Menopause and gynecological conditions:
Corpus uterine cancer

Worldwide, about 420,000 new cases of corpus uterine cancers are diagnosed each year.

Endometrial cancer

- **Premenopausal women** with low-risk endometrial cancer may consider ovarian-sparing surgery to prevent surgical menopause
- Women with low- or intermediate-risk endometrial cancer who are premenopausal or symptomatic should discuss systemic or vaginal **menopausal hormone therapy** (MHT), as current evidence does not indicate increased recurrence risk
- In high-intermediate or high-risk, hormone receptor-negative tumors, MHT decisions should be individualized after discussing risk and benefits
- MHT is not recommended for women with high-risk, advanced or metastatic hormone receptor-positive disease
- In women with **Lynch syndrome**, MHT can be considered after hysterectomy, as it does not increase breast cancer risk

Uterine sarcomas

- Uterine **leiomyosarcomas** can be hormone sensitive, and therefore MHT should be avoided
- Women should avoid MHT after treatment for **endometrial stromal sarcomas**, unless the individual benefits clearly outweigh the risks
- No data are available about the effects of MHT on smooth uterine muscle tumors of uncertain malignant potential (**STUMPs**)

Women with uterine cancer should be referred to specialist services in accordance with local guidelines.

Further information

British Gynaecological Cancer Society and British Menopause Society (2024). Guideline: Management of menopausal symptoms following treatment of gynaecological cancer https://www.bgcs.org.uk/wp-content/uploads/2024/09/BGCS-BMS-Guidelines-on-Management-of-Menopausal-Symptoms-after-Gyneaecological-Cancer-09.09.24.pdf

Zhu et al. (2024). Global burden of gynaecological cancers in 2022 and projections to 2050 https://doi.org/10.7189/jogh.14.04155

US National Comprehensive Cancer Network. Guidelines: Treatment by cancer type https://www.nccn.org/guidelines/category_1

European Menopause and Andropause Society EMAS