Endometrial cancer

A resource card for general practitioners

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 hereditable 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
- Pelvic pain
- Pain during intercourse
- Visible haematuria
- Abnormal, watery or blood-tinged vaginal discharge
- Raised platelet count or blood glucose in the presence of vaginal discharge or haematuria
- High blood glucose or low haemoglobin in the presence of 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 should 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**

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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:

To gain access to your local HealthPathways visit **https://vtphna.org.au/care-pathways-and-referral/** or equivalent care pathways site.

Patient resource checklist

- ✔ Factsheets and resources at **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** for more information about pancreatic cancer

  For translator assistance call TIS on 13 14 50
- ✔ Download the 'What to expect – Endometrial cancer' guide at **cancerpathways.org.au**
- ✔ **Counterpart** – (formally BreaCan) supports women with breast or gynaecological cancers. For free information packs, support and resources, visit **counterpart.org.au** or freecall 1300 781 500.

Figure 1: **Risk assessment tool**

High platelets (test)	High glucose (test)	Low haemoglobin (test)	Haematuria	Abdominal pain	Vaginal discharge	Post-menopausal bleeding	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.1	0.1	0.1	0.7	0.1	1.1	4.0	PPV as a single symptom
	0.1	0.1	1.9	0.1	1.4	5.4	High platelets (test)
		0.2	1.1	0.3	0.6	3.4	High glucose (test)
			2.7	0.2	0.6	6.4	Low haemoglobin (test)
				0.7	2.2	9.1	Haematuria
				0.2*	0.5	2.9	Abdominal pain
						8.3	Vaginal discharge
						9.6*	Post-menopausal bleeding

Probability of cancer

<1% 1-2% 2-5% >5%

*second presentation

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.[1]

Reference: 1. Walker S, Hyde C, Hamilton W. Risk of uterine cancer in symptomatic women in primary care: case-control study using electronic records. British Journal of General Practice. 2013;63(614):e643-8.

The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia.

For more information on the Optimal Care Pathways please refer to **www.cancervic.org.au/for-health-professionals/optimal-care-pathways**

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