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For Further information:

Speak to your clinician

https://www.nhs.uk/conditions/womb-cancer/causes/

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can send us your comments or suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our websites at:

Chelsea and Westminster Hospital
www.chelwest.nhs.uk/pals

West Middlesex University Hospital
chelwest.wmpals@nhs.net

We value your opinion and invite you to provide us with feedback.

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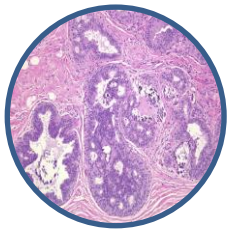
Endometrial Atypical Hyperplasia

Information for patients about Endometrial Atypical Hyperplasia



What is Endometrial Atypical Hyperplasia

Endometrial atypical hyperplasia (AH) is a condition which leads to excessive thickening of the lining of the womb because of overgrowth of the cells of the endometrium'. These cells are abnormal and risk developing into endometrial cancer if left untreated.

What are the symptoms?

- Vaginal bleeding after the menopause
- Abnormal vaginal bleeding before the menopause.

What are the risk factors?

Endometrial hyperplasia is often caused by an imbalance between the hormones oestrogen and progesterone. This can be caused by:

- Obesity
- Oestrogen Therapy with no / insufficient progesterone therapy
- Tamoxifen
- Polycystic ovarian syndrome
- Ovarian tumours that release oestrogen
- if you have not been pregnant
- Diabetes

In some cases none of these risk factors exist and the cause is unknown.

How is it diagnosed?

Atypical hyperplasia is diagnosed after biopsy of the endometrium.

The following tests may also be involved in diagnosis

- Ultrasound Scan
- Hysteroscopy
- MRI scan

Risk of developing into cancer

Approximately 40% of patients diagnosed with atypical hyperplasia may have concurrent cancer of the womb, and the remaining 60% to 70%have a very high risk of cancer development. The exact risk depends on the individual patient's circumstances according to Cancer Research UK. Available at Uterine cancer statistics | Cancer Research UK

This is why surgery to remove the womb is recommended. Thankfully surgery is curative for most women as even when endometrial cancer is found following hysterectomy it is very early.

What is the treatment?

- For most people the recommended treatment of atypical hyperplasia is surgery.
- Surgery is the preferred option because atypical hyperplasia will usually return once other treatments are stopped.
- The recommended surgery is total hysterectomy with/without both ovaries and fallopian tubes.
- **Surgery**
- 40% of women who have been diagnosed with Atypical Hyperplasia and who go on to have surgery have a final diagnosis of Early Endometrial Cancer. This is why a Hysterectomy is considered the Gold Standard treatment and is curative.
- If you are recommended to undergo hysterectomy your clinicians will give you more information about the procedure and recovery

What other options are available?

For some people surgery may not be suitable or the best option. Examples of when this may be the case:

- The risks of surgery would outweigh the benefits
- The person wishes to retain fertility

In these specialised cases the Gynaecology team will discuss the best options with you.

Options include

- Hormone releasing Intrauterine System (commonly known as a Mirena Coil) and/or
- Systemic Progesterone therapy (tablets)

Repeat endometrial sampling at intervals would be required to monitor the response to treatment.

What if I still wish to have children?

If you are diagnosed with atypical hyperplasia and wish to retain your fertility you will be advised to have investigations to rule out existing cancer. These may include

- Ultrasound Scan
- MRI scan
- Blood tests

Following this; the recommended treatment is with a Mirena which is a small device inserted into the uterus which releases progesterone.

After insertion you will be recommended to have repeat biopsies every 3 months until the endometrial cells are normal.

It is recommended that you do not try to conceive until the endometrial cells are shown to be normal on biopsy.

You may be referred to a fertility specialist to consider fertility treatment.

Once fertility is no longer required a hysterectomy is usually recommended due to the high risk of atypical hyperplasia returning.

For more information on Endometrial Cancer please go to: Womb cancer | Macmillan Cancer Support