Surgical Uterine Cancer Pathway by J Abu

Type 1 endometrial cancer (endometroid adenocarcinoma +/- squamous differentiation):

Diagnosis following endometrial biopsy –

MDT discussion
MRI and CXR staging

G1 & G2 endom ca, confined to the inner half (<50%)

TLH, BSO and peritoneal washings

G1 & G2 endom ca, > 50 % myometrial invasion

TLH, BSO, peritoneal washings and PLND

All G3 endometrial cancer

TLH, BSO, peritoneal washings and PLND

G1, G2 and G3 with MRI suggestion of cervical involvement

Type I/II TLRH, and PLND

Type 2 endometrial cancer (Clear cell and Serous):

Diagnosis following endometrial biopsy –

MDT discussion
CT staging (+/- MRI)

TLH, BSO, PLND and at least infra-colic omentectomy (not just omental biopsy) providing CT does not suggest omental involvement. If CT suggests omental involvement, a supra colic omentectomy is performed.

Consider laparoscopic PALND (or sampling if CT suggests PA nodes involvement for comprehensive staging)

The uterine sarcomas:

Carcinosarcomas -

Discuss at the MDT

CT (+/- MRI) staging

TLH (or TAH via midline laparotomy), BSO, at least infracolic omentectomy, PLND (+/- PALND)

Aim for complete tumour debulking laparoscopically or via a midline laparotomy.

Leiomyosarcoma and STUMP –

Midline laparotomy or laparoscopy - TH, BSO

No need for omentectomy or lymphadenectomy as pelvic or PAN not typically involved

Endometrial stromal sarcoma (ESS) –

Low grade – TH, BSO

High grade or undifferentiated sarcomas – TH, BSO, PLND (+/- PALND)

Adenosarcomas –

TH, BSO (laparoscopic or laparotomy (not necessarily via midline incision)).

No need for LN dissection or omentectomy

Oncological Uterine Cancer Pathway

- External beam radiotherapy (EBRT)

- Brachytherapy

- Chemotherapy

The Oncologist may decide to use one or a combination of the above depending on the final surgical staging +/- LVSI, +/- positive LNs, depth of myometrial invasion or positive cytology: