NZGCG Follow up Recommendations for Endometrial and Cervical cancer (approved May 2015)

These follow-up guidelines have been developed and discussed over 3 successive meetings of the NZ Gynecological Cancer group (NZGCG) during 2014 and 2015. In the absence of good evidence in this area, a consensus has been reached, taking into account opinions and practices around NZ and involving Medical and Nursing in the NZGCG.

**Endometrial Cancer**

- Majority of recurrence in first 2-3y
  - ~80% by 3y
  - Majority will have symptoms
  - Early stage – 2-15% recur
  - Advanced stage – up to 50% recur

- ~50% of recurrence is local only

- Many local recurrences are curable

- No evidence for **routine** smears or imaging
  - If subtotal hysterectomy done – needs cervical smears as per screening programme/risk of recurrence

- See 2 weeks post op for diagnosis

- All patients discussed at MDM

- Pelvic exam at each appointment

- Alternate follow up Surgeon and Radiation Oncologist as appropriate
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**Endometrial Cancer**

**Low Risk** - Stage IA G1, 2

<table>
<thead>
<tr>
<th></th>
<th>3 mth</th>
<th>6mth</th>
<th>1y</th>
<th>18m</th>
<th>2y</th>
<th>5y</th>
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<tbody>
<tr>
<td>Gynaecological Surgeon</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>Collect 5yr data outcomes</td>
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<tr>
<td>Specialist Nurse*</td>
<td>X</td>
<td>SP</td>
<td></td>
<td></td>
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<td>Exit SP</td>
</tr>
<tr>
<td>GP</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
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Consider virtual clinic for well motivated/very rural patients
Discharge at 2 years if no symptoms/ongoing concerns
*3mth and 2y nurse led survivorship clinic is recommended

**Intermediate Risk** – Stages IA G3, IB Grades 1, 2

<table>
<thead>
<tr>
<th></th>
<th>6weeks</th>
<th>6mth</th>
<th>1y</th>
<th>1.5y</th>
<th>2y</th>
<th>2.5y</th>
<th>3y</th>
<th>5y</th>
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<tr>
<td>Rad Onc/Surgeon</td>
<td>Post treatment</td>
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<td>X</td>
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<tr>
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If no radiotherapy then follow up by surgeon at 6 monthly intervals
Discharge at 3 years if no symptoms/ongoing concerns

**High Risk** - Stages IB G3, II, III, Serous, Clear cell, Carcinosarcoma

<table>
<thead>
<tr>
<th></th>
<th>6w</th>
<th>3mth</th>
<th>6mth</th>
<th>9mth</th>
<th>1y</th>
<th>1.5y</th>
<th>2y</th>
<th>2.5y</th>
<th>3y</th>
<th>5y</th>
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<tbody>
<tr>
<td>Rad Onc/Surgeon</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Data outcome collection</td>
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<tr>
<td>CNS</td>
<td>SP</td>
<td></td>
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If no radiotherapy, surgical follow up only
If chemotherapy given, consider Medical Oncology follow up annually
Discharge at 3 years if no ongoing symptoms/concerns
Consider earlier discharge if not fit/no salvage options available
NZGCG Follow up Recommendations for Endometrial and Cervical cancer (approved May 2015)

**Cervical Cancer**

- >75% of recurrences occur in first 2-3y
- Local recurrences may be salvaged
- Majority will have symptoms
- Need annual data collection

**Stage IA1 SCC Rx Surgery only**

<table>
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<th>1y</th>
<th>2y</th>
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<tbody>
<tr>
<td>Gynaecologist</td>
<td>X smear</td>
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</tr>
<tr>
<td>GP</td>
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<td>X smear and HPV</td>
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TAH and cone biopsy treated the same
Once 2 consecutive negative HPV tests, return to routine screening

**Stage IB1, IA2 & all IA adenocarcinoma - Surgical management**

<table>
<thead>
<tr>
<th></th>
<th>3mth</th>
<th>6m</th>
<th>9m</th>
<th>12m</th>
<th>18m</th>
<th>24m</th>
<th>3 y</th>
<th>5 y</th>
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<td>X</td>
<td>X</td>
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<tr>
<td>CNS</td>
<td>X *SP</td>
<td>X 9-18 month followup</td>
<td>X SP</td>
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Discharge to GP at 2 years
Annual smears ongoing by GP if no radiation Rx (at least 10y)
If radiotherapy given, alternate with Radiation Oncologist as appropriate.
Continue to 3 years if had radiotherapy (for toxicity) then discharge to GP
* Survivorship Plan

**Primary Radiotherapy +/- chemo**

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<thead>
<tr>
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<th>6w</th>
<th>3 mth</th>
<th>6</th>
<th>9</th>
<th>12</th>
<th>18</th>
<th>2y</th>
<th>2.5y</th>
<th>3y</th>
<th>5y</th>
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<tbody>
<tr>
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<td>X</td>
<td>X</td>
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<td>X</td>
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<td>Data outcome collection</td>
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<tr>
<td>CNS</td>
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<td>X12-18m followup</td>
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Discharge at 3 years if no symptoms /ongoing concerns
No routine smears
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Follow up: Notes

- Clinical Nurse Specialist (CNS) – Nurse-led clinics for survivorship plan (SP) soon after all treatment completed and again at discharge
  - Education for patients (oral and written) regarding symptoms of recurrence, lifestyle changes (especially weight control and stop smoking), support services, managing toxicity

- Annual follow up data collection

- Patient initiated follow up (PIFU)
  - Make space in clinics for patients with symptoms to be seen quickly

These recommendations are a guide only for the well patient – physician preferences may differ.

Any symptoms/patient concerns require more intensive follow up

References

Due to lack of evidence in the literature, these guidelines are based on the below:

SGO recommendations - Salani et al AJOG 2011;204(6):466-78