Endometrial Cancer

Disclaimer

This pathway is for patients with suspected or diagnosed endometrial cancer. See also:

Heavy Menstrual Bleeding

Persistent Pelvic Pain

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Red Flags

- Postmenopausal bleeding

Assessment

1. History – Check for:
    - postmenopausal bleeding.
    - intermenstrual bleeding.
    - abnormal vaginal discharge, usually watery or blood-tinged.
    - pelvic pain including dypareunia.
    - unexplained haematuria.
    - unexplained weight loss.

2. Check risk factors for endometrial cancer or hyperplasia. Patients at higher risk are either aged ≥ 40 years, or aged > 35 years with one or more of:
    - BMI > 35
    - ***Unopposed oestrogen exposure***

Unopposed oestrogen exposure

- *Chronic anovulation e.g., polycystic ovarian syndrome (PCOS)*
- *Nulliparity, early menarche, late menopause*
- *HRT without progesterone support, including natural or bioidentical hormones (oral or topical)*
- *Tamoxifen or other hormonal treatments of malignancy*

    - Family history of endometrial cancer in first degree relative or known Lynch syndrome– see Familial Cancer Syndromes pathway.

3. Examination:
    - Perform abdominal examination, speculum, and bimanual pelvic examination.
    - Check for inguinal lymphadenopathy.

4. Arrange investigations:
    - FBE, iron studies, liver function tests, and thyroid-stimulating hormone (TSH)
    - Transvaginal pelvic ultrasound (on day 5 or 6 of cycle if premenopausal or on cyclical hormone treatment)
    - Cervical screening test

Management

Suspicion of endometrial cancer

1. Address the patient's understanding and engagement. Consider ***barriers to effective care.***

   Barriers to effective care

   Factors that could stop the patient from getting further tests or treatment:

   - *Complexity of cancer care pathway – not knowing when or where to go next*
   - *Family, and social network dynamics*
     - *Family history*
     - *Family obligations including dependents*
     - *Work responsibilities*
     - *Community engagement and obligations or responsibilities*
   - *Locality and geographical access to health and hospital services*
   - *Socio-economic factors, including source of income.*

2. If diagnosis made on ultrasound, refer for gynae-oncology assessment.
3. If normal investigation results, arrange review at 2 months.
   - If appropriate, consider treatment for vaginal atrophy.
   - If symptoms are persisting at 2 months, refer for urgent or routine gynaecology referral.

4. Consider high suspicion of cancer and refer for urgent or routine gynaecology referral within 2 weeks if:
   - thickened endometrium:
     - Post menopausal (with and without tamoxifen) and an endometrial thickness > 5 mm.
     - Premenopausal early proliferative phase and endometrial thickness > 7 mm.
   - abnormal vaginal bleeding, discharge, or pelvic pain and abnormal clinical examination findings consistent with gynaecological malignancy.
   - evidence of a rapidly growing uterine mass.

Initial treatment of confirmed endometrial cancer

1. If endometrial cancer is already diagnosed:
   - refer to the ***cancer treatment summary letter*** from the multidisciplinary disease management team.

     Cancer treatment summary letter

     Most importantly should include:
     - *risk of recurrence and intentions of treatment.*
     - *goals and quantitative benefit of proposed treatment.*
     - *risks of treatment.*
     - *what the patient has been told.*

     Usually includes:
     - *diagnostic tests performed and results.*
     - *tumour characteristics and other factors determining prognosis.*

- *type and date of treatments and a treatment summary.*
- *expectations of disease course, including expected discharge from oncology services.*
- *interventions and treatment plans from other health professionals.*
- *a process for rapid re-entry to specialist medical services for suspected recurrence.*
- *a list of symptoms that might need prompt investigation.*
- *a list of supportive care services provided and a plan for community care services, including what each service is to provide.*
- *contact information for key care providers.*

- contact the GP Liaison Unit for queries about specialist to general practitioner correspondence.

See also Low-risk Endometrial Cancer Follow-Up.

2. If diagnosis made on ultrasound, refer directly to urgent or routine gynaecology referral.
3. Discuss with patient their understanding of treatment options:
   - ***Treatment options*** depend on stage, grade, and co-morbidities.

     Treatment options

     - *All patients are recommended a hysterectomy and bilateral salpingo-ophrectomy with or without lymph node resection.*
     - *For most endometrial cancers, laparoscopic procedure is preferred where possible.*
     - *Other therapies that can be considered through multidisciplinary meeting (MDM) and in discussion with patient include:*
       - *radiotherapy – external radiation treatment or brachytherapy*
       - *chemotherapy and cytotoxics*
       - *hormone therapy – Provera, tamoxifen*

   - Fertility-sparing options, if patient is of child-bearing age.
4. Ensure follow-up and surveillance. After initial diagnosis and treatment, the gynaecology service will design an individual follow-up plan according to level of risk of recurrence. The plan may involve regular general practitioner visits, which will detail:
   - the frequency of visits.
   - tests required and designated providers.
   - a nominated point-of-contact, if clinical concern.
   - regular assessment of ***post-treatment sequelae*** and lifestyle behaviours, and appropriate support requests e.g., dietitian, lymphoedema specialist.

     Post-treatment sequelae

     Side-effects of radiation or chemotherapy:
     - *Gastrointestinal sequelae, nausea, vomiting, diarrhoea, rectal bleeding, proctitis, incontinence.*
     - *Hair loss (not carboplatin), skin rashes, mouth ulcers.*
     - *Bladder problems, irritability, incontinence, haematuria.*
     - *General symptoms, fatigue, lethargy, anorexia, mood, and cognition disturbance.*
     - *Easy bruising or bleeding (consider FBE).*

   - evidence-based advice about a healthy lifestyle.

   Patients assessed as having a low risk of recurrence (< 10%) can be solely followed in general practice. See Low-risk Endometrial Cancer – Follow-up.

Ongoing care and support

1. Provide ongoing care and support:
    - Provide patient with the Cancer Council – Endometrial Cancer: What to Expect document.
    - See Cancer Supportive Care for general advice on:
        - lifestyle changes
        - psychological needs
        - financial, legal, and practical needs
        - managing physical sequelae
        - support groups and referral services.

2. For Aboriginal and Torres Strait Islander patients:
    - provide culturally appropriate care.
    - advise the hospital of the patient's Aboriginal and Torres Strait Islander status.
    - ensure follow-up by a culturally appropriate healthcare professional.

3. Consider:
    - referral to palliative care services
    - advance care planning,
    - counselling support,
    - GP Management Plan and Team Care Arrangement,
    - hair loss in cancer therapies.

Referral

- 1. If diagnosis made on ultrasound, refer for gynae-oncology assessment.
- Refer for urgent or routine gynaecology referral within 2 weeks if high suspicion of endometrial cancer e.g.:
    - normal investigations, but family history of endometrial cancer in first degree relative or known Lynch syndrome.
    - thickened endometrium:
        - postmenopausal (with and without tamoxifen) and an endometrial thickness > 5 mm.
        - premenopausal early proliferative phase and endometrial thickness > 7 mm.
- abnormal vaginal bleeding, discharge, or pelvic pain and abnormal clinical examination findings consistent with gynaecological malignancy.
- evidence of a rapidly growing uterine mass.
- If normal investigations and symptoms are persisting at 2 month review, refer for urgent or routine gynaecology referral.
- Consider referral to palliative care services or counselling support.

Information

For health professionals

Further information

Cancer Council Australia – Optimal Cancer Care Pathway for Women with Endometrial Cancer: Quick Reference Guide

For patients

- Cancer Australia:
  - Intimacy and Sexuality for Women with Gynaecological Cancer: Starting a Conversation
  - What are the Risk Factors for Endometrial Cancer?

- Cancer Council:
  - Cancer of the Uterus
  - Cancer: What to expect
  - Endometrial Cancer: What to Expect

- Cancer Council Victoria – Aboriginal Communities: Information
- National Indigenous Cancer Network – About Cancer

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Disclaimer