Editorial
Volume 15:12, 2021

Journal of Molecular and Genetic Medicine

ISSN: 1747-0862 Open Access

An Editorial on Hereditary Endometrial Cancer

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Editorial

A risk factor is something that increases your likelihood of developing a disease like cancer. The risk factors for various malignancies vary. Some risk factors, such as smoking and sun exposure, are modifiable. Others, such as a person's age or family history, are irreversible. Although certain variables can enhance a woman's risk of developing endometrial cancer, they do not always cause it. Many women with risk factors for endometrial cancer never get the disease. Endometrial cancer affects some women who have no identified risk factors. Even if a woman has one or more risk factors for endometrial cancer, there's no way of knowing which, if any, of them caused her disease. Obesity is a high risk factor for endometrial cancer and has been connected to hormonal alterations, which will be discussed further below. Before menopause, a woman's ovaries produce the majority of her oestrogen. However, adipose tissue has the ability to convert androgens (male hormones) into estrogens. This can have an effect on oestrogen levels, particularly after menopause. More fat tissue can raise a woman's oestrogen levels, increasing her risk of endometrial cancer.

The hormonal balance of a woman's body has a role in the development of most endometrial malignancies. Many endometrial cancer risk factors have an impact on oestrogen levels. The ovaries are the primary source of the two main forms of female hormones, oestrogen and progesterone, prior to menopause. During a woman's menstrual cycle, the balance of these hormones shifts every month. This is what causes a woman's periodic periods and preserves her endometrium in good condition. A shift in these hormones' balance in favour of oestrogen raises a woman's risk of endometrial cancer. The ovaries stop producing these hormones after menopause, but a tiny quantity of oestrogen is still produced naturally in adipose tissue. Estrogen produced by adipose tissue has a greater effect after menopause than it does before. Menopausal hormone treatment is the use of hormones to treat the symptoms of menopause (or sometimes hormone replacement therapy). The hormone oestrogen is a big part of therapeutic treatment. Treatment with oestrogen can help minimise hot flashes, relieve vaginal dryness, and avoid bone thinning (osteoporosis) that might accompany menopause.

In women who still have a uterus, however, consuming oestrogen alone (without progesterone) can cause endometrial cancer. A progestin (progesterone or a medicine similar to it) must be taken in conjunction with oestrogen to reduce this risk. Combination hormone therapy is the term for this type of treatment. Endometrial cancer has a diverse pathophysiology that includes a wide range of histological kinds, microscopical characteristics, pathogenesis, behaviours, and prognosis. Endometrial malignancies are divided into two categories: type I endometrioid tumours are typically low-grade endometrioid tumours that grow from glandular cells in the endometrium's lining and express high levels of oestrogen receptor, with a good prognosis. They account for 80–90 percent of endometrial cancer cases and 40 percent of cancer deaths. Type II endometrial cancers have a serious papillary or clear cell histology, are non-estrogen dependent, and have a more aggressive clinical course with a dismal prognosis than type I endometrial tumours. Mucinous carcinoma, endometrioid carcinoma, serous carcinoma, serous endometrial intraepithelial carcinoma, clear cell carcinoma, neuroendocrine tumour, mixed cell adenocarcinoma is the nine main subtypes of endometrial cancer, according to a recently updated WHO classification. Endometrioid carcinomas are regarded as the prototypical type I tumor, whereas serous carcinomas are regarded as the prototypical type II tumors.

How to cite this article: Rita, Badigeru. "An Editorial on Hereditary Endometrial Cancer." J Mol Genet Med 15 (2021): 527.

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Received 20 December 2021; **Accepted** 25 December 2021; **Published** 30 December 2021