Survivorship – Endometrial Cancer

This cancer survivorship 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. This algorithm is provided for informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

ELIGIBILITY

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

CONCURRENTLY

- Annual physical exam with:
  - Pelvic exam
  - CA-125 based on pathology
- Consider the following:
  - Breast screening (see Breast Cancer Screening Algorithm)
  - Colorectal screening (See Colorectal Cancer Screening Algorithm)
  - Diet/weight management (See Adult Nutrition Algorithm)
  - Exercise/activity (See Physical Activity Algorithm)
  - Genetic counseling
  - Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
  - Tobacco cessation if current smoker or recent quitter (See Tobacco Cessation Algorithm)
  - Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)

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

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

RISK REDUCTION/EARLY DETECTION

- Uterine carcinosarcoma – Annual CA-125
- High grade, serous types – CA-125 if done while followed in Gynecologic Oncology

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 Uterine carcinosarcoma – Annual CA-125
4 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).

For new primary or recurrent disease?

Yes
- See appropriate cancer treatment algorithm

No
- Continue survivorship monitoring

Refer or consult as indicated


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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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