THE CANADIAN ASSOCIATION OF GENERAL PRACTITIONERS IN ONCOLOGY
CAGPO
L'ASSOCIATION CANADIENNE DES MÉDECINS OMNIPRATICIENS EN ONCOLOGIE
ACMOO

ENDOMETRIAL CANCER CASES

Endometrial Cancer Case 1

A 57-year-old woman underwent an endometrial biopsy to investigate postmenopausal bleeding. Pathology was positive for adenocarcinoma.

1. What is the cornerstone of treatment for endometrial cancer?
2. What surgical intervention should she be offered?

She proceeded to have a TAH and BSO. The surgeon did peritoneal washings and biopsied pelvic nodes. Pathology revealed endometrial adenocarcinoma, with less than 50% myometrial invasion. Nodal biopsies and peritoneal washings were negative. The tumor was moderately well differentiated without evidence of lymphovascular invasion.

3. Does FIGO classification refer to clinical or surgical staging for endometrial cancer?
4. What stage of disease does Mrs. B. have? Discuss the association between stage and survival.
5. Does peritoneal cytology change the cancer stage or treatment decision?
6. What is the relevance of the percentage of myometrial invasion? What are other significant prognostic markers/factors for cancer recurrence?
7. What treatment options will be presented to her? Does she require complete pelvic lymphadenectomy? Which patients benefit from lymph node dissection?
8. When would radiation therapy be recommended in this adjuvant setting? (i.e. what would need to be noted in her scenario, for the radiation oncologist to recommend adjuvant radiation). Does adjuvant radiation influence overall survival?
9. What is the effect of adjuvant chemotherapy on overall survival?
10. How common is endometrial cancer in the realm of gynecological cancers? What is the most common histology and what are the differences between the two histological subtypes?
11. How would you follow this patient?

She is followed regularly at the Cancer Centre. At her 3 year follow-up visit, there is a palpable mass in the vaginal vault. The patient is otherwise well.

12. How should she be investigated at this time?
13. Working on the premise that the mass is biopsy proven recurrent disease, what treatment options should be discussed with this patient? How effective are they?

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Endometrial Cancer Case 2

A 66-year-old woman is referred by a gynecologist. She presented with a three-month history of spotty vaginal bleeding. Her family doctor performed a pelvic examination and Pap smear. The Pap smear was normal. She was referred to a gynecologist who proceeded to do an endometrial biopsy. Endometrial biopsy was highly suspicious of malignant cells.

She was taken to the operating room for a TAH and BSO. Frozen section at the time of the O.R. revealed adenocarcinoma. As well, peritoneal washings and nodal biopsies were completed.

Final pathology revealed papillary serous carcinoma of the uterus and cervix, with cervical stromal invasion. The tumor was poorly differentiated. Pelvic nodes were positive, but peri-aortic nodes were negative for malignancy. Peritoneal washing was negative.

1. What stage of disease is this woman presenting with?
2. What survival rate is associated with this stage of disease?
3. What is the most important prognostic factor for her disease?
4. Has she had appropriate surgery?
5. What is the overall survival benefit of pelvic +/- para-aortic lymph node removal? (discuss complications of lymphadenectomy and its impact on QofL)
6. What adjuvant therapy is she a candidate for?
7. How will this be given?
8. If she was not medically fit for surgery, what systemic therapy would you consider?
9. Which chronic medical conditions are considered risk factors for developing endometrial cancer?

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