Endometrial cancer care at UCLA is part of an environment of innovation, where the latest therapies are offered while new techniques are developed and tested to further improve patient outcomes. Patients benefit from the most advanced treatments available along with access to clinical studies testing new therapies.

The most common type of gynecological cancer, endometrial cancer forms in the tissue lining the uterus. While it has been linked with various risk factors, including obesity, diabetes, hormonal imbalance, early onset menstruation and late menopause, the mechanisms leading to development of endometrial cancer are still poorly understood.

Primary treatments for endometrial cancer include surgery, hormonal therapy and radiation. Surgical treatment is the most definitive endometrial cancer treatment to date.

At UCLA, surgical treatment of endometrial cancer is usually done with robotic techniques, unless circumstances call for an open procedure. The robotic procedure offers improved visualization and precise control while providing the advantages of a minimally invasive procedure, including faster recovery time and reduced postoperative pain. UCLA gynecological oncologists adopted robotic techniques early and are among the most experienced in their use, producing excellent results.

Subspecialists contribute a range of expertise

Physicians at UCLA collaborate across medical disciplines to offer the best care available for women with endometrial cancer. This team of physicians includes specialized pathologists providing diagnostic insights, surgeons skilled in the latest robotic techniques, radiation oncologists equipped to deliver the most advanced therapies and medical oncologists with the experience to recommend the most appropriate treatments.

In addition to providing the most current therapies, UCLA gynecologic oncologists are pursuing additional treatment options through research, including an effort to use biopsied cells to predict which women will respond to progesterone therapy. “A hormonal treatment of this type has been around for decades. The problem is that no one has ever understood why it is effective for some patients and not for others” explains Sanaz Memarzadeh, MD, PhD, assistant professor in the UCLA Division of Gynecologic Oncology. “The focus of our current research has been to develop a strategy where we can determine before even treating patients if they are likely to respond to hormones and ways of enhancing response to this well-tolerated, non-radical treatment.”
UCLA is also pioneering the use of sentinel lymph node biopsy at the time of surgery for uterine cancer. This technique may be able to reduce morbidity such as lymphedema and painful leg swelling following lymph node sampling.

**Advanced pathology testing**

UCLA pathologists are able to perform advanced tests to help clinicians tailor care to individual patient's needs. These tests can prove useful, for example, in helping determine which patients can benefit from primary treatment with hormone therapy. UCLA pathologists can perform molecular diagnostic tests for microsatellite instability (MSI), indicating DNA damage due to a failure of the normal repair process. Testing for other molecular markers such as PTEN and KRAS are also available. Hormone receptor status analysis quantifies tumor cell estrogen or progesterone receptors.

UCLA's capability to perform advanced pathology testing in-house allows for faster turnaround times and enables the same pathologist who makes the cancer diagnosis to interpret results and share findings in a multidisciplinary tumor board.

**Radiation oncology**

UCLA radiation oncologists employ a number of therapies designed to eliminate the cancer cells that remain after surgery while exposing adjacent healthy tissue to as little radiation as possible. It has access to the widest array of sophisticated technologies including Varian TrueBeam™, Novalis Tx™ and TomoTherapy®, and will soon be one of a few departments in the country to have ViewRay™.

These technologies allow sophisticated treatments like intensity modulated radiation therapy (IMRT) image guided radiation therapy (IGRT) and stereotactic body radiation therapy (SBRT).

UCLA is also at the forefront of brachytherapy, with a dedicated treatment suite, and is pioneering the development of image-guided brachytherapy (IGBT) to ensure optimal radiation distribution while limiting exposure to normal healthy tissues.

**Research to expand treatment options**

UCLA gynecologic oncology physicians are exploring ways to offer better treatment options to women who suffer from endometrial cancer.

An area of active research at UCLA aims to develop a way to identify which endometrial cancer patients will respond to treatment with progesterone hormonal therapy. Progesterone therapy is a well-tolerated alternative to surgery or chemotherapy that does not destroy a woman's future fertility. But the treatment is successful in only up to 50 percent of women and there is currently no way to predict clinical response.

UCLA physician/scientists are trying to develop a biopsy-based office test that can predict if a patient's endometrial cancer can be successfully treated with progesterone. They are conducting clinical studies involving endometrial cancer patients as part of their research.