



FOLLOW-UP GUIDELINES

Endometrial Cancer

June 2009

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of lymphoma follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms between regular follow-up visits.

These recommendations are consistent with the individual disease's natural history and the chances of detecting potentially curable recurrent cancer. Specifically:

- The five-year survival rate for localized endometrial cancer is 96% whereas the relative survival for all stages is approximately 86%.
- The vast majority of patients who relapsed do so within the first three years.
- The majority of patients (> 75 %) who relapse present with symptoms of recurrence between regularly scheduled follow-up visits.
- Except in the rare case of localized recurrence, there is no current evidence that the detection or treatment of early asymptomatic clinical recurrence is associated with better overall outcome or survival.

Follow-Up for All Patients

- All patients should be advised to contact their physician earlier than scheduled if worrisome symptoms are recognized.
- Patients with Stage 1A and 1B Grade 1 tumors to be followed by a family physician or gynecologist every three-four months for two years, then every six months for a total of five years.
- All other endometrial cancer patients should be followed by a gynecologic oncologist every three-four months for two years, then every six months for a total of five years.
- Follow-up examination includes detailed history, physical examination, speculum examination and bimanual and recto-vaginal examination.
- Annual chest x-ray.
- Pap smear is not indicated.

NOTE: Routine CBCs, liver function tests, chest x-rays, CT scans or other imaging studies are NOT recommended unless clinically indicated.

References

BC Cancer Agency

<http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/default.htm>

NCCN Guideline

<http://www.nccn.org/Registration/login/login.aspx?s=PG>

State-Of-The-Art Oncology in Europe

<http://startoncology.axenso.it/capitoli/default.jsp?menu=professional&language=eng>

Up-to-Date

<http://www.uptodateonline.com/online/index.do>

Visit our website at <http://www.saskcancer.ca/>