LETTERS

Highlighting obesity as a risk factor for endometrial cancer

On behalf of the Community of Practice in Obesity of the Society of Gynecologic Oncology of Canada (www.g-o-c.org), we thank the authors of the recent guideline on the management of obesity in adults¹ for highlighting the elevated risk of endometrial cancer among women with obesity. Endometrial cancer is the fourth most common gynecologic malignancy in women, with 7400 new diagnoses annually in Canada.² Obesity is one of the most significant risk factors for endometrial cancer: the risk is tripled in women with a body mass index above 30 kg/m².³

We advocate for increasing provider and public awareness of the association between obesity and endometrial cancer. In addition, we want to highlight that abnormal uterine bleeding or postmenopausal bleeding are red flags that require urgent assessment with an office endometrial biopsy. Endometrial biopsy is essential for diagnosis and cannot be replaced by imaging. Furthermore, young women with obesity and irregular menstrual cycles are at an increased risk for the development of

endometrial hyperplasia and cancer. Management strategies for endometrial protection include progestin-containing intrauterine devices⁴ and the oral contraceptive pill.⁵

Aligning with the authors' recommendation to focus on patient-centred health outcomes rather than weight loss alone,¹ such risk-reducing interventions should routinely be offered to women with obesity, particularly in the setting of infrequent (anovulatory) menstrual cycles.

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