

Understanding Uterine Cancer: Warning Signs, Treatment, Outcomes and More

CU Anschutz Cancer Center gynecologic oncologist Christine Walsh, MD, MS, explains the fourth most common cancer among U.S. women.

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[Uterine cancer](#) is the [fourth most common cancer](#) among women in the United States, after breast, lung, and colorectal cancer, and the most common gynecologic cancer. And, unlike most other forms of cancer in the U.S., rates of uterine cancer diagnoses and deaths are rising.

Yet the [International Gynecologic Cancer Society](#) and other groups say uterine cancer is associated with low awareness levels compared to other cancers, a disproportionate impact among underrepresented racial and ethnic groups, and misconceptions and stigma surrounding the disease that may lead to delays in seeking care.

To learn more about uterine cancer, we turned to [University of Colorado Anschutz Cancer Center](#) member [Christine Walsh](#), MD, MS, a professor in the [CU Anschutz Department of Obstetrics and Gynecology](#) who was recently appointed chief of the department's [Division of Gynecologic Oncology](#). She holds the Don and Arlene Mohler-Johnson Family Chair in ovarian cancer.

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What is uterine cancer?

Uterine cancer arises from the uterus – the womb, where women carry pregnancies. There are two types: endometrial cancer, which happens on the inner lining of the uterus, and, more rarely, uterine sarcomas that happen in the muscular wall or supportive tissues of the uterus. About 90% of uterine cancers are endometrial and 10% are sarcomas. There are about [68,000 new cases](#) per year of uterine cancer in the United States.

How is it usually detected, and is it usually diagnosed at an early stage?

Because uterine cancer has a very reliable warning sign, it tends to be diagnosed at the earliest [stages](#). About 60% to 70% are diagnosed at stage 1, which means the cancer is confined to the

uterus and has not spread.

The main warning sign is unusual bleeding. A woman who is premenopausal might have abnormal periods, or heavy and irregular bleeding. In a patient who is postmenopausal, any bleeding after menopause is abnormal, so that's usually an alarming sign that gets somebody to go see their doctor, which gives us the opportunity to diagnose cancer at an earlier stage.

Sometimes, uterine cancer can cause pressure symptoms on the bladder or bowels, or cramping in the pelvis. But abnormal bleeding is the most common warning sign.

How is uterine cancer usually treated?

It depends on the stage. Someone with stage 1 endometrial cancer usually is treated with a hysterectomy, a surgery to remove the uterus, and removal of the tubes and the ovaries. And then we will do biopsies from lymph nodes, which is the most common place where this type of cancer can spread. Most women can have this surgery done as a minimally invasive procedure, where they can go home the same day.

If there's a more advanced diagnosis, sometimes the hysterectomy will be done as an open procedure, meaning there's an incision on the belly and you stay a few days in the hospital. And if the cancer is very advanced, meaning it has spread to other places, we could treat with chemotherapy or radiation rather than surgery.

Is there anything that can be done to help a woman with uterine cancer preserve her fertility?

In somebody young who wants to have children, in certain circumstances we can treat with hormones rather than with surgery, so that the uterus can be preserved. But it takes meeting a very specific, narrow set of criteria and requires discussion with the doctor.

Given that uterine cancer is usually detected at an early stage, is the outcome generally favorable after treatment?

Absolutely. For someone who has stage 1 or stage 2 uterine cancer, their survival rate is excellent. Many women go on to live their lives without any problems in the future. But we do have surveillance protocols where we see patients every so often to do an exam, and we ask them to watch out for symptoms. But about 95% of people with an early-stage uterine cancer diagnosis survive the cancer.

The rates of most cancer types are declining in the U.S. How about uterine cancer?

Unfortunately, it's rising in incidence, and there are some disparities. Non-white women with the diagnosis tend to have poorer prognoses. Black women are twice as likely to die from this diagnosis as white women.

It's a very complex picture, but I would say the rising incidence is probably related to

environmental and societal factors. Obesity is a very big driver of risk in this cancer. The disparity and outcomes based on race could be related to access to care, delays in diagnosis, socioeconomic factors, and the tumor biology seems to be different in different ethnic groups.

We see non-white women coming in with more aggressive forms of endometrial cancer, and oftentimes these women have more advanced stage disease by the time they come to get care.

What makes the CU Anschutz Cancer Center a good place to come for treatment of uterine cancer?

We do minimally invasive surgery – both robotic and laparoscopic surgeries – for this cancer. For patients with a more advanced diagnosis who need more care – we call that adjuvant therapy, meaning treatment such as radiation, chemotherapy, or other systemic treatments afterwards – we have incorporated new therapies that are becoming available based on [clinical trials](#) that we participate in that have changed the standard of care.

We also do molecular profiling on all patients who have uterine cancer surgery, which gives us information about the biology of the tumor. And there are ongoing trials using that information to potentially de-escalate therapy, meaning if a patient has a particular molecular profile, we may be able to provide less aggressive treatment and yet not compromise on outcomes.

We're making a lot of progress in learning how certain molecular drivers influence the behavior of tumors, and we're continuing to learn how to use that information to tailor therapy for each patient.

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