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
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.

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**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 after radical 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)

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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. 

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**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 recurrence/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

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**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

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

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- Second line ChT in patients not suitable for HT

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**Priorities for endometrial cancer: Radiotherapy**

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

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

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- 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

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