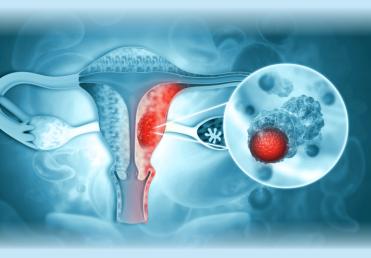
Q.7 Is follow-up needed after completion of the treatment?

Ans-Yes, every cancer needs follow-up because there is always a chance of recurrence even after completion of the treatment. Regular follow-up helps in detecting recurrence early. So all patient needs regular checkups once every three months for 2 years, once in every 6 months after 2 years till 5 years and then annually for life long.



Endometrial cancer is good behaving cancer if treated in the early stage. So don't Neglect

Your symptoms.



- Anaesthesia
- Cardiology
- · Chest & Respiratory
- CTVS
- Dental
- Dermatology (Skin & V.D.)
- Dialysis
- ENT
- Gen. & Laparoscopic Surgery
- Gynaecology & Obstetrics
- Internal Medicine
- Joint (Knee & Hip) Replacement
- Medical Gastroenterology
- Nephrology

- Neuro Surgery
- Neurology
- Gynae Oncology
- Ophthalmology (Eye)
- Orthopaedics
- Paediatrics & Neonatology
- Paediatric Surgery
- Paediatric Hemato Oncology
- Pain Management
- Physiotherapy & Rehabilitation
- Plastic Surgery & Reconstruction
- Rheumatology
- Surgical Gastroenterology
- Urology
- Psychiatry

FREE HOME SAMPLE COLLECTION AVAILABLE UPTO 15 KM.









BLOOD BANK









SHREE AGGARSAIN INTERNATIONAL HOSPITAL

Managed by: Shree Aggarsain North Ex. Welfare Society (Regd.)



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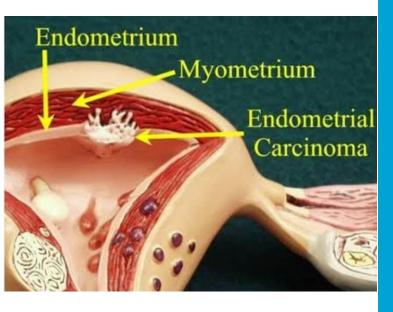
FAQs Endometrial Cancer



Dr. RENUKA GUPTA

MBBS, MS (Obs & Gynae), FMAS, Fellowship Gynae Oncology Sr. Consultant - Gynae Oncology

is cancer of uterine lining.



Q.1 What are the symptoms of endometrial cancer?

Ans-Abnormal vaginal bleeding like heavy menstrual bleeding or post-menopausal bleeding are the most common early symptoms.

Q.2 Which females are at risk for endometrial cancer?

Ans- Patients who are obese, hypertensive, or diabetic. Patients with a history of Polycystic ovaries, postmenopausal

patients on long-term estrogen therapy, and patients with carcinoma breast on hormonal therapy are at risk of endometrial cancer. Patients with a family history of ovarian/breast / endometrium or colon cancer.

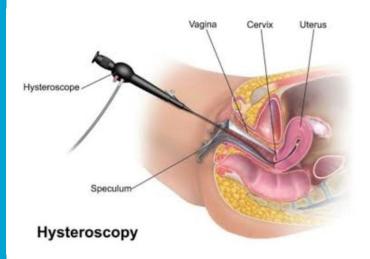
Q.3 Do genetics play a role in endometrial cancer?

Ans-yes 5-10% of cases of carcinoma endometrium are familiar, they have some genetic mutations which are a predisposing factor for endometrial, colon, ovarian, and breast cancer.

Q.4 Does HRT increase the risk of endometrial cancer?

Ans-Yes, unopposed estrogen therapy without progesterone therapy can increase the risk of endometrial cancer.





Q.5 What are the ways for preventing or early detection of endometrial cancer?

Ans-Do not neglect the abnormal vaginal bleeding in the perimenopausal age group. Do not start any blind hormone therapy without D&C and biopsy report in case of abnormal bleeding in this age group. Annual ultrasonography after the age of 40 years in patients with a family history of endometrial, colon, and breast or ovarian cancer.

Q.6 What is the treatment of endometrial cancer?

Ans-Surgery is the treatment of choice in early-stage endometrial cancer. Postoperative management like observation/adjuvant radiotherapy and /or chemotherapy is decided according to the final histopathology report. In the advanced stage, only chemotherapy may be given.