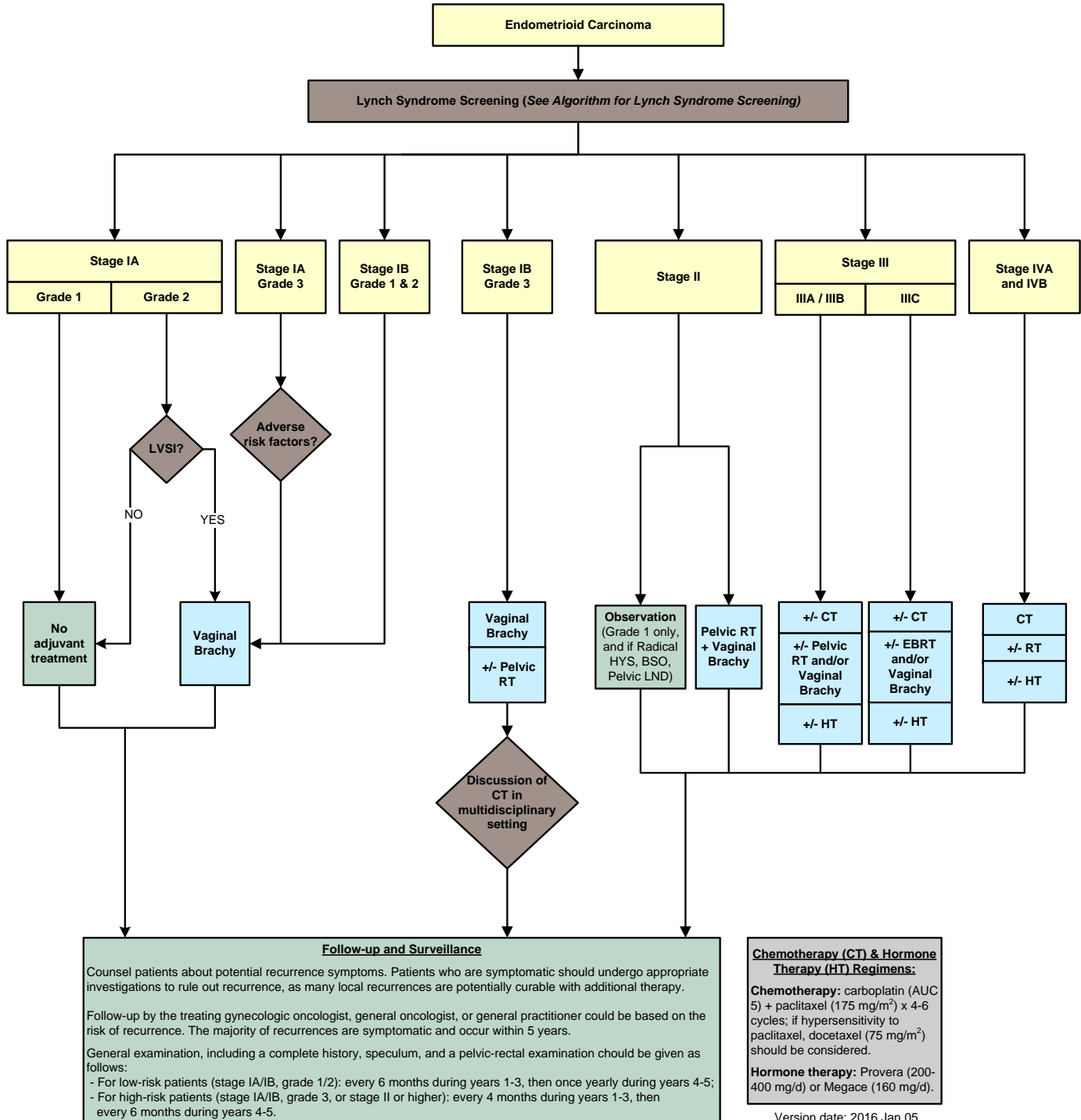
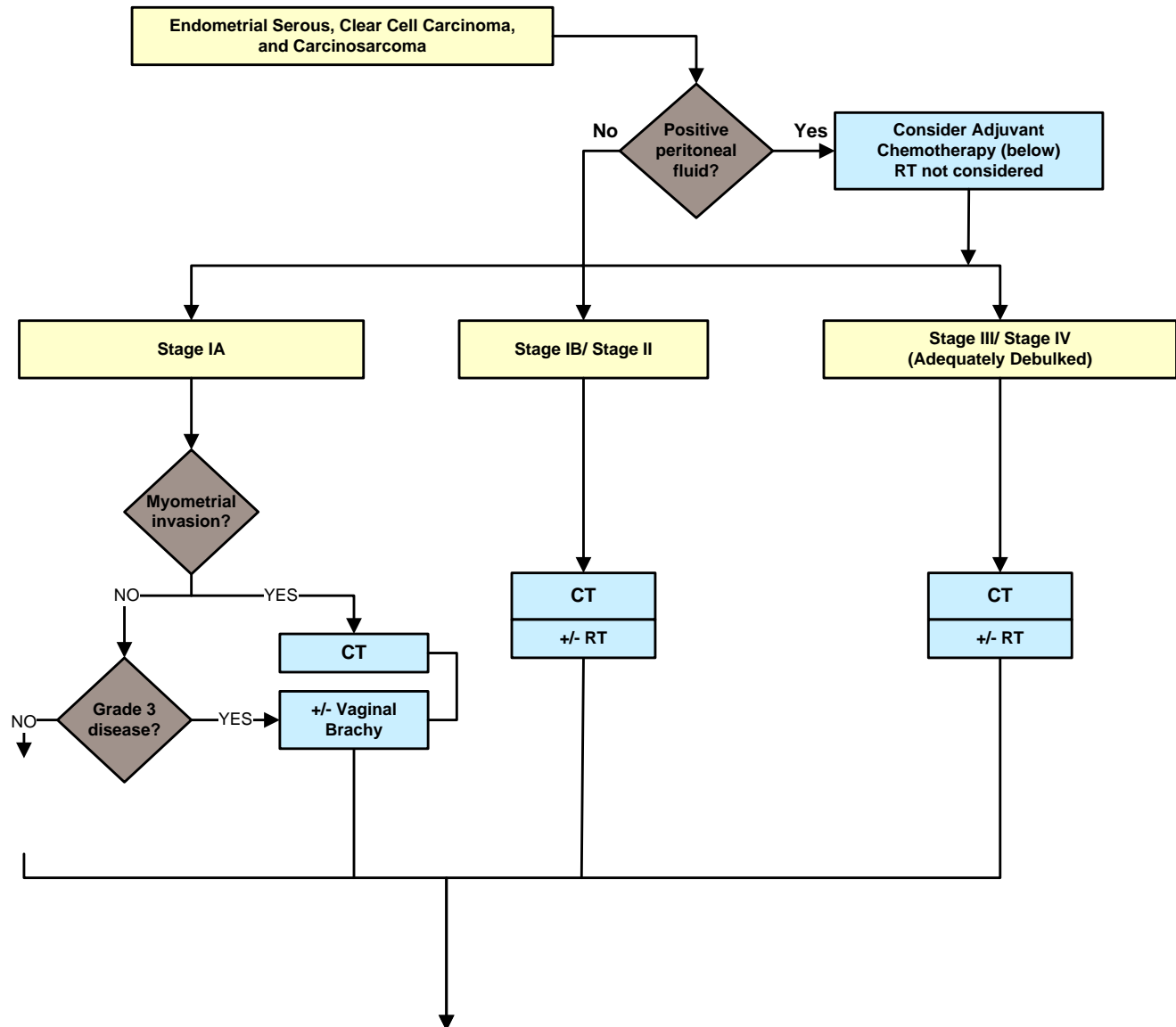


Version date: 2015 Aug 05

*Algorithm for the Management of Endometrioid Carcinoma (GYNE-002)*



Algorithm for the Management of Endometrial Serous, Clear Cell, and Carcinosarcoma (GYNE-002)



**Follow-up and Surveillance**

Counsel patients about potential recurrence symptoms. Patients who are symptomatic should undergo appropriate investigations to rule out recurrence, as many local recurrences are potentially curable with additional therapy.

Follow-up by the treating gynecologic oncologist, general oncologist, or general practitioner could be based on the risk of recurrence. The majority of recurrences are symptomatic and occur within 5 years.

General examination, including a complete history, speculum, and a pelvic-rectal examination should be given as follows:

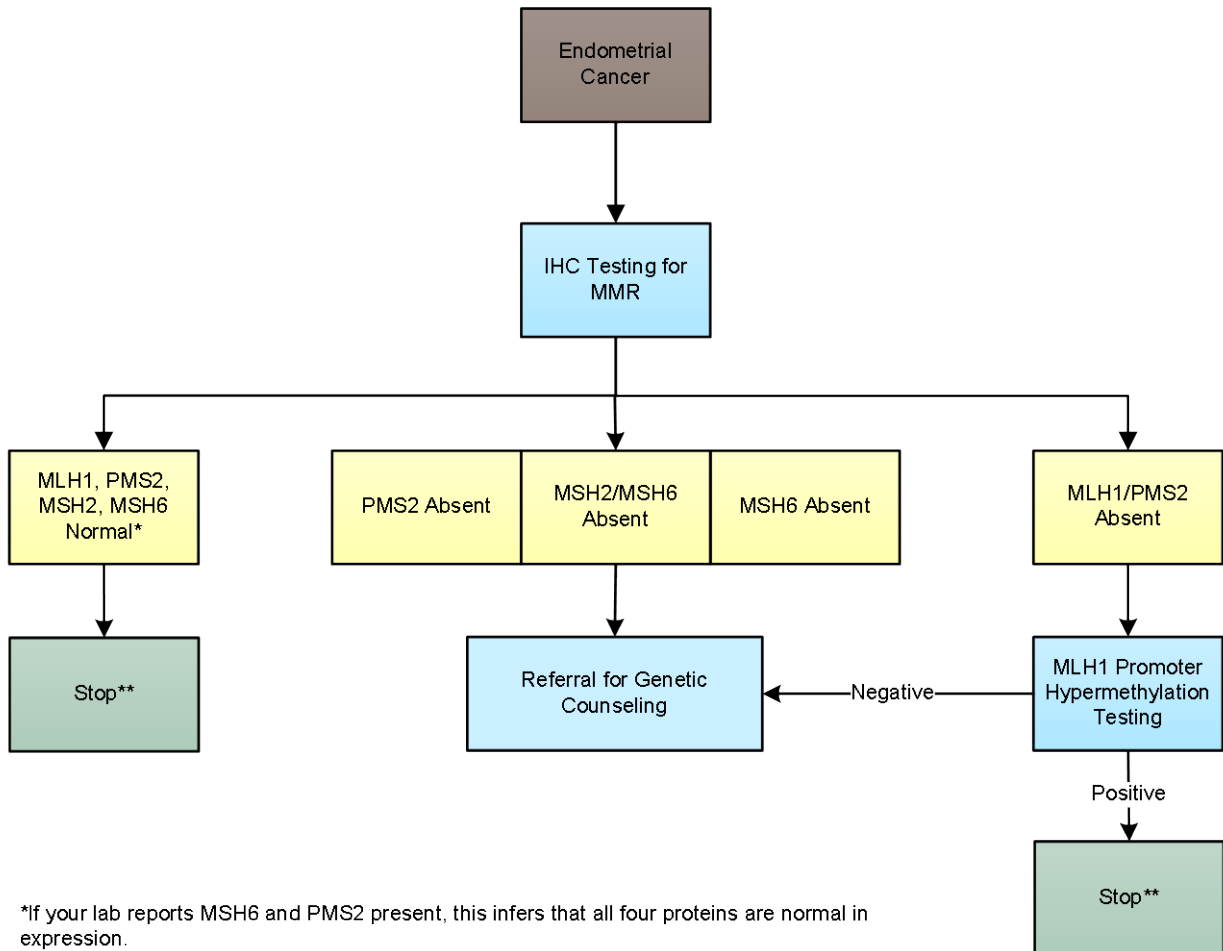
- For low-risk patients (stage IA/IB, grade 1/2): every 6 months during years 1-3, then once yearly during years 4-5;
- For high-risk patients (stage IA/IB, grade 3, or stage II or higher): every 4 months during years 1-3, then every 6 months during years 4-5.

**Chemotherapy (CT) Regimens:**

**Chemotherapy:** carboplatin (AUC 5) + paclitaxel (175 mg/m<sup>2</sup>) x 4-6 cycles; if hypersensitivity to paclitaxel, docetaxel (75 mg/m<sup>2</sup>) should be considered.

Version date: 2016 Jan 05

*Algorithm for Example Lynch Syndrome Screening  
for Endometrial Cancer (GYNE-002)*



\*If your lab reports MSH6 and PMS2 present, this infers that all four proteins are normal in expression.

\*\*Patients with significant personal or family history suggestive of hereditary cancer syndromes should be considered for genetic referral regardless of normal screening studies.

Version date: 2015 Nov 26