Low Risk Endometrial Cancer – Follow Up

Disclaimer

This pathway is about general practice care for patients after endometrial cancer treatment. See also Cancer Supportive Care.

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Background

About low-risk endometrial cancer follow-up

- Patients diagnosed with low-risk endometrial cancer are referred to the gynae-oncology multidisciplinary team meeting and are usually treated by a general gynaecologist.

- Treatment for low-risk endometrial cancers is usually with a total hysterectomy and bilateral salpingo-oophrectomy if patient is post-menopausal. In premenopausal patients, ovarian conservation is discussed on a case-by-case basis.

- Patients with low-risk endometrial cancer – stage 1A, Grade G1 and G2 – have a 5 to 10% risk of local recurrences.

- Local recurrences are most frequently at the vaginal vault. They may present as bleeding or be a visible abnormality.

- If isolated these recurrences can usually be cured by radiotherapy with or without surgery.

Assessment

General practitioner assessments are recommended at 3 to 6 months for the first 2 years post-treatment, and then 6 to 12 months up to 5 years post-treatment.

1. Check the multidisciplinary discharge summaries:
   - Review the patient’s cancer treatment summary letter from oncology services, which will outline a proposed protocol for follow-up.

   **Cancer treatment summary letter**
   Most importantly should include:
   - risk of recurrence and intentions of treatment.
   - goals and quantitative benefit of proposed 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.

2. Ask the patient about:
• any vaginal bleeding, pain, bowel or bladder dysfunction, sexual dysfunction, or leg swelling.
• symptoms of oestrogen deficiency – see Menopause.

3. Assess general psycho-social well-being, including relationships, mood, and sexual relationship issues.

4. Examination:
   • Palpate neck and groin nodes.
   • Perform abdominal, speculum, and bimanual examinations.
   • Vault smears are generally not recommended unless there have been smear abnormalities before hysterectomy and smear is due. Refer to individual treatment plans to confirm this on a case-by-case basis.

5. If pelvic mass suspected on examination, or new swelling of lower limbs, arrange for an urgent pelvic ultrasound.

Management

1. Refer for gynae-oncology assessment if:
   • palpable nodes found.
   • pelvic mass identified on pelvic ultrasound.
   • other concerning symptoms or signs.

2. If new leg swelling, consider lymphoedema:
   • consider referring for gynae-oncology assessment to investigate potential recurrence as the cause.
   • If lymphoedema, consider referral to Lymphodema Practitioner.

3. If psychological concerns such as body image, anxiety, depression, treatment phobias, and sexuality, see Cancer Supportive Care.

4. Advise patient to immediately come back, or report to their gynaecologist, if any symptoms arise between planned follow-up appointments and after discharge from follow-up. Emphasise that they should not wait for the next planned appointment.

5. Consider oestrogen replacement at any time for relief of menopausal symptoms. If considering systemic oestrogen, seek advice from the patient’s treating specialist.

Oestrogen replacement

➢ For urogenital symptoms, vaginal oestrogen can be used. A non-hormonal alternative for vaginal dryness or discomfort is a vaginal moisturiser such as Replens. The price is about $50 for 10 pre-filled applicators (one applicator lasts for three days).

➢ If considering systemic estrogen, the benefits and risks need to be discussed on an individual basis with the treating specialist.

Referral

• Refer for gynae-oncology assessment if:
• palpable nodes.
• pelvic mass confirmed on ultrasound scan.
• lymphoedema
• other concerning signs and symptoms.

• If considering systemic oestrogen therapy, seek advice from the patient's treating specialist.

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### For health professionals

#### Further information

- [Australian Society of Gynaecological Oncologists](#)
- Cancer Council Australia:
  - [Endometrial Cancer](#)
  - [Optimal Cancer Care Pathway for Women with Endometrial Cancer](#)
  - [Optimal Cancer Care Pathway for Women with Endometrial Cancer: Quick Reference Guide](#)

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### For patients

- Aboriginal Health and Medical Research Council – [Culture Cancer Caring: Inspiring Stories for Our Mob](#)
- Cancer Australia – [Endometrial Cancer](#)
- Cancer Council:
  - [Cancer of the Uterus](#)
  - [Checking for Cancer: What to Expect](#)
- Cancer Council Victoria:
  - [Aboriginal Communities: Information](#)
  - [Living With Cancer](#)
  - [Uterine Cancer](#)
- National Indigenous Cancer Network – [About Cancer](#)

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