Survivorship – Endometrial Cancer

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**ELIGIBILITY**
- Low or High Risk and NED

**CONCURRENT COMPONENTS OF VISIT**
- Annual history and physical exam with:
  - Pelvic exam
  - CA-125 based on pathology

**SURVEILLANCE**
- Consider the following:
  - Bone Health (see Gynecologic Cancer Survivorship: Bone Health algorithm)
  - Sexual health

**MONITORING FOR LATE EFFECTS**
- Patient education, counseling, and screening:
  - Patient education regarding symptoms including radiation therapy complications if appropriate
  - Lifestyle risk assessment
  - Cancer screening
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
  - Consider cardiovascular risk reduction
  - Genetic screening

**RISK REDUCTION/EARLY DETECTION**
- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Social support
  - Financial stressors

**PSYCHOSOCIAL FUNCTIONING**
- New primary or recurrent disease?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

**DISPOSITION**
- Refer or consult as indicated

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NED = no evidence of disease

1 Low risk endometrial cancer is defined as any patient who did not receive chemotherapy or radiotherapy as adjuvant treatment after their initial surgery. Survivorship begins 3 years post-treatment and NED.

2 High risk defined as patients who received chemotherapy or radiotherapy as adjuvant treatment after their surgery. Survivorship begins 5 years post-treatment and NED.

3 Uterine carcinosarcoma – CA-125 annually

4 High grade, serous types – CA-125 annually, if previously elevated

5 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

6 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, and skin cancer screening

7 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

7 Consider genetic counseling if there has been a significant family history change since the last genetic consult, or if the patient has not previously had genetic counseling and has Lynch Syndrome risk factors. Lynch Syndrome risk factors: personal history of colon or rectal cancer; immediate family (first degree relatives such as parent, child, or sibling) with colorectal or endometrial cancer; immediate or extended family (first, second or third degree relatives including parent, child, sibling, aunt, uncle, nieces, nephews, grandparents, and first cousins) diagnosed before age 50 with colon, rectal or uterine cancer; any relatives tested positive for a Lynch Syndrome mutation (EPICAM, MLH1, MSH2, MSH6, PMS2 genes).

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Approved by the Executive Committee of the Medical Staff on 05/18/2021
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SUGGESTED READINGS


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SUGGESTED READINGS - continued


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DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Gynecologic Survivorship work group 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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