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Don't Be
Embarrassed

Staying Silent Can Leave You At Risk
for Endometrial Cancer



LET'S TALK:

Endometrial Cancer Awareness

We've all been there.

You text the wrong group chat or blank on someone's name mid-conversation. You might even smile all day—not knowing you're flashing a bright green spinach leaf caught in your front teeth. Life is full of awkward moments, but when it comes to the health of you and your loved ones, staying silent can have serious consequences.

Let's face it, painful urination and random vaginal discharge aren't subjects just casually mentioned at brunch. Most people will talk about a bad cold or a bad back—but when it comes to certain body parts at a certain age, well, some of us tend to stay silent.

Gynecologic health is never something to be embarrassed about. Ever.

The changes your body goes through before, during, and after menopause can be confusing. That's why we want to encourage you and your loved ones to speak up, because many signs and symptoms of a serious form of uterine cancer called endometrial cancer (EC) can look a lot like menopause.

But with EC, getting diagnosed and treated as early as possible could make a difference.

So let's break the silence, shake off the stigma, and get you the support you deserve.

The GSK Team

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WE UNDERSTAND,

It's Awkward

Whether you're chatting with your doctor, a friend, or a loved one, opening up might feel uncomfortable at first—but it can also be life-changing.

Why It's Important to Speak Up:

Waiting too long to talk about symptoms can delay diagnosis and treatment. Sharing what you're going through may help you feel more understood, ease anxiety, and get the appropriate care you deserve.

Every honest conversation chips away at the silence around gynecologic health, so if you speak up, others may feel encouraged to do so as well.



Tips for Getting Past the Awkward:

- Start small. "Hey, can I talk to you about something kind of personal?" is a perfectly fine opener
- Use humor if it helps. "I know this may be TMI, but my downstairs department has notes"
- Practice with someone you trust. Even if it's your cat (no judgment!)
- Write it down. If you can't say "discharge" out loud without cringing, put it on paper and slide it across the exam table like a spy
- Remember: You matter. And so does your story—even the awkward chapters
- Keep in mind that doctors have heard it all. Seriously—you're not shocking them

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What is Endometrial Cancer (EC)?

EC is serious and mostly affects women over 45. If you have a uterus, you are at risk. EC is the most common form of gynecologic cancer in the US with 62,000 new cases estimated to be diagnosed in 2025. That's more than 160 women every single day—about 1 every 9 minutes—receiving a life-altering diagnosis. In the US alone, nearly 12,500 women will die from EC this year. We want to avoid one of these women being you, or someone you love.

What the Heck is the Endometrium?

The endometrium is the lining of the uterus. Throughout each menstrual cycle, the endometrium changes. Typically, once a month, it thickens to prepare for a possible pregnancy. If there is no pregnancy, the lining thins and sheds as a menstrual period.

What Exactly is Menopause?

Many people use menopause to describe a whole phase of change, but technically, menopause is just one point in time when someone has gone 12 months without a period. The symptoms, however, can start before and last well after. That's why we'll use the term **Transition to Menopause** to refer to the full experience, including perimenopause and postmenopause.

IMPORTANT TERMS TO KNOW

Perimenopause: Refers to the body's natural Transition to Menopause, usually 3 to 5 years before menopause and is often marked by many of the symptoms of menopause

Menopause: The point in time when a person has gone 12 straight months without a menstrual period, marking the end of reproductive years

Postmenopause: Refers to the time after menopause

Hormone: A substance (such as estrogen and progesterone) produced in the body and transported to control specific cells, tissues, or organs

Estrogen: Often called the female sex hormone. In women, estrogen levels normally cycle on a monthly schedule to regulate menstruation and prepare the body for fertilization and reproduction. Estrogen may promote the growth of cancer cells

Progesterone: A female sex hormone released during every menstrual cycle to prepare the uterus for pregnancy and the breasts for milk production

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It's Time to Learn About Risk Factors

Many EC risk factors—like obesity and having an early first period and/or late menopause—are linked to excess exposure to estrogen without enough progesterone to balance it. This hormone imbalance can cause the lining of the uterus to build up too much, which over time may lead to cancer.

- If you're menopausal and taking estrogen-only hormone replacement therapy to alleviate symptoms, you may be at an increased risk of developing EC
- Higher body weight and diabetes may put you at a higher risk for EC
 - In the US, 57% of cases of EC are attributed to obesity
 - Obesity is more strongly associated with EC than any other cancer type
- Additional risk factors include:
 - Advanced age
 - Early menarche (first period) and/or late menopause
 - Family history
 - No history of pregnancy
 - Cowden syndrome
 - Lynch syndrome
 - Polycystic ovary syndrome

Nearly

70%

of people with EC were diagnosed at an early stage due to warning symptoms like abnormal or postmenopausal bleeding. These early detections led to a **95% chance of surviving the cancer for at least 5 years**

Around

37%

of women didn't recognize postmenopausal bleeding as a symptom of EC. People diagnosed with distant EC, which means it had spread outside of the endometrium, had worse outcomes, with less than a **19% chance of surviving the cancer for at least 5 years**

Postmenopausal bleeding is often associated with benign conditions as well, like endometrial polyps or use of hormone therapy. If you have abnormal bleeding, it's recommended that you see your doctor to determine the cause.

IMPORTANT TERMS TO KNOW

Cowden Syndrome: A condition in which noncancerous growths appear on the skin and around the mouth

Lynch Syndrome: An inherited condition that increases the risk of certain types of cancer

Polycystic Ovary Syndrome: A problem with hormones where small sacs of fluid develop along the outer edge of the ovary

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Signs and Symptoms of EC

TRANSITION TO MENOPAUSE vs EC:

Are These Symptoms? What Could They Mean?

SYMPTOM	TRANSITION TO MENOPAUSE	EC	WHAT IT COULD MEAN
Irregular vaginal bleeding	Yes	Yes	Irregular bleeding in perimenopause and any postmenopausal bleeding could be a sign of something wrong, including EC, and should be discussed with your doctor.
Pelvic pain	Occasionally	Yes	Persistent pelvic pain (soreness, discomfort, or a feeling of fullness in the pelvis) is less common in the Transition to Menopause and may indicate EC.
Unintentional weight loss	No	Yes	Weight gain is common during the Transition to Menopause, while unintentional weight loss (losing weight despite no changes in diet or lifestyle) can be a sign of EC.
Weight gain	Yes	Possibly	Weight gain is common during the Transition to Menopause; however, obesity is a significant risk factor for EC.
Vaginal discharge	Yes	Yes	While changes in discharge can occur during the Transition to Menopause, abnormal discharge may be a sign of EC.
Gastrointestinal symptoms	Yes	Yes	Older women with EC had a higher incidence of gastrointestinal symptoms (bloating, constipation, and diarrhea) than similar women without cancer.

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Signs and Symptoms of EC (cont'd)

Three Key Symptoms of EC

1



Abnormal Vaginal Bleeding

While irregular bleeding is common during perimenopause, if you experience that you should tell your healthcare team immediately, as well as if you experience even light spotting or abnormal bleeding after menopause.

2



New or Unusual Discharge

The Transition to Menopause can cause dryness, but abnormal vaginal discharge is not typical and may signal a problem like EC.

3



Persistent Pelvic Pain

The Transition to Menopause might bring general discomfort, but ongoing pelvic pressure, bloating, or pain—especially if it's new—shouldn't be dismissed.

- About 90% of women with EC experienced abnormal bleeding
- Approximately 9% of women who saw a doctor for postmenopausal bleeding later received a diagnosis of endometrial cancer
- Pelvic pain and spotting aren't just symptoms of the Transition to Menopause; they may be signs of EC or other conditions

The Joys of Menopause Continue!

If symptoms during your Transition to Menopause feel unusual or abnormal, it may be more than menopause. Trust your intuition. Listen to your body and talk about it.

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Let's Talk—Your Discussion Guide

Not sure how to start the conversation about your body? These questions may be a good place to start.

Possible Questions to Ask Your Doctor



- "My periods have changed (more or less frequent, heavier or lighter, more painful, and/or bleeding in between periods); should I be concerned?"
- "My discharge looks different (in color or texture or amount); is that normal?"
- "What are the early signs of endometrial cancer (EC)?"
- "I've had spotting after menopause—what should I do?"
- "Does my family medical history increase my risk of EC?"
- "I've been having pelvic pain (it just feels different than usual); what can that mean?"
- "Is it normal to feel pressure or pain in my lower belly, even when I'm not on my period?"
- "Is constipation or feeling nauseous a normal part of menopause?"
- "Are changes in bowel habits ever linked to EC?"



Your Uterus Deserves 5-Star Service

If your doctor's response doesn't sit right, skip writing a bad online review and get a second opinion.

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Let's Talk—Your Discussion Guide (cont'd)

Talking to Loved Ones About What You're Going Through



You don't need to have it all figured out. Try:

"I have something personal going on and I'd like your support."

"I'm feeling overwhelmed—would you come with me to an appointment?"

"Can I vent for a second? I don't need advice, just someone to listen."

Before Your Appointment, Bring:



- A list of your current medications and supplements (even vitamins!)
- Any known family history of cancer or reproductive health issues
- A notebook or notes app to track your symptoms and jot things down during the visit
- A person for moral support, if possible—an extra set of ears may help



Tips for a Better Conversation With Your Doctor

- Be honest—even if it feels awkward or emotional
- Tell them if you're nervous, confused, or overwhelmed
- Don't be afraid to say, "Can you explain that again or in another way?"
- Ask for handouts or resources you can read later
- Refer to your symptom tracker (see above) to note the frequency and severity of any issues
- Remember: there are no "silly" questions when it comes to your health

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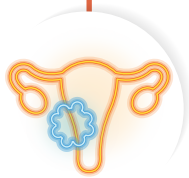
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How Friends & Family Can Help

If you're reading this, chances are you have a mother, aunt, sister, or friend who might be at risk for EC. Maybe you've noticed that they don't seem like themselves, or maybe you just want to be there for them in case they ever need support.

Sometimes, the people we love most are also the least likely to bring up what's bothering them—especially when it involves *that* part of the body. But your support could be the gentle nudge they need to be vulnerable.

Signs a Loved One May Be Experiencing Symptoms



They might not say anything directly, but you may notice:

- Questions about unusual vaginal bleeding
- Complaints about pelvic pain (soreness, discomfort, or a feeling of fullness in the pelvis) or pressure
- Change in weight
- Bloating

Showing Up Goes a Long Way

Bottom line, you don't have to have all the answers. Just being there, listening, and reminding them they're not alone can make all the difference.

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How Friends & Family Can Help (cont'd)

How to Start the Conversation (Without Making It Weird)



“You know, I’m always here to listen. If anything is bothering you, it may help to talk about it.”

“It looks like there’s been something on your mind lately. Is there anything I can help you with?”

“Hey, I’ve noticed you’ve been dealing with [insert observation]—want to talk about it?”

“I know this might feel uncomfortable, but your health really matters to me. How have you been lately?”

“Want me to go with you to a doctor’s appointment? No pressure—just offering.”

“This is your business, but I care about you and don’t want you to ignore anything serious.”



Tips to Help Them Get Past the Awkward

- Keep it light if you can. (“Look, I’m not trying to be Dr Google, but... you okay?”)
- Share stories. Sometimes sharing your own health issues makes it less scary for them to do the same
- Offer support, not judgment, even if they’re nervous or unsure
- Make it normal. Gynecologic health shouldn’t be taboo—we just don’t talk about it enough
- Be patient. It might take a few tries or some time before they’re ready to talk. That’s okay; don’t push it if they are not ready to talk about it

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Speak Up, Your Health is Worth the Conversation

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Whether you're worried, curious, or just paying attention to your body, you're already taking the right first step.

There's no shame in speaking up. There's power in it. Start the conversation. Ask the questions. And most importantly—**don't wait!**

More Questions?

Reach Out to These Support Groups

Facing Hereditary Cancer EMPOWERED (FORCE)

facingourrisk.org

SHARE Cancer Support (SHARE)

sharecancersupport.org

Endometrial Cancer Action Network for African Americans (ECANA)

ecanawomen.org

Uterine Cancer Awareness Network (UCAN)

uterinecancerawarenessnetwork.org

Project Nana (PN)

projectnana.org

For additional information on endometrial cancer please visit the sites above. Eligibility restrictions on their support services may apply and are subject to change at any time. These resources are independent from GSK; they are not controlled or endorsed by GSK and GSK is not responsible for their content.

LEARN MORE AND SEE WHAT THE CAMPAIGN IS ALL ABOUT AT
DontBeEmbarrassed.com

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