Endometrial Cancer Screening

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

**Note:** Screening is only intended for asymptomatic individuals. Patient must be a candidate for and is willing to undergo curative treatment. Endometrial cancer screening may continue as long as a woman has a 10-year life expectancy and no comorbidities that would limit the diagnostic evaluation or treatment of any identified problem.

**PRESENTATION**

- Any signs and symptoms\(^1\)\(^2\) for endometrial cancer?
  - Yes: Proceed to diagnostic evaluation
  - No:

**RISK**

- **Increased risk:** Lynch syndrome patients have increased risk, as documented by presence of pathogenic germline mutation in EPCAM, MLH1, MSH2, MSH6, or PMS2; or strong clinical suspicion of Lynch syndrome

**SCREENING**

- Annual screening with:
  - Transvaginal ultrasound
  - Endometrial biopsy
  - Consider hysterectomy and bilateral salpingo-oophorectomy (BSO) once childbearing is complete

**Low risk:** Those patients that do not meet the criteria for increased risk

- Screening not recommended\(^3\)

---

1 Signs and symptoms include:
- Vaginal discharge
- Abnormal uterine bleeding, such as intermenstrual bleeding or postmenopausal bleeding

2 Patients should have any gynecological symptoms promptly evaluated.

3 While it is recognized that women who are overweight/obese, taking tamoxifen or with a prior history of pelvic radiation are at increased risk of endometrial cancer, screening is not recommended for these populations.
SUGGESTED READINGS


Endometrial Cancer Screening

This screening algorithm is based on majority expert opinion of the Endometrial Cancer Screening work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

- Therese Bevers, MD
- Powel Brown, MD
- Brenda Chavez, RN, FNP, BSN, NP, TNCC
- Elise Cook, MD
- Robin Coyne, RN, FNP
- Joyce Dains, MD, PH, JD, RN, FNP-BC
- Molly Daniels, MS, CGC
- Suzanne Day, RN, FNP
- Ernest Hawk, MD
- Tiffany Jackson, RN, FNP
- Mona King, RN, FNP
- Marita Lazzaro, RN, FNP, RNCW, WHNP
- Karen Lu, MD
- Michaelle Moise, RN, MPH, MSN, BSN, BS, FNP, NPCF
- Ana Nelson, RN, MSN, FNP
- Denise Negben, MD
- Lonzetta Newman, MD
- Tilu Ninan, RN, FNP
- Lois Ramondetta, MD
- Gloria Trowbridge, BSN, RN
- Tralynn Victorian, RN, FNP
- Shannon Westin, MD
- Anita M. Williams, BS

†Core Development Team
*Clinical Effectiveness Development Team