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**Appendix 5: Endometrial cancer: eUpdate published online 8 June 2017  
([www.esmo.org/Guidelines/Gynaecological-Cancers](http://www.esmo.org/Guidelines/Gynaecological-Cancers))**

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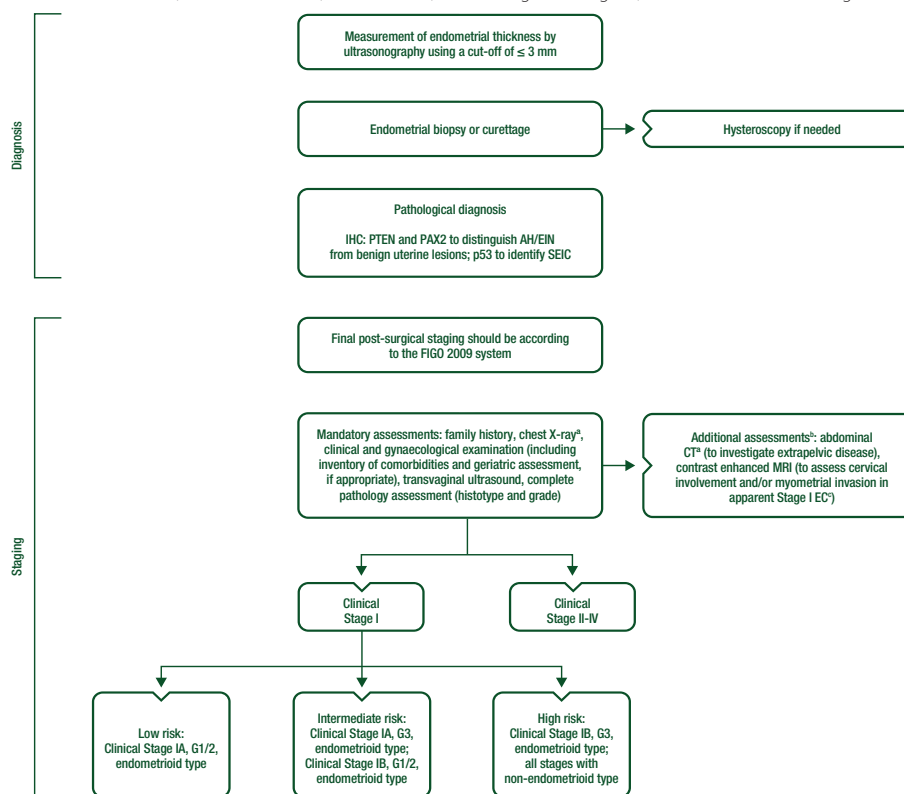
## CLINICAL PRACTICE GUIDELINES

# Appendix 5: Endometrial cancer: eUpdate published online 8 June 2017 (www.esmo.org/Guidelines/Gynaecological-Cancers)

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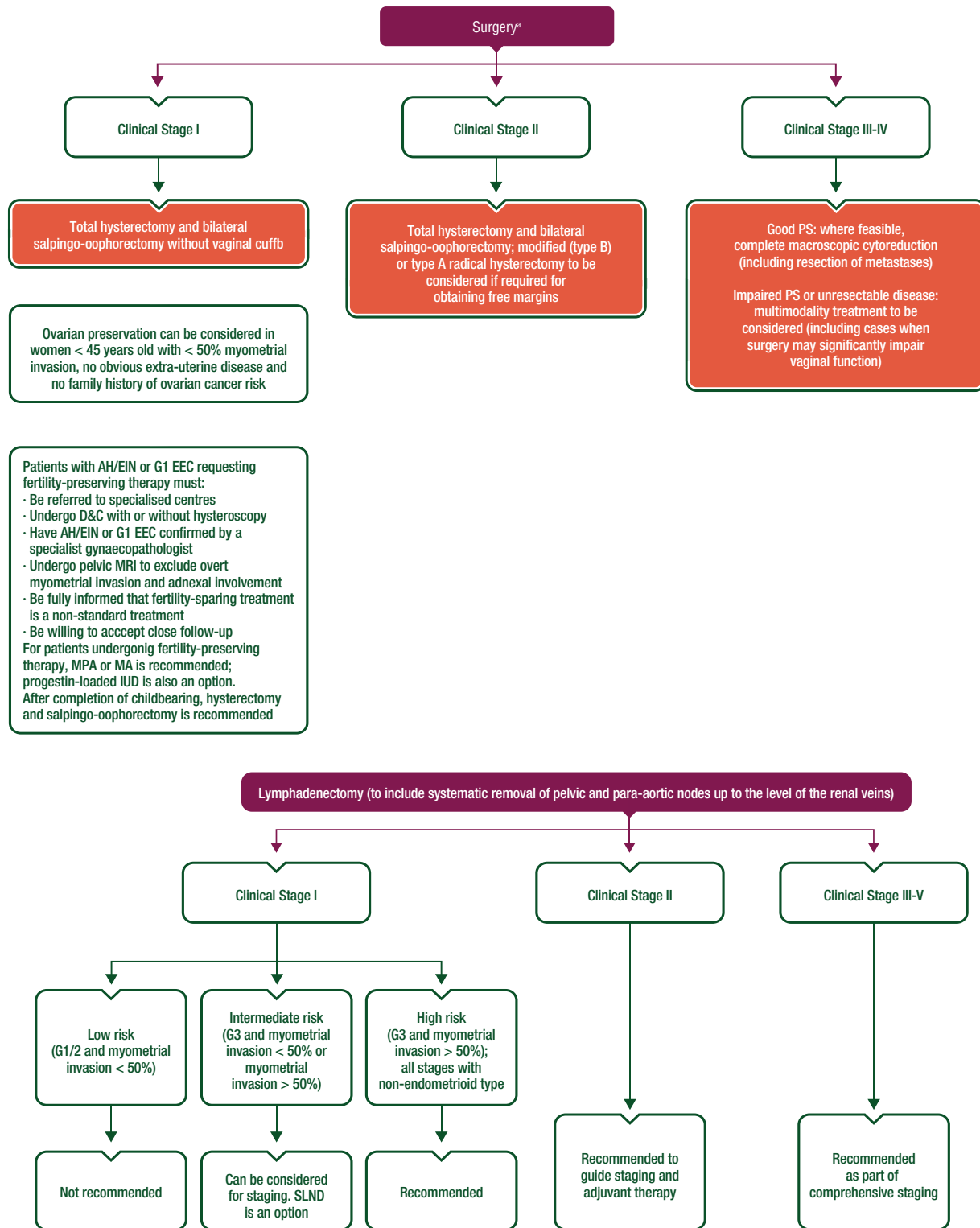
**Figure 1.** Endometrial cancer: Diagnostic work-up and staging.

<sup>a</sup>When abdominal CT is performed, thoracic assessment can replace chest X-ray.

<sup>b</sup>According to the clinical situation.

<sup>c</sup>MRI to assess myometrial invasion in apparent Stage I EC should only be undertaken in institutions where the indication for LND is tailored according to risk groups.

AH, atypical hyperplasia; CT, computed tomography; EC, endometrial cancer; EIN, endometrial intraepithelial neoplasia; FDG, fluorodeoxyglucose; FIGO, International Federation of Gynecology and Obstetrics; G, grade; IHC, immunohistochemistry; LND, lymph node dissection; MRI, magnetic resonance imaging; PAX2, paired box 2; PET, positron emission tomography; PTEN, phosphatase and tensin homolog; SEIC, serous endometrial intraepithelial carcinoma.

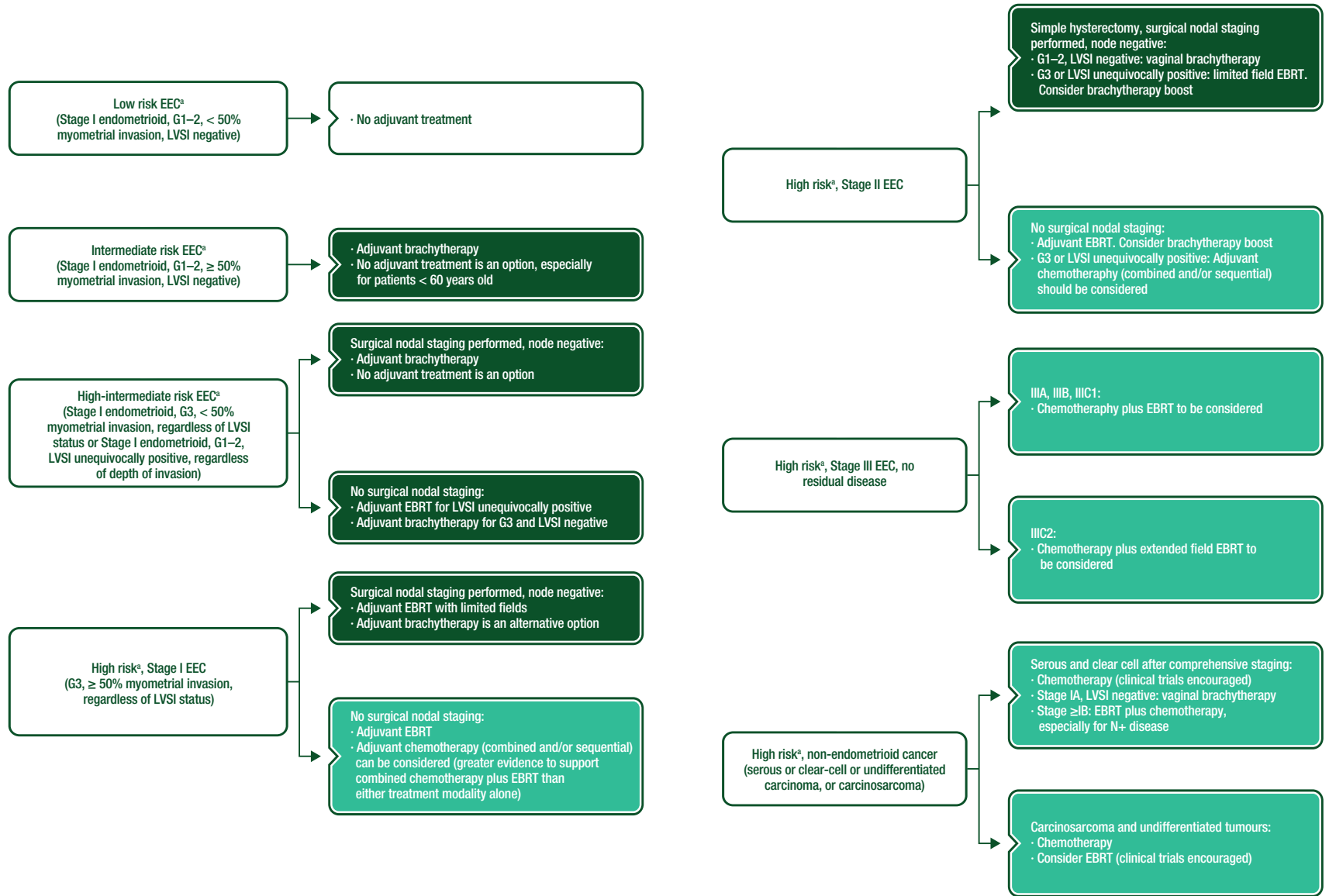


**Figure 2.** Endometrial cancer: Surgical management.

<sup>a</sup>Patients considered medically unfit for laparoscopy/laparotomy can be managed either by vaginal hysterectomy (with bilateral salpingo-oophorectomy wherever possible), RT or hormone treatment.

<sup>b</sup>Minimally invasive surgery is recommended for low- and intermediate-risk EC and can be considered for high-risk EC.

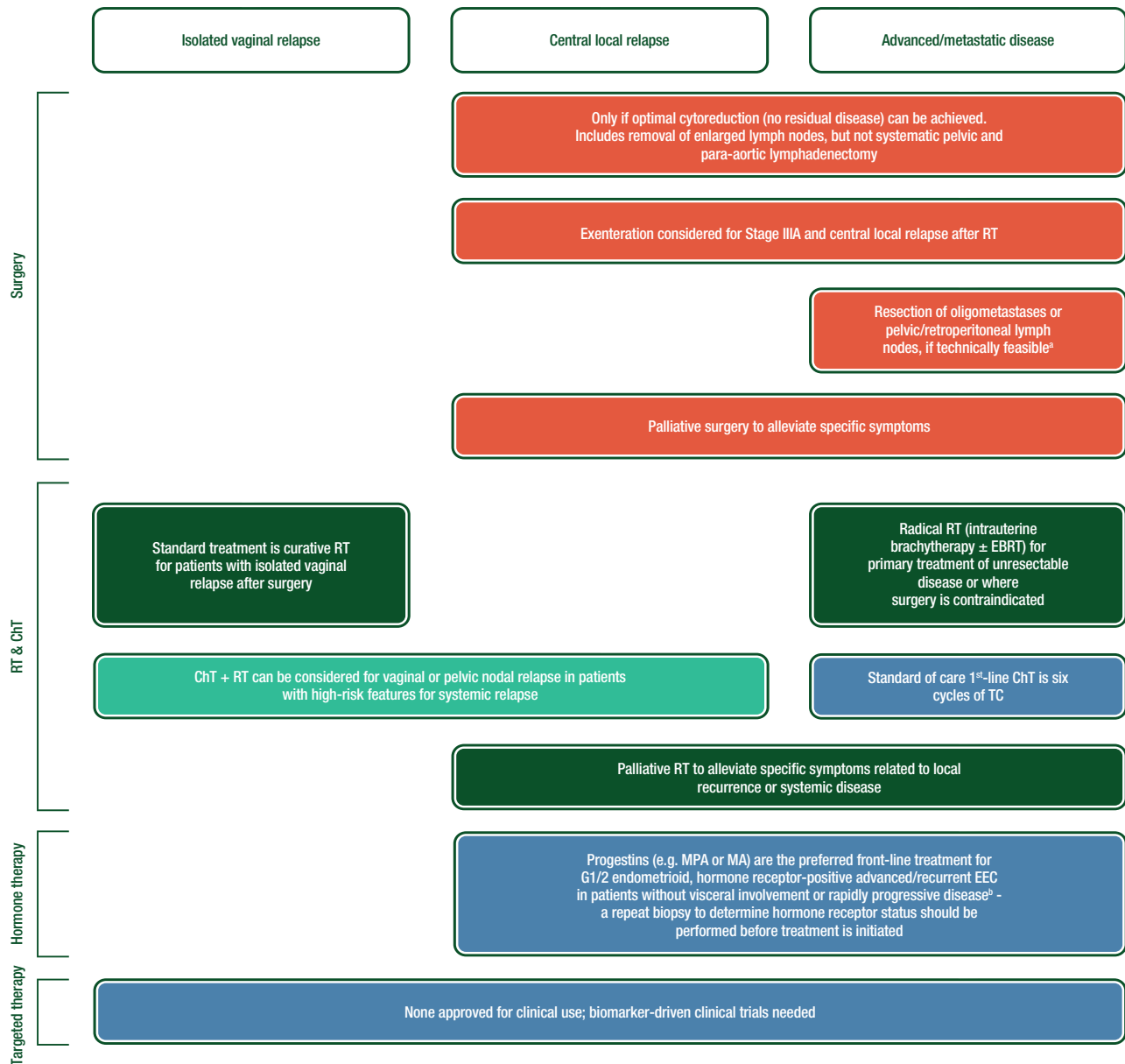
AH, atypical hyperplasia; D&C, dilatation and curettage; EEC, endometrioid endometrial cancer; EC, endometrial cancer; EIN, endometrial intraepithelial neoplasia; G, grade; IUD, intrauterine device; MA, meggestrol acetate; MPA, medroxyprogesterone acetate; PS, performance status; RT, radiotherapy; SLND, sentinel lymph node dissection.



**Figure 3.** Endometrial cancer: Adjuvant treatment.

<sup>a</sup>New risk groups to guide adjuvant therapy use [1-3].

EBRT, external beam radiotherapy; EEC, endometrioid endometrial cancer; G, grade; LVSI, lymphovascular space invasion; N, node.



**Figure 4.** Endometrial cancer: Advanced/recurrent disease.

<sup>a</sup>Evidence for a benefit is limited.

<sup>b</sup>Other hormonal agents, such as tamoxifen, fulvestrant and aromatase inhibitors, can be considered after progestins.

ChT, chemotherapy; EBRT, external beam radiotherapy; EEC, endometrioid endometrial cancer; G, grade; MA, megestrol acetate; MPA, medroxyprogesterone acetate; RT, radiotherapy; TC, paclitaxel/carboplatin.

**References**

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