Survivorship – Endometrial Cancer

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**ELIGIBILITY**

- Endometrial carcinoma post-treatment
  - Low1 or High2 Risk and NED

**RISK REDUCTION/EARLY DETECTION**

- New primary or recurrent disease?
  - Yes: See appropriate cancer treatment algorithm
  - No: Continue survivorship monitoring

**SURVEILLANCE**

- Annual physical exam with:
  - Pelvic exam
  - CA-125 based on pathology

**MONITORING FOR LATE EFFECTS**

- Consider the following:
  - Bone Health (see Gynecologic Cancer Survivorship: Bone Health Algorithm)
  - Patient education regarding symptoms including radiation therapy complications if appropriate
  - Sexual health

**PSYCHOSOCIAL FUNCTIONING**

- Patient education, counseling, and screening:
  - 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 (see Genetic Counseling Algorithm)

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management Algorithm)
  - Social support
  - Financial stressors

**DISPOSITION**

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 women who received chemotherapy or radiotherapy as adjuvant treatment after their surgery. Survivorship begins 5 years post-treatment and NED.

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

4. Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

5. 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 (EPCAM, MLH1, MSH2, MSH6, PMS2 genes).
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SUGGESTED READINGS


Ast Bye, Claes Tropé, Jon Hävard Loge, Marianne Hjermstad, Stein Kaasa. (2000). Health-related quality of life and occurrence of intestinal side effects after pelvic radiotherapy:


SUGGESTED READINGS - continued


NCCN Clinical Practice Guidelines in Oncology, Uterine Neoplasm V1.2014


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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