

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.*
- *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.

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 [Lymphoedema 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.

Information

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](#)

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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