

Endometrial Cancer

Diagnosis: Hysteroscopy and Biopsy OR Dilatation and Curettage

Imaging: Contrast enhanced MRI of the whole abdomen.

Treatment: (FIGO 2010 staging):

Stage I A: Total Hysterectomy+ Bilateral Salpingo-oophorectomy ± Lymphadenectomy

Grade 1 or 2 → observation

Grade 3 → Vaginal brachytherapy + Chemotherapy

Stage I B: Total Hysterectomy+ Bilateral Salpingo-oophorectomy ± Lymphadenectomy

(pelvic and para-aortic)

Grade 1 or 2 → Vaginal brachytherapy ± Pelvic RT

Grade 3 → Pelvic RT + Vaginal brachytherapy

Stage II: Total Hysterectomy+ Bilateral Salpingo-oophorectomy + Systematic Pelvic

Lymphnode dissection → Pelvic RT + Vaginal brachytherapy

➤ Grades 1 or 2: If Myometrium < 50% involved + No LVSI + Underwent complete staging → Brachytherapy alone can be done.

➤ Grade 3 histology OR age > 60 years OR LVSI present → Pelvic RT+ Vaginal BT + Chemotherapy

Stage III/IV:

Maximum de-bulking surgery possible

Chemotherapy → Pelvic RT + Vaginal brachytherapy

Stage IV:

Maximum de-bulking surgery if possible → Palliative chemotherapy.

Radiation:

Whole pelvis RT 50.4 Gy in 28 # @ 1.8 Gy per # by conformal or conventional technique.

High risk factors: (any one)

- Grade 3 (Poorly differentiated histology of endometroid adeno carcinoma)
- Clear Cell, papillary serous, adenosquamous, squamous histologies
- Presence of Lympho Vascular Space Invasion
- Age > 60 years

Follow-up:

History and Physical examination every 3 monthly

Imaging if indicated.

Vault Smear annually