ESMO MANAGEMENT AND TREATMENT ADAPTED RECOMMENDATIONS IN THE COVID-19 ERA: ENDOMETRIAL CANCER

Cancer patient prioritisation

Priorities for endometrial cancer

Documented multidisciplinary tumour team (MDT) decision making, taking into account patient condition (vulnerable patients)* and available resources [Intensive Care Unit (ICU) support for surgery]. If not adequate, refer to or discuss with an Oncological Hub for gynaecological cancers.

Patients and family should be adequately informed about the cost/benefit ratio of each intervention with clinicians taking into account of national therapeutic or interventional guidelines or national specialty recommendations in relation to COVID-19.

*vulnerable patients: >65 years, pre-existing cardiovascular disease, pre-existing respiratory disease

Outpatient visit priorities

- Potentially unstable (acute abdominal pain, complications in the post-surgery recovery, complications during/after pelvic radiotherapy)
- Systematic persistent severe bleeding from primary/recurrent tumour
- Anuria, symptoms of DVT/pulmonary embolism in patients with a confirmed diagnosis of endometrial cancer

- Investigations for post-menopausal bleeding (US, hysteroscopy)
- Post-operative patients with no complications requiring adjuvant treatment
- Established patients with new problems or symptoms from treatment (convert as many visits as possible to telemedicine visits)
- Follow-up visits in the context of a clinical trial

- Fertility-preserving therapy in premalignant disease (AH) or EIN
- Follow-up in high-risk patients after primary treatment (clinical and pelvic exam) (postpone up to a maximum of 6 months in the absence of symptoms)
- Follow-up in intermediate-low-risk patients: convert to telemedicine
- Slowly growing asymptomatic vaginal/central recurrence

Priorities for endometrial cancer: Imaging (CT scan/US)

- Bowel perforation, peritonitis
- Post-surgery complications (e.g. perforation, anastomotic leak, pulmonary embolism, abscess, haemorrhage)
- Ureteral compression/dislocation with dilatation/hydronephrosis
- Completion of staging work-up (i.e. CT scan)

- Tumour evaluation if clinical suspicion of tumour recurrence afterradical treatment
- Follow-up visit (with also clinical and pelvic examination) after palliative treatment for advanced/ recurrent disease (postpone up to 2 months)
- Follow-up visits in the context of a clinical trial
- Follow-up visits in the context of fertility-sparing treatment of low-risk endometrial cancer

- Follow-up visits out of study (blood tests and imaging close to home, convert to telemedicine if possible)

For patients on clinical trials, seek information about changes in management for individual studies from the coordinating trials unit for treatment frequency, blood investigations and imaging

Priorities for endometrial cancer: Surgical oncology

- Uterine/pelvic haemorrhage
- Radiologically confirmed peritonitis
- Complication during/after radiotherapy for primary tumour/pelvic recurrence (e.g. fistulisation/bowel perforation)
- Acute post-surgery complications (e.g. perforation/ureteral dissection, bleeding)

- Hysterectomy (+/-BSO) + SLN samResection of slowly growing central recurrencepling/lymphadenectomy in newly diagnosed endometrial cancer apparently confined to the uterus

- Risk-reducing surgery for genetic predisposition to endometrial cancer
- AH/EIN not controlled with hormonal therapy
- Reparation of asymptomatic fistula
- Resection of slowly growing central recurrence

Priorities for endometrial cancer: Medical oncology

- ChT in previously untreated symptomatic metastatic/recurrent disease not sensitive to HT
- Continuation of medical treatment in the context of a clinical trial
- ChT +/- radiotherapy post-surgery in high-risk patients

- Metastatic/recurrent disease slowly growing potentially hormone-sensitive (HT) (gr1-2, hormone receptors-positive)

- Second line ChT in patients not suitable for HT

Priorities for endometrial cancer: Radiotherapy

- EBRT +/- chemotherapy post-surgery in high-risk patients
- Radiotherapy for symptomatic unresectable primary tumour not suitable for surgery

- Brachytherapy in intermediate-high risk
- Radiotherapy with curative intent for isolated vaginal relapse after surgery

- Radiotherapy for asymptomatic vaginal/pelvic recurrence

List of abbreviations: AH, atypical hyperplasia; BSO, bilateral salpingo-oophorectomy; ChT, chemotherapy; CT, computed tomography; DVT, deep vein thrombosis; EBRT, external beam radiotherapy; EIN, endometrial intraepithelial neoplasia; HT, hormone therapy; SLN, sentinel lymph node; US, ultrasound.

You may also be interested in

COVID-19 and Cancer

COVID-19 and Cancer Guide for Patients

Related Links

Breast cancer in the COVID-19 era

Gynaecological malignancies: Cervical cancer in the COVID-19 era

Gastrointestinal cancers: Colorectal cancer (CRC) in the COVID-19 era

Gynaecological malignancies: Epithelial ovarian cancer in the COVID-19 era

Gastrointestinal cancers: Gastro-oesophageal tumours in the COVID-19 era

Lung cancer in the COVID-19 era

Palliative Care in the COVID-19 era

Gastrointestinal cancers: Pancreatic cancer in the COVID-19 era