-risk endometrial cancer typically boasts an excellent prognosis with proper surgical management, often achieving recovery rates exceeding 90%.
7	<b>Endometrial cancer always requires extensive surgery and aggressive chemotherapy.</b>	Treatment for endometrial cancer varies based on the stage at diagnosis. Early-stage endometrial cancer is often managed with surgery alone, usually without the need for chemotherapy. Surgical techniques can range from open surgery to minimally invasive options such as laparoscopy or robotic-assisted surgery. Chemotherapy use is personalized according to an individual's risk of recurrence. Depending on their risk assessment, some patients may also undergo local treatments like radiation or hormone therapy. Post-surgery treatment decisions are informed by factors such as the cancer's grade, depth of invasion into the uterine muscle, lymphovascular invasion, age, and molecular subtype. These factors help assess the likelihood of cancer recurrence and determine the need for additional therapies.
8	<b>Surgery is too aggressive for low-risk endometrial cancer, which can be treated with medication alone.</b>	Surgery stands as the most effective treatment for low-risk endometrial cancer, playing a crucial role in accurate staging and high recovery rates.



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9	<b><i>Immunotherapy is still experimental and not as effective as chemotherapy.</i></b>	Immunotherapy has shown promise, particularly in cases where traditional treatments may be less effective. Recent clinical trials have demonstrated encouraging results when immunotherapy is added to standard treatment for advanced endometrial cancer.
10	<b><i>Vaginal brachytherapy is not useful in endometrial cancer management.</i></b>	Vaginal brachytherapy is a form of radiation therapy that delivers high doses directly to the upper area of the vagina, minimizing exposure to surrounding tissues. This type of treatment typically causes fewer side effects than external beam radiation. Vaginal brachytherapy is commonly used in treating lower-risk cases to help prevent local recurrence.
11	<b><i>A hysterectomy for endometrial cancer will cause severe hormonal imbalances.</i></b>	A hysterectomy involves removing the uterus, which sometimes results in the removal of other reproductive organs. For premenopausal patients with early-stage disease and good prognostic factors, hysterectomy with removal of the tubes is the standard surgical approach. However, preservation of the ovaries can be considered in select cases to maintain hormonal balance and ovarian function.
12	<b><i>Surgery for endometrial cancer eliminates all risk of recurrence.</i></b>	While surgery is a critical component of endometrial cancer treatment, it cannot entirely eliminate the risk of recurrence. The likelihood of recurrence is influenced by factors such as stage, grade, and molecular subtype of the cancer. Additional treatments, known as adjuvant therapies, may be required to reduce one's risk. Furthermore, ongoing post-surgical follow-up is essential for the early detection of any signs of recurrence.
13	<b><i>Endometrial cancer always recurs, even if it is low-risk.</i></b>	When appropriately managed, low-risk endometrial cancer typically exhibits a very low rate of recurrence and boasts a high overall survival rate.
14	<b><i>Endometrial cancer treatment always results in infertility.</i></b>	While many treatments for endometrial cancer involve removing the uterus, fertility-sparing options are available for young women with early-stage cancer. Surgery (which may include removal of the uterus and ovaries) can be tailored based on the cancer's stage and the patient's personal circumstances, including their desire for fertility preservation.
15	<b><i>Lynch syndrome increases the risk of colorectal cancer only, and genetic testing is deemed necessary only if one already has colorectal cancer.</i></b>	Lynch syndrome not only increases the risk of colorectal cancer but also elevates the likelihood of other cancers such as endometrial and ovarian. Genetic testing is recommended not only for individuals with colorectal cancer but also for those with a family history of cancer or who develop endometrial or ovarian cancer at a young age. It is essential to understand that having Lynch syndrome does not guarantee that cancer will occur. However, taking preventive measures and undergoing regular check-ups can help manage and reduce the risk associated with testing positive for Lynch syndrome?
16	<b><i>Endometrial cancer treatments restrict future sexual activity.</i></b>	Patients treated for early-stage endometrial cancer with surgery, particularly a simple hysterectomy (removal of the uterus and cervix), may experience changes in their sexual health, but this does not require restricting sexual activity. Many women are able to maintain sexual activity after treatment, with options such as vaginal dilators, lubricants, and estrogen treatments often used to help manage any changes. Additionally, counseling with a sexologist may help address patients' concerns and improve their overall sexual well-being. Both patients and their doctors should talk openly about possible solutions.