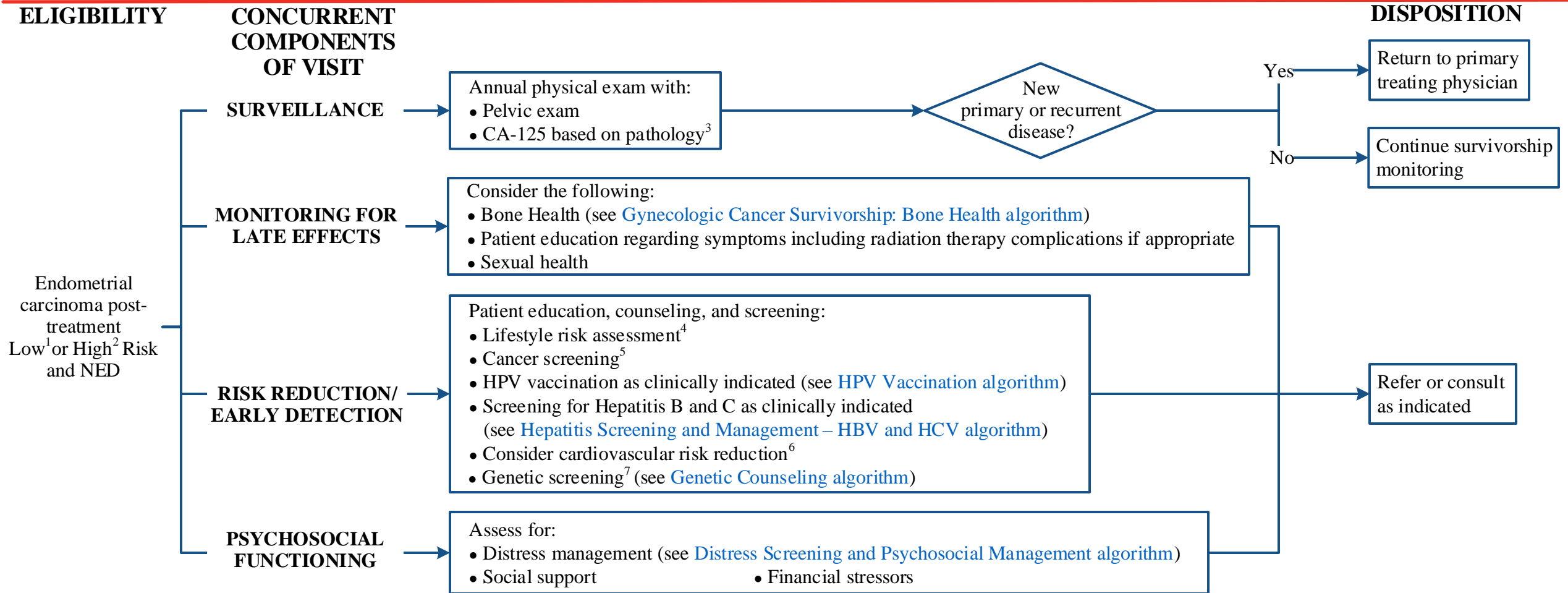


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.



NED = no evidence of disease

¹ Low risk endometrial cancer is defined as any patient who did not receive chemotherapy or radiation therapy as adjuvant treatment after their initial surgery. Survivorship begins 3 years post-treatment and NED.

² High risk defined as patients who received chemotherapy or radiation therapy as adjuvant treatment after their surgery. Survivorship begins 5 years post-treatment and NED.

³ • Uterine carcinosarcoma – CA-125 annually

• High grade, serous types – CA-125 annually, if previously elevated

⁴ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

⁵ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), and [skin cancer screening](#)

⁶ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

⁷ Consider genetic counseling if there has been a significant family history change since the last genetic consult, or if the patient has not previously had genetic counseling and has Lynch Syndrome risk factors.

Lynch Syndrome risk factors: personal history of colon or rectal cancer; immediate family (first degree relatives such as parent, child, or sibling) with colorectal or endometrial cancer; immediate or extended family (first, second or third degree relatives including parent, child, sibling, aunt, uncle, nieces, nephews, grandparents, and first cousins) diagnosed before age 50 with colon, rectal or uterine cancer; any relatives tested positive for a Lynch Syndrome mutation (EPCAM, MLH1, MSH2, MSH6, PMS2 genes).

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

SUGGESTED READINGS

- Amsterdam, A., & Krychman, M. L. (2006). Sexual dysfunction in patients with gynecologic neoplasms: A retrospective pilot study. *Journal of Sexual Medicine*, 3(4), 646-649. doi:10.1111/j.1743-6109.2006.00204.x
- Beesley, V., Janda, M., Eakin, E., Obermair, A., & Battistutta, D. (2007). Lymphedema after gynecological cancer treatment: Prevalence, correlates, and supportive care needs. *Cancer*, 109(12), 2607-2614. doi:10.1002/cncr.22684
- Biglia, N., Gadducci, A., Ponzzone, R., Roagna, R., & Sismondi, P. (2004). Hormone replacement therapy in cancer survivors. *Maturitas*, 48(4), 333-346. doi:10.1016/j.maturitas.2003.09.031
- Bye, A., Tropé, C., Loge, J. H., Hjerstad, M., & Kaasa, S. (2000). Health-related quality of life and occurrence of intestinal side effects after pelvic radiotherapy: Evaluation of long-term effects of diagnosis and treatment. *Acta Oncologica*, 39(2), 173-180. doi:10.1080/028418600430734
- Carver, J. R., Shapiro, C. L., Ng, A., Jacobs, L., Schwartz, C., Virgo, K. S., ... Vaughn, D. J. (2007). American Society of Clinical Oncology clinical evidence review on the ongoing care of adult cancer survivors: Cardiac and pulmonary late effects. *Journal of Clinical Oncology*, 25(25), 3991-4008. doi:10.1200/JCO.2007.10.9777
- Curtis, R. E., Curtis, R. E., Boice Jr, J. D., Boice, J. D., Stovall, M., Stovall, M., ... Moloney, W. C. (1994). Relationship of leukemia risk to radiation dose following cancer of the uterine corpus. *Journal of the National Cancer Institute*, 86(17), 1315-1324. doi:10.1093/jnci/86.17.1315
- D'Angelo, E., & Prat, J. (2010). Uterine sarcomas: A review. *Gynecologic Oncology*, 116(1), 131-139. doi:10.1016/j.ygyno.2009.09.023
- Davis, C. S., Zinkand, J. E., & Fitch, M. I. (2000). Cancer treatment-induced menopause: Meaning for breast and gynecological cancer survivors. *Canadian Oncology Nursing Journal*, 10(1), 14-21. doi:10.5737/1181912x1011421
- Gotay, C. C., Ransom, S., & Pagano, I. S. (2007). Quality of life in survivors of multiple primary cancers compared with cancer survivor controls. *Cancer*, 110(9), 2101-2109. doi: 10.1002/cncr.23005
- Hodgkinson, K., Butow, P., Fuchs, A., Hunt, G. E., Stenlake, A., Hobbs, K. M., ... Wain, G. (2007). Long-term survival from gynecologic cancer: Psychosocial outcomes, supportive care needs and positive outcomes. *Gynecologic Oncology*, 104(2), 381-389. doi:10.1016/j.ygyno.2006.08.036
- Lancaster, J. M., Powell, C. B., Kauff, N. D., Cass, I., Chen, L., Lu, K. H., ... Herzog, T. J. (2007). Society of Gynecologic Oncologists Education Committee statement on risk assessment for inherited gynecologic cancer predispositions. *Gynecologic Oncology*, 107(2), 159-162. doi:10.1016/j.ygyno.2007.09.031
- Mahon, S., Williams, M., & Spies, M. (2000). Screening for second cancers and osteoporosis in long-term survivors. *Cancer Practice*, 8(6), 282-290. doi: 10.1111/j.15235394.2000.86008.pp.x
- Mariotto, A. B., Rowland, J. H., Ries, L. A. G., Scoppa, S., & Feuer, E. J. (2007). Multiple cancer prevalence: A growing challenge in long-term survivorship. *Cancer Epidemiology Biomarkers & Prevention*, 16(3), 566-571. doi:10.1158/1055-9965.EPI-06-0782

Continued on next page

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

SUGGESTED READINGS - continued

- National Comprehensive Cancer Network. (2019). *Uterine Neoplasms* (NCCN Guideline Version 3.2019). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/uterine.pdf
- Rannestad, T., & Skjeldestad, F. E. (2007). Pain and quality of life among long-term gynecological cancer survivors: A population-based case-control study. *Acta Obstetrica Et Gynecologica Scandinavica*, 86(12), 1510-1516. doi:10.1080/00016340701743116
- Salani, R., Backes, F. J., Fung Kee Fung, M., Holschneider, C. H., Parker, L. P., Bristow, R. E., & Goff, B. A. (2011). Posttreatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncologists recommendations. *American Journal of Obstetrics and Gynecology*, 204(6), 466-478. doi:10.1016/j.ajog.2011.03.008
- SGO Clinical Practice Endometrial Cancer Working Group, Burke, W. M., Orr, J., Leitao, M., Salom, E., Gehrig, P., ... Shahin, F. A. (2014). Endometrial cancer: A review and current management strategies: Part I. *Gynecologic Oncology*, 134(2), 385-392. doi:10.1016/j.ygyno.2014.05.018
- Skjeldestad, F. E., & Hagen, B. (2008). Long-term consequences of gynecological cancer treatment on urinary incontinence: A population-based cross-sectional study. *Acta Obstetrica Et Gynecologica Scandinavica*, 87(4), 469-475. doi:10.1080/00016340801948326
- The National Lung Cancer Screening Trial Research Team. (2011). Reduced lung-cancer mortality with low-dose computed tomographic screening. *The New England Journal of Medicine*, 365(5), 395-409. doi:10.1056/NEJMoa1102873
- Vanderbilt Cardio-Oncology Program. (2017). *Know Your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>
- von Gruenigen, V. E., Courneya, K. S., Gibbons, H. E., Kavanagh, M. B., Waggoner, S. E., & Lerner, E. (2008). Feasibility and effectiveness of a lifestyle intervention program in obese endometrial cancer patients: A randomized trial. *Gynecologic Oncology*, 109(1), 19-26. doi:10.1016/j.ygyno.2007.12.026

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.*

DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Gynecologic Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Therese Bevers, MD (Cancer Prevention)
Diane C. Bodurka, MD (Education)
Robin Coyne, FNP, RN (Cancer Prevention)
Molly S. Daniels, MS, CGC (Clinical Cancer Genetics)
Terri Earles, WHNP-BC (Gyn Onc & Reproductive Med)
David M. Gershenson, MD (Gyn Onc & Reproductive Med)
Thoa Kazantsev, BSN, RN, OCN♦
Shiney Kurian, WHNP-BC (Gyn Onc & Reproductive Med)
Marita Lazzaro, RN, MS, ANP (Cancer Prevention)
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)
Karen H. Lu, MD (Gyn Onc & Reproductive Med)

♦ Clinical Effectiveness Development Team