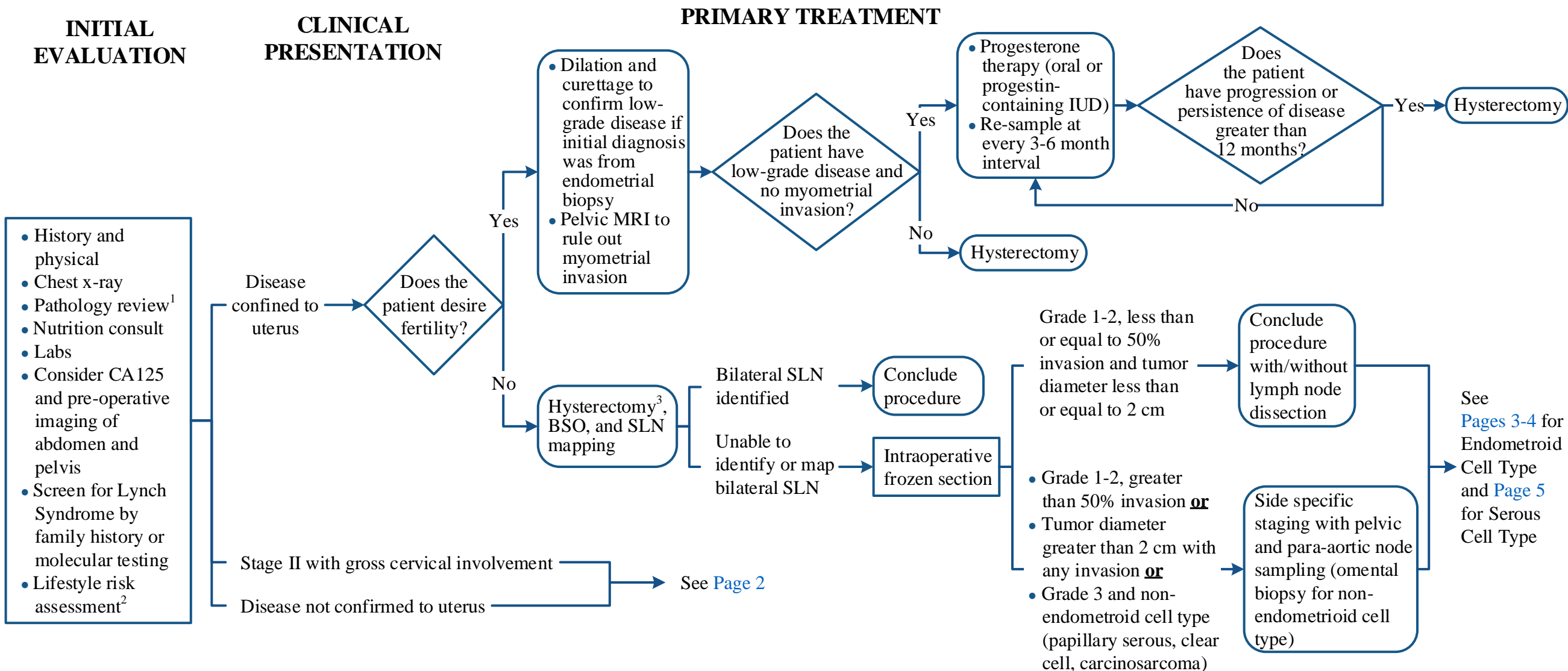


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Note: If available, clinical trials should be considered as preferred treatment options for eligible patients (www.mdanderson.org/gynoncctrials). Other co-morbidities are taken into consideration prior to treatment selection.



¹ See MD Anderson Approved Biomarkers ([Click here](#))

² See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Hysterectomy may be performed through open or minimally invasive techniques based on surgeon/patient discretion

SLN = sentinel lymph nodes

BSO = bilateral salpingo-oophorectomy

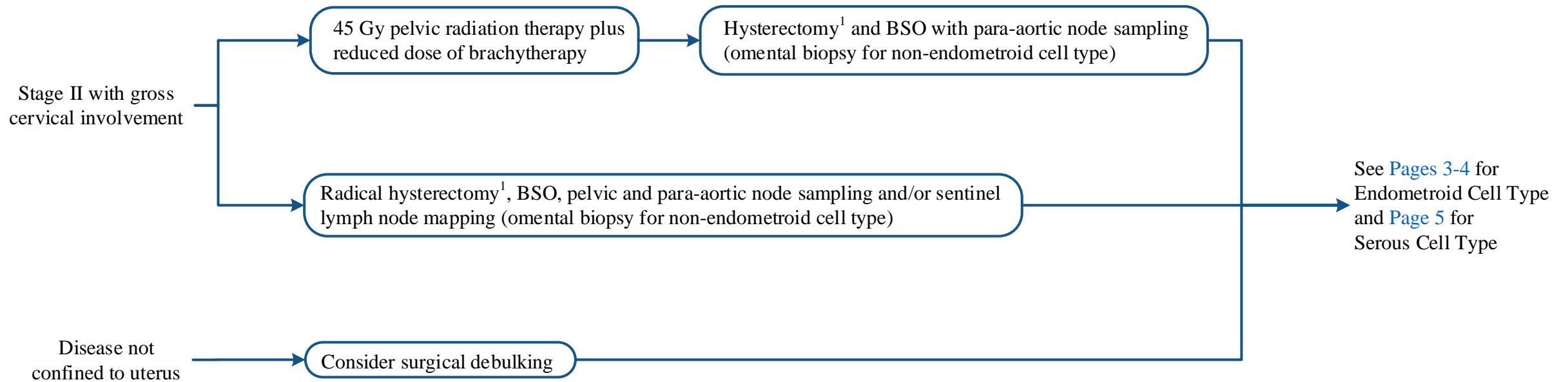
Please refer to American College of Obstetricians and Gynecologists (ACOG) Guidelines for referral

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CLINICAL PRESENTATION

PRIMARY TREATMENT

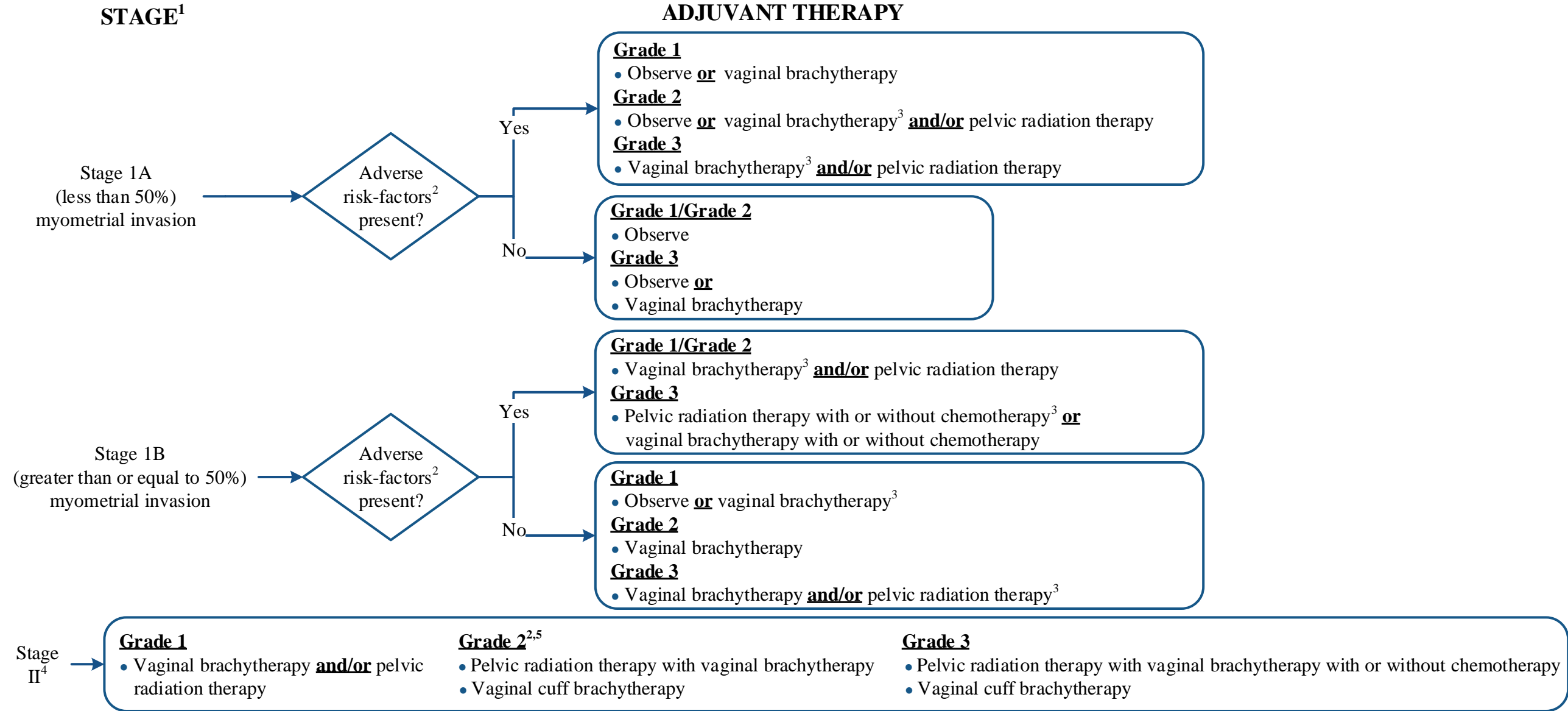


¹ Hysterectomy may be performed through open or minimally invasive techniques based on surgeon/patient discretion

BSO = bilateral salpingo-oophorectomy
 Please refer to American College of Obstetricians and Gynecologists (ACOG) Guidelines for referral

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¹ See Appendix A for FIGO Staging

² Potential adverse risk factors include the following: age, positive lymphovascular invasion, tumor size, and lower uterine (cervical/glandular) involvement

³ Preferred

⁴ Depends on depth of invasion in uterus and cervical stroma plus other risk factors

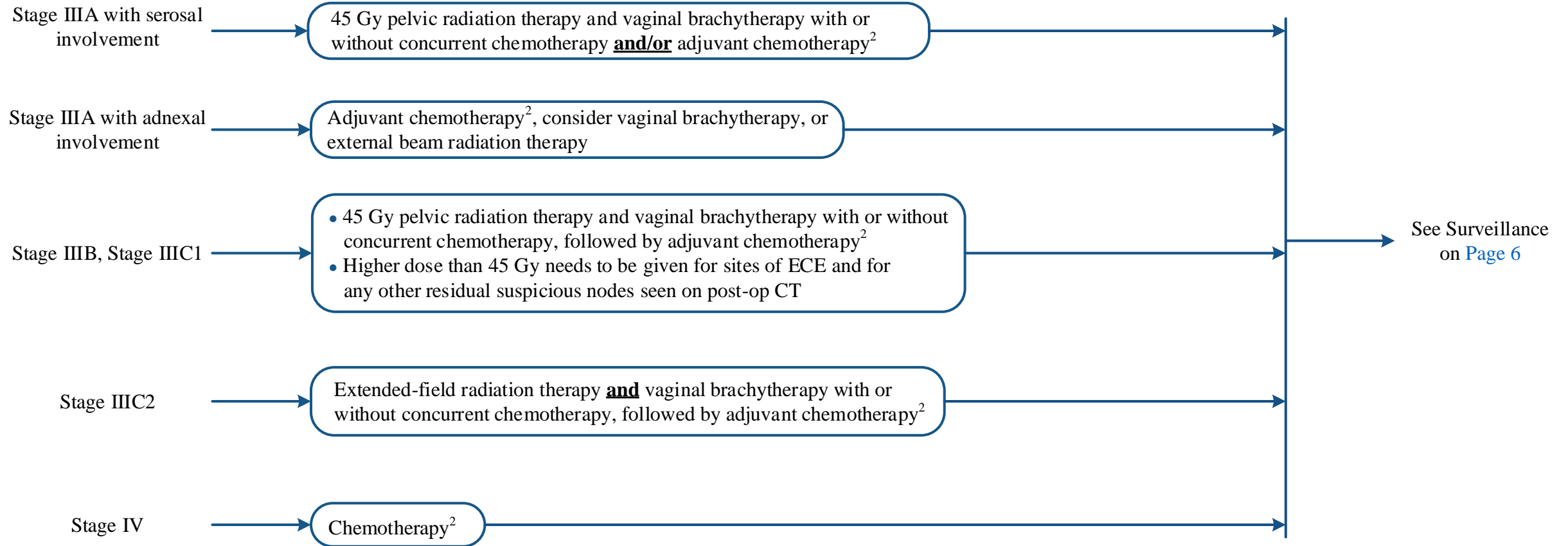
⁵ This does not influence the choice of adjuvant treatment

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STAGE¹

ADJUVANT THERAPY



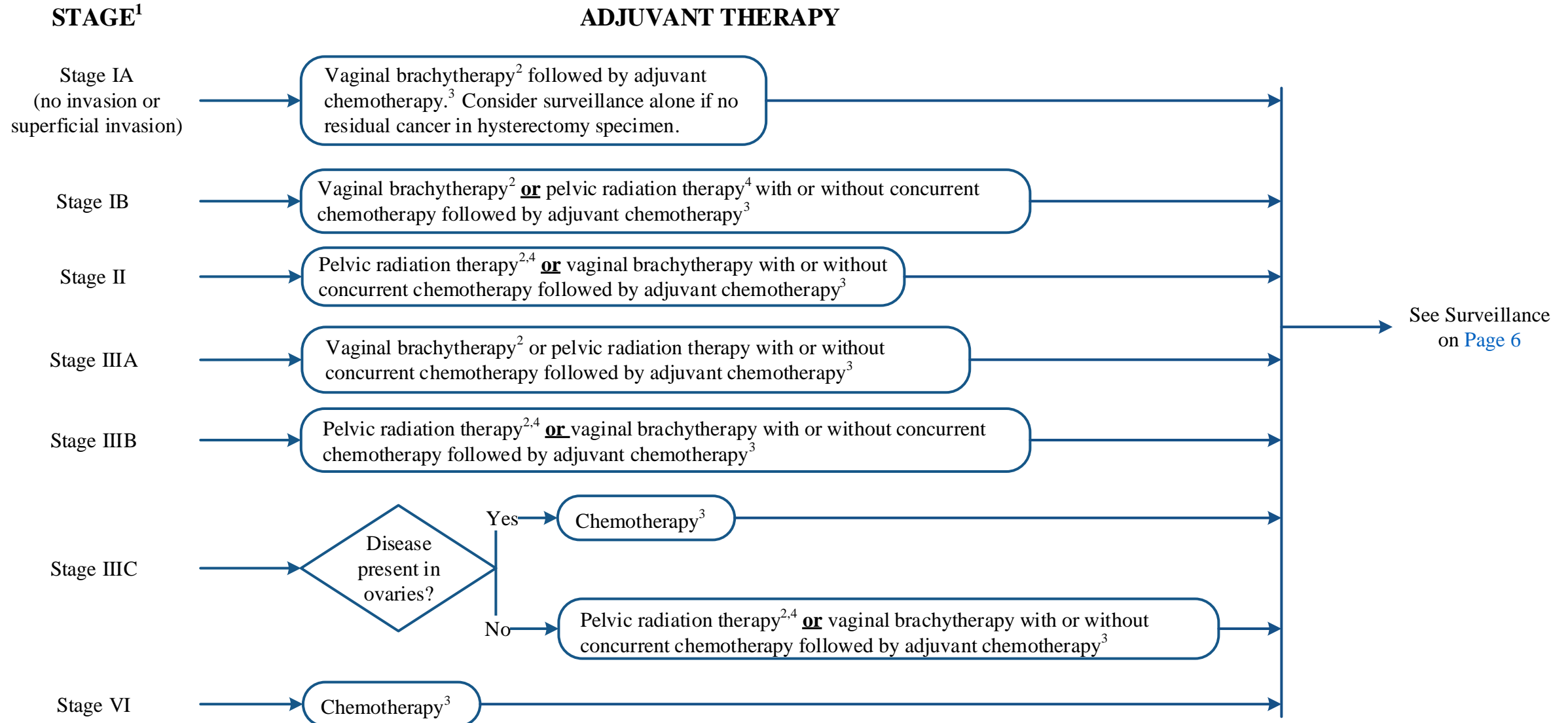
ECE = extra-capsular (nodal) extension

¹ See [Appendix A](#) for FIGO Staging

² See [Appendix B](#) for Systemic Therapy

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¹ See [Appendix A](#) for FIGO Staging

² Preferred

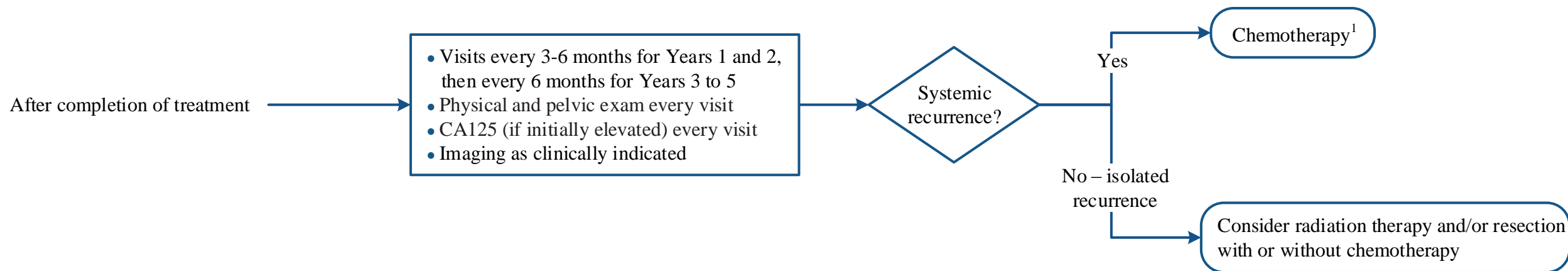
³ See [Appendix B](#) for Systemic Therapy

⁴ Consider concurrent paclitaxel for disease confined to the pelvis

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SURVEILLANCE



¹ See [Appendix B](#) for Systemic Therapy

Please refer to American College of Obstetricians and Gynecologists (ACOG) Guidelines for referral.

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APPENDIX A: International Federation of Gynecology and Obstetrics (FIGO) Staging

Stage	Description
I ¹	Tumor confined to the corpus uteri IA: No or less than half myometrial invasion IB: Invasion equal to or more than half of the myometrium
II ¹	Tumor invades cervical stroma, but does not extend beyond the uterus ²
III ¹	Local and/or regional spread of the tumor IIIA: Tumor invades the serosa of the corpus uteri and/or adnexae ³ IIIB: Vaginal and/or parametrial involvement ³ IIIC: Metastases to pelvic and/or para-aortic lymph nodes ³ IIIC1: Positive pelvic nodes IIIC2: Positive para-aortic lymph nodes with or without positive pelvic lymph nodes
IV ¹	Tumor invades bladder and/or bowel mucosa, and/or distant metastases IVA: Tumor invasion of bladder and/or bowel mucosa IVB: Distant metastases, including intra-abdominal metastases and/or inguinal lymph nodes

¹ Either G1, G2, or G3

² Endocervical glandular involvement only should be considered as Stage I and no longer as Stage II

³ Positive cytology has to be reported separately without changing the stage

APPENDIX B: Systemic Therapy

Multi-agent Chemotherapy	Single Agents
<ul style="list-style-type: none"> • Paclitaxel and carboplatin • Docetaxel and carboplatin • Ifosfamide and paclitaxel (carcinosarcoma) • Cisplatin and ifosfamide (carcinosarcoma) • Cisplatin and gemcitabine • Everolimus and letrozole 	<ul style="list-style-type: none"> • Cisplatin • Carboplatin • Doxorubicin • Liposomal doxorubicin • Paclitaxel • Hormonal agents • Topotecan • Bevacizumab • Temsirolmus • Docetaxel • Ifosfamide (carcinosarcoma) • Pembrolizumab (for MSI-H and MMR-D tumors)

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Endometrial cancer faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following medical, radiation and surgical oncologists.

Michael W. Bevers, MD (Surgery)
Diane C. Bodurka, MD (Dept. of Clinical Education)
Jennifer K. Burzawa, MD (Surgery)
Robert L. Coleman, MD (Gyn Onc & Reproductive Med)
Patricia Eifel, MD (Radiation Oncology Department)[‡]
Nicole Fleming, MD (Surgery)[‡]
Michael M. Frumovitz, MD (Gyn Onc & Reproductive Med)
David M. Gershenson, MD (Gyn Onc & Reproductive Med)
Shonice Holdman, MBA[♦]
Anuja Jhingran, MD (Radiation Oncology Department)[‡]
Ann Klopp, MD (Radiation Oncology Department)[‡]

Charles F. Levenback, MD (Gyn Onc & Reproductive Med)
Karen H. Lu, MD (SVP & CCO Office)
Larissa Meyer, MD (Gyn Onc & Reproductive Med)
Amy Pai, PharmD[♦]
Pedro T. Ramirez, MD (Gyn Onc & Reproductive Med)
Lois M. Ramondetta, MD (Gyn Onc & Reproductive Med)
Aaron Shafer, MD (Gyn Onc & Reproductive Med)[‡]
Pamela T. Soliman, MD (Gyn Onc & Reproductive Med)
Anil K. Sood, MD (Gyn Onc & Reproductive Med)
Shannon N. Westin, MD (Gyn Onc & Reproductive Med)

[‡] Core Development Team Lead

[♦] Clinical Effectiveness Development Team