Survivorship – Endometrial Cancer

ELIGIBILITY

SURVEILLANCE

RISK REDUCTION/EARLY DETECTION

MONITORING FOR LATE EFFECTS

PSYCHOSOCIAL FUNCTIONING

Annual physical exam with:
- CA 125 if initially elevated
- Pelvic exam
- Chest x-ray as clinically indicated

Consider the following:
- Breast screening (see Breast Cancer Screening Algorithm)
- Colorectal screening (See Colorectal Cancer Screening Algorithm)
- Diet/weight management
- Exercise/activity (See Physical Activity Algorithm)
- Genetic counseling
- Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)

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

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

Endometrial carcinoma post-treatment
Low1 or High2 Risk and NED

New primary or recurrent disease?

Yes
See appropriate cancer treatment algorithm

No
Continue survivorship monitoring

Yes
No

Refer or consult as indicated

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 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).
doi:10.1111/j.1743-6109.2006.00204.x


SUGGESTED READINGS - continued


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

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 core development team:

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