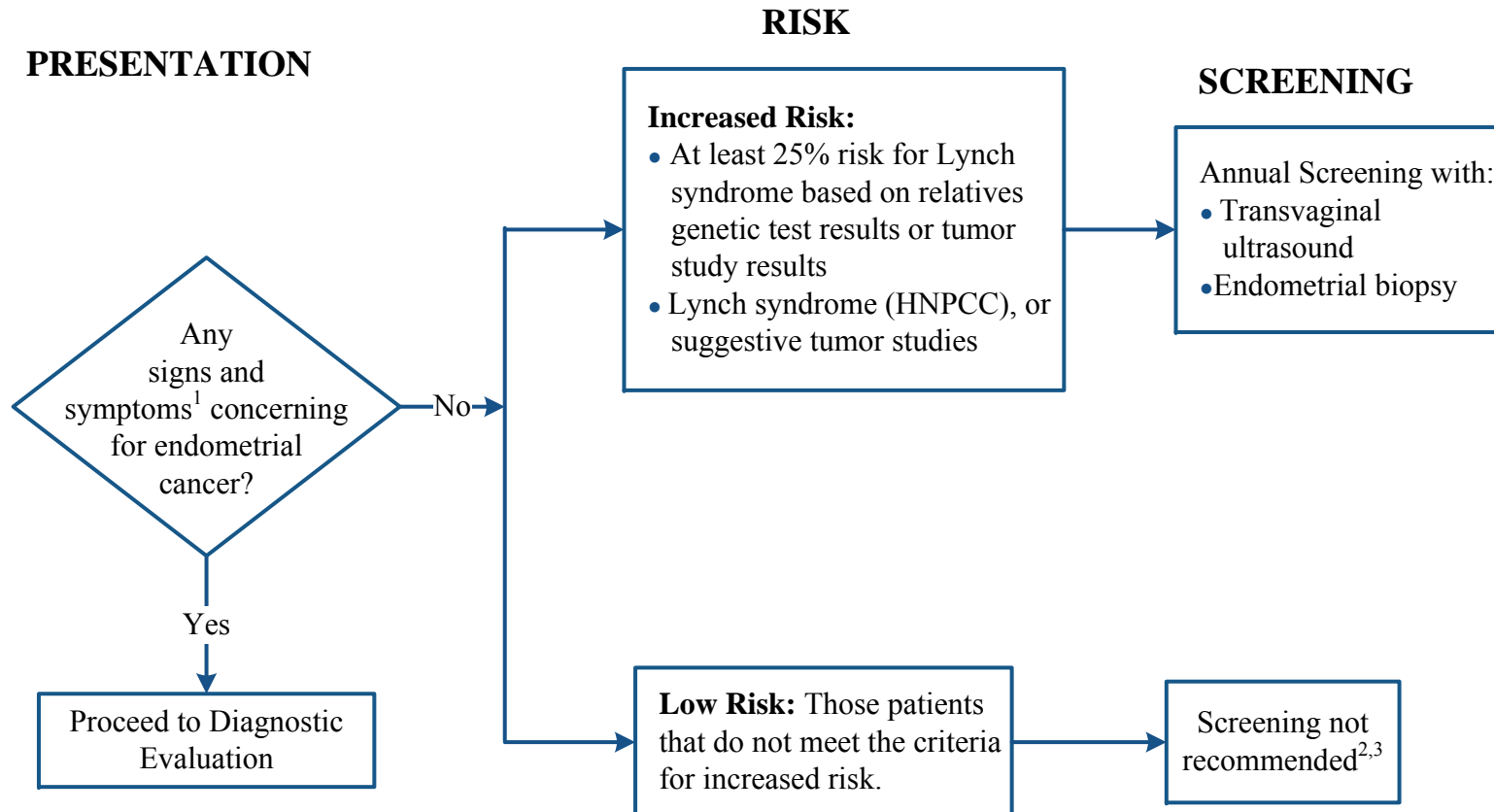


This practice algorithm has been specifically developed for M. D. Anderson using a multidisciplinary approach and taking into consideration circumstances particular to M. D. Anderson, including the following: M. D. Anderson's specific patient population; M. D. Anderson's services and structure; and M. D. Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

Note: Screening is only intended for asymptomatic individuals. Patient must be a candidate for and is willing to undergo curative treatment. Endometrial cancer screening may continue as long as a woman has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem.



¹ Signs and symptoms include:

- abdominal vaginal bleeding • vaginal discharge • pelvic pressure

² While it is recognized that women who are overweight/obese, taking tamoxifen or with a prior history of pelvic radiation are at increased risk of endometrial cancer, screening is not recommended for these populations.

³ Patients should have any gynecological symptoms promptly evaluated.

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SUGGESTED READINGS

ACOG Committee Opinion. (2002). Routine Cancer Screening. *International Journal of Gynecologic Obstetrics*, Number 247, Aug (82), 241-5.
Lindor, NM., Petersen, GM., Hadley, DW., et al. (2006). Recommendations for the care of individuals with an inherited predisposition to Lynch syndrome: a systematic review. *JAMA*, 296(12), 1507.

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Endometrial Screening group at the University of Texas M.D. Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following clinical staff.

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