ENDOMETRIAL CANCER

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Staging	Stage I/Grade 1-3	Stage II/Grade 1-3	Stage III/Grade 1-3	Stage IV/Grade 1-3
A	**Tumor confined to the uterus** No invasion or less than half myometrial invasion	**Tumor invades cervical stroma-but does not extend beyond the uterus** *NO A/B/C designation	**Local/regional spread** Tumor invades surface of the uterus or ovaries	**Tumor invades bladder/bowel/or distant metastases** Tumor invades bladder or bowel mucosa
B	**Tumor confined to the uterus** Invasion equal to or more than half myometrial invasion	**n/a**	**Local/regional spread** Vaginal or parametrial spread	**Distant metastases** Intra-abdominal metastases/liver/lung
C	n/a	**n/a**	**Metastases to pelvic/para aortic nodes** *IIIC 1: Positive pelvic nodes *IIIC 2: Positive para aortic nodes	**n/a**

****Stage: Defines where the cancer has spread**

****Grade: Nature of the cancer cells (grade 1 being least aggressive to 3 being most aggressive)**

Surgery for endometrial cancer involves:

-Complete hysterectomy (including cervix) -Removal of both fallopian tubes and ovaries

-Lymphadenectomy (removal of pelvic and para-aortic lymph nodes) is often performed depending on your risk factors and the spread of the cancer

**Para-aortic lymph nodes: lie in front of your spine, along the back of the abdomen, near the aorta

Types of surgery offered for endometrial cancer:

1. Traditional open surgery (up and down incision)
2. Laparoscopic
3. Robotic ***

80% of the endometrial cancer we treat here at Northwestern is done robotically. It is a minimally invasive surgery that involves 5 small incisions in the abdomen. Robotic surgery for endometrial cancer is preferred over laparoscopy because robotic surgery offers better visualization of the surgical field and finer manipulation of the instruments for delicate procedures such as lymph node dissections.

Treatment after Surgery

Depending on that **stage and type of endometrial cancer** you have, the recommendations for treatment after surgery can vary from:

1. No further treatment. Routine follow up only
2. Radiation to the top of the vagina (vaginal radiation)
3. Radiation to the pelvis (pelvic radiation)
4. Hormone therapy with progestin
5. Chemotherapy: (advanced stages and/or aggressive cell types)

- **Taxane:** Taxol (paclitaxel)

- **Platinum:** Carboplatin

Chemotherapy is given intravenously (IV) [in a vein].
Treatment with chemotherapy is done in our outpatient infusion center (suite 420) in the Prentice building.
Radiation is done with our colleagues in radiation oncology in the basement of the Prentice building.

Post-operative Follow-up

If you have traditional open surgery, you will be seen back in the office 10-14 days after surgery to remove the staples from your incision and see how you are recovering. You will then be seen again 4-5 weeks after surgery for a pelvic exam to ensure the top of the vagina is healed from the hysterectomy.

If you have robotic surgery, you will be seen in the office 2 weeks after surgery to see how you are recovering. You will then be seen again 4-5 weeks after surgery for a pelvic exam to ensure the top of the vagina is healed from the hysterectomy.

Follow up

After completion of all treatment, follow up for endometrial cancer includes visits in our office every 3 months for 2 years for a physical exam and sometimes a pap smear. We then space out the visits to every 6 months for 2-3 more years. After this we will continue to follow you yearly unless otherwise discussed.