Tamoxifen and Uterine Cancer

Postmenopausal women taking tamoxifen should be monitored closely for symptoms of endometrial hyperplasia or cancer.

Premenopausal women treated with tamoxifen have no known increased risk of uterine cancer and as such require no additional monitoring beyond routine gynecologic care.

Women taking tamoxifen should be informed about the risks of endometrial proliferation, endometrial hyperplasia, endometrial cancer, and uterine sarcomas. Women should be encouraged to promptly report any abnormal vaginal symptoms, including bloody discharge, spotting, staining, or leucorrhea.

Any abnormal vaginal bleeding, bloody vaginal discharge, staining, or spotting should be investigated.

Emerging evidence suggests the presence of high and low risk groups for development of atypical hyperplasias with tamoxifen treatment in postmenopausal women based on the presence or absence of benign endometrial polyps before initiation of therapy. Thus, there may be a role for pretreatment screening of postmenopausal women with transvaginal ultrasonography, and sonohysterography when needed, or office hysteroscopy before initiation of tamoxifen therapy.

Unless the patient has been identified to be at high risk for endometrial cancer, routine endometrial surveillance has not been effective in increasing the early detection of endometrial cancer in women using tamoxifen. Such surveillance may lead to more invasive and costly diagnostic procedures and, therefore, is not recommended.

Women at higher risk of endometrial cancer if they:
- Do not ovulate regularly and often miss periods (PCOS)
- Began menstruating before age 12
- Have never been pregnant
- Have a history of infertility
- Are 50 or more pounds overweight
- Have endometrial hyperplasia (abnormal thickening of the endometrium)
- Have late menopause (on average, around age 51)
- Have a history of HNPCC (hereditary nonpolyposis colon cancer)

Tamoxifen use should be limited to 5 years duration because a benefit beyond this time has not been documented.

If atypical endometrial hyperplasia develops, appropriate gynecologic management should be instituted, and the use of tamoxifen should be reassessed. If tamoxifen therapy must be continued, hysterectomy should be considered in women with atypical endometrial hyperplasia. Tamoxifen may be reinstituted following hysterectomy for
endometrial carcinoma in consultation with the physician responsible for the woman’s breast care.

Reference:
ACOG Committee Opinion Number 336, June 2006