FOLLOW-UP GUIDELINES
Endometrial Cancer
March 2021

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 endometrial 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 5-year survival rates exceed 95% for stage 1 and approach 83% overall. The relapse rates for patients with early-stage disease range from 2-15%.
- The vast majority of patients who relapse (70-100%) do so within the first 3 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 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. Such symptoms may include development of vaginal bleeding or brown discharge, change in bowel or bladder habit, development of abdominal distension (developing over three to four weeks and persistent), persistent cough or shortness of breath (not related to upper respiratory tract infection) as well as weight loss, lethargy, pain or headaches.
- Patients with Stage 1A and 1B endometrioid adenocarcinoma (low-risk) to be followed by a family physician or gynecologist every six months for five years, then discharged from endometrial cancer follow-up. Patients with Stage 1A confined to the endometrium/no myometrial invasion to be discharged from post-op visit with no need for regular follow-up.
- All other endometrial cancer patients (advanced stages, high-grade histology/ high risk) will be followed (where possible) by a gynecologic oncologist every 3 months for years 1 and 2, then every 6 months for a total of 5 years and then be discharged if no relapse.

- Follow-up examination includes focused history (for above symptoms), physical examination, including pelvic examination (speculum and bimanual and/or rectovaginal exam. This alone will detect relapse more than 80% of the time.
- No imaging or bloodwork necessary unless symptoms suggestive of relapse are present.
- Pap smear is not indicated as it offers no benefit in detecting relapse.

References

BC Cancer Agency
http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/default.htm

NCCN Guideline
https://www.nccn.org/professionals/physician_gls/default.aspx#site
Last Update: Oct 20, 2020 – Available free login but you must create an account

Cancer Care Ontario Guidelines
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/616

Society of Gynecologic Oncologists:
Salani, R., Khanna, N., Frimer, M., Bristow, R., Chen, L. An update on post-treatment surveillance and diagnosis of relapse in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) recommendations. Gyn Onc 146 (2017): 3-10.

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