Endometrial cancer

This resource has been developed as part of the Implementing PATHways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points for endometrial cancer. This pathway refers to the endometrial cancer Optimal Care Pathway – a nationally endorsed resource.

Summary statistics
- In Victoria 2017 there were 718 new cases of endometrial cancer
- The five-year survival for women with endometrial cancer is 84%.

Risk factors
- Age (over 50 years)
- Obesity (including hypertension and diabetes) or so-called ‘metabolic syndrome’
- Polycystic ovarian syndrome
- Lynch syndrome*
- Family history of endometrial cancer in a first-degree relative
- Unopposed postmenopausal oestrogen therapy
- Endometrial hyperplasia
- Nulliparity
- Anovulation
- Early menarche and late menopause
- Tamoxifen use.

*40–60 per cent lifetime risk of endometrial cancer.

Prevention
- Maintain a healthy body weight
- Contraceptive pills (especially over a long period)
- Progesterone therapy for women with an intact uterus using hormone replacement therapy (HRT)
- Risk-reducing surgery: hysterectomy or progesterone for women with a hereditary risk factor, to prevent endometrial hyperplasia developing into endometrial cancer.

Screening recommendations
- No standard or routine population screening for endometrial cancer
- People with a strong family history of endometrial cancer and related hereditary conditions, such as suspected Lynch syndrome should be referred to a genetic counsellor, geneticist or oncologist for consideration of genetic testing.

Signs and symptoms
See Figure 1: Risk assessment tool.

Many people present with non-specific symptoms or are asymptomatic until advanced stages of the disease process. Persistent symptoms require further investigation.

- Vaginal bleeding after menopause
- Bleeding between periods
- Unexplained weight loss
- Abnormal, watery or blood-tinged vaginal discharge
- High blood glucose or low haemoglobin in the presence of haematuria
- Pelvic pain
- Pain during intercourse
- Visible haematuria
- Raised platelet count or blood glucose in the presence of vaginal discharge or haematuria
- Any bleeding or abnormal vaginal discharge after menopause (more than 12 months since the last period) should be investigated without delay.
- Any new, persistent or progressive symptoms in women over the age of 40 should raise suspicion and be investigated.
- Symptoms that do not respond to treatment initiated by the woman’s GP (the contraceptive pill or progesterone) should be re-evaluated within three months.

Initial investigations include
- A general and pelvic examination (including a speculum and Cervical Screening Test)
- Referral for a transvaginal pelvic ultrasound by an experienced gynaecological ultrasonographer
- Results should be available, and the women reviewed by the GP within four weeks
- To aid in determining menopausal status and key considerations for pre-, peri- and post-menopausal women, refer to the Toolkit for managing the menopause available under the ‘menopause’ section at www.ranzcog.edu.au/college-statements-guidelines.html
## Referral pathway

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments.
- All patients with suspected endometrial cancer should be referred to a specialist gynaecologist for further investigation.
- If the diagnosis is confirmed with initial tests, then referral to or consultation with a gynaecological oncologist linked to a multidisciplinary team (MDT) is required.
- Referral information should include: Relevant past history, current history, family history, examination, investigations, social issues and current medications.

### Local referral process and proformas can be found at:


## Patient resource checklist

- **✔** Factsheets and resources at [livelighter.com.au](http://livelighter.com.au)
- **✔** For additional practical and emotional support, encourage patients to call Cancer Council 13 11 20 to speak with an experienced oncology nurse or visit [cancervic.org.au](http://cancervic.org.au) for more information about pancreatic cancer.
- For translator assistance call TIS on 13 14 50.
- **✔** Counterpart – (formally BreaCan) supports women with breast or gynaecological cancers. For free information packs, support and resources, visit [counterpart.org.au](http://counterpart.org.au) or freecall 1300 781 500.

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### Figure 1: Risk assessment tool

#### Table: Probability of Cancer

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Probability of Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>8.3</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>2.9</td>
</tr>
<tr>
<td>Post-menopausal bleeding</td>
<td>9.6*</td>
</tr>
</tbody>
</table>

*second presentation

PPV = Positive predictive value (%)

or probability of Ca if Sx present

<table>
<thead>
<tr>
<th>Symptom</th>
<th>PPV as a single symptom</th>
<th>PPV as a pair of symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>High platelets (test)</td>
<td>0.2</td>
<td>2.7</td>
</tr>
<tr>
<td>High glucose (test)</td>
<td>0.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Low haemoglobin (test)</td>
<td>3.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Haematuria</td>
<td>9.1</td>
<td>0.7*</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>5.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>3.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Post-menopausal bleeding</td>
<td>4.0</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Figure 1** shows the probability of endometrial cancer for individual symptoms and pairs of symptoms, including second presentation* of same symptom in people over 55 years.  