

Endometrial Cancer Screening

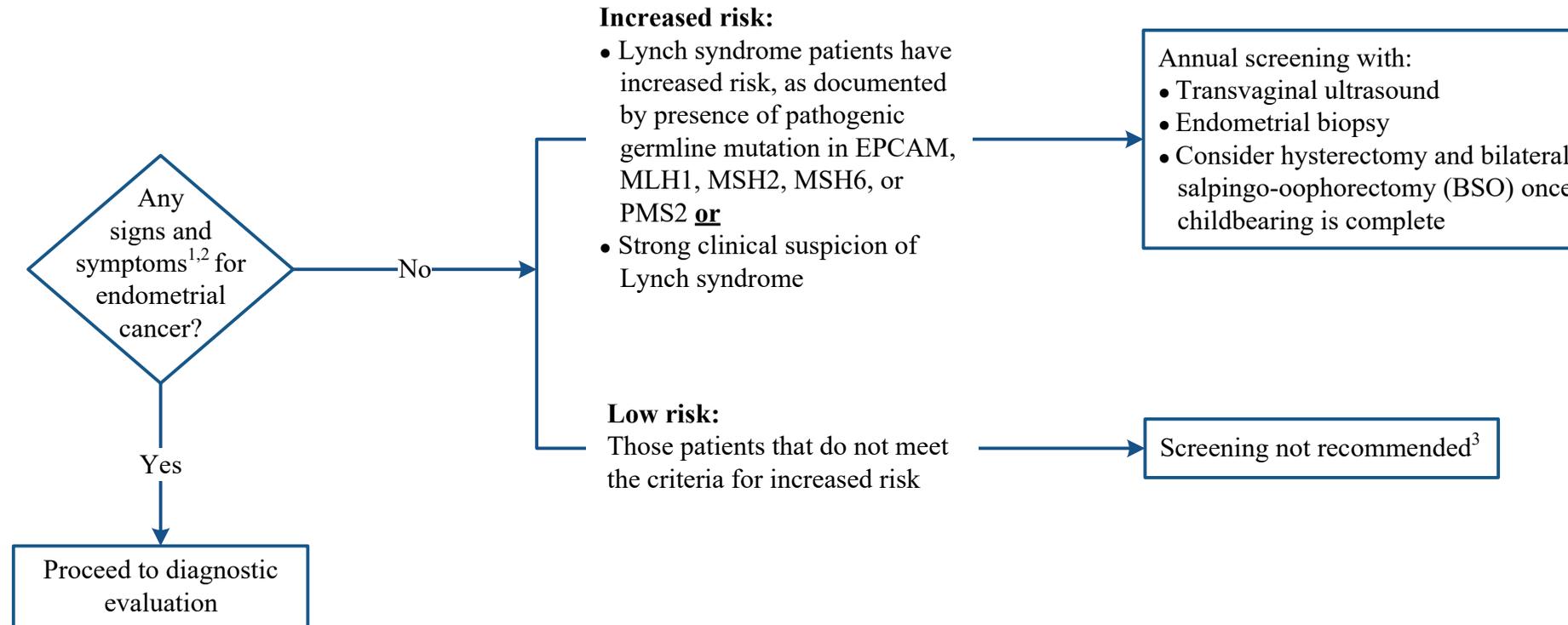
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. 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

RISK

SCREENING



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

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SUGGESTED READINGS

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- National Comprehensive Cancer Network. (2022). *Genetic/Familial High-Risk Assessment: Colorectal*. (NCCN Guideline Version 1.2022). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/genetics_colon.pdf

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DEVELOPMENT CREDITS

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

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