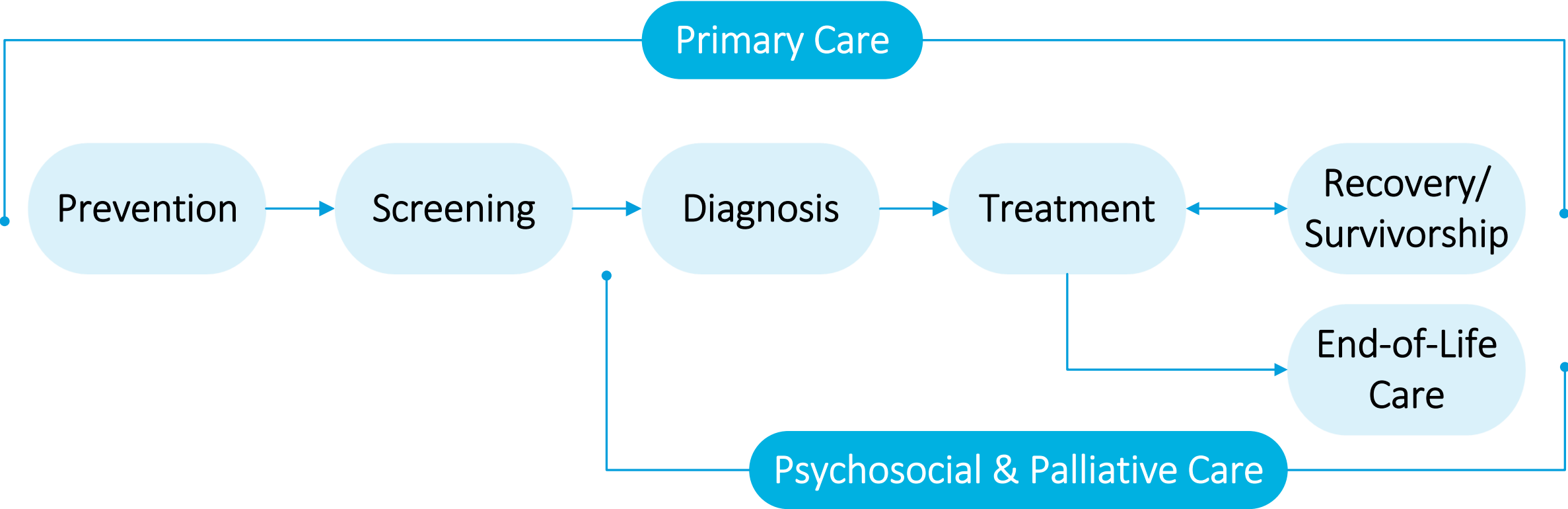


Endometrial Cancer Diagnosis Pathway Map

Version 2025.05



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Ontario Health
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Target Population

- People presenting with signs and symptoms concerning for endometrial cancer.

Pathway Map Considerations

- For more information about the optimal organization of gynecologic oncology services in Ontario, refer to [EBS #4-11](#).*
- **Pathology:** For more information about molecular characterization of endometrial cancer, please refer to [Endometrial Cancer Molecular Testing Recommendations Report](#).
- **Genetics:** All tumours with MLH1/PMS2 (without promoter methylation identified), PMS2, MSH2/MSH6, MSH6 deficiency should be referred for genetic counselling for hereditary cancer testing. Visit [Hereditary Cancer Testing Eligibility](#) for current eligibility criteria.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See [Psychosocial Oncology Guidelines Resources](#).
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See [Ontario Fertility Program](#).
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).*

Pathway Map Legend

Colour Guide

	Primary Care
	Palliative Care
	Pathology
	Organized Diagnostic Assessment
	Gynecologic Oncology
	Radiation Oncology
	Medical Oncology
	Radiology
	Gynecology
	Multidisciplinary Cancer Conference (MCC)
	Genetics
	Psychosocial Oncology (PSO)

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
	Off page reference
	Referral

Line Guide

	Required
	Possible

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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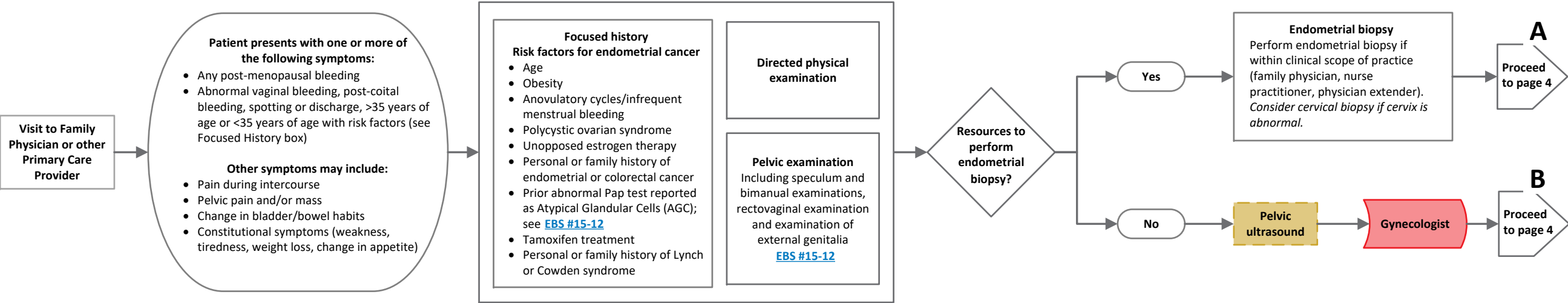
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

* **Note:** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes. [GL #19-6](#) and [GL #4-11](#) are currently listed as “In Review.”

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

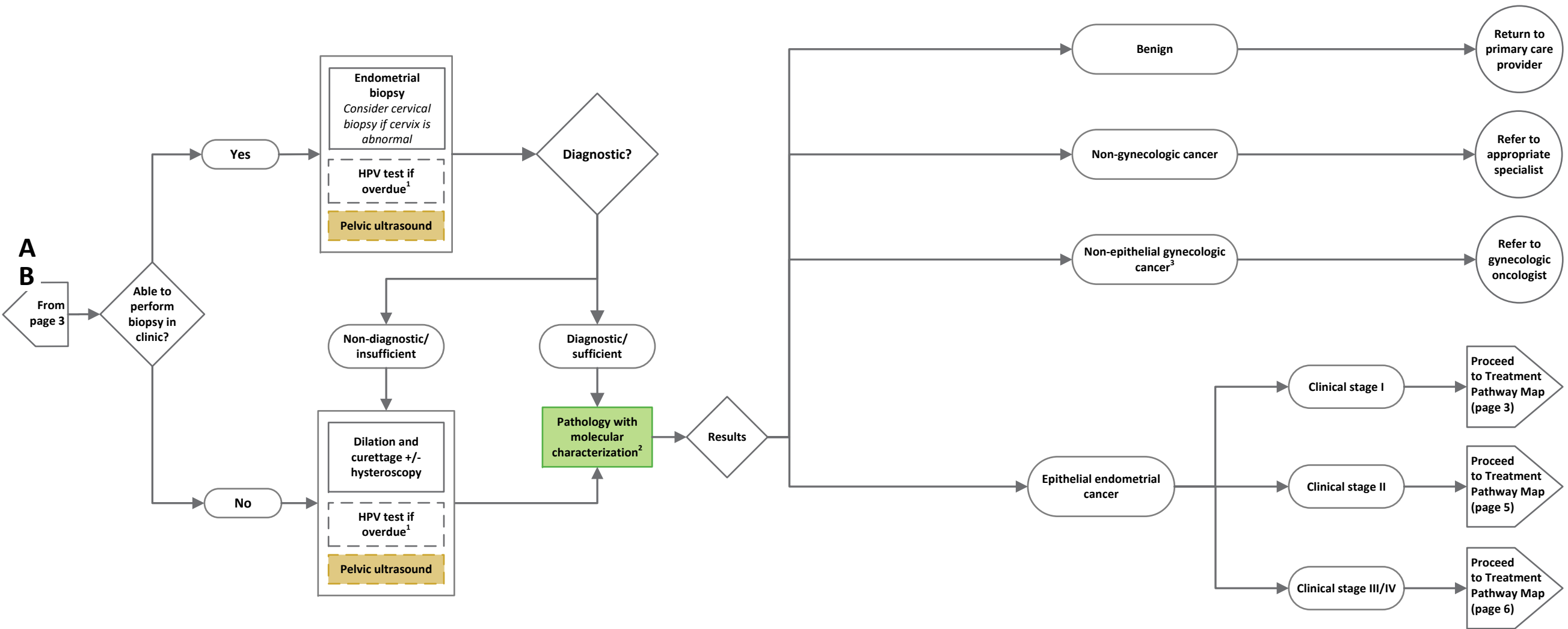
Consider palliative care needs, early and across the care journey. [Click here for more information about palliative care](#)



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¹ The HPV test is a screening test for asymptomatic eligible women and not to be used as a diagnostic tool for abnormal bleeding.
² For more information about molecular characterization of endometrial cancer, please refer to [Endometrial Cancer Molecular Testing Recommendation Report](#).
³ If uterine sarcoma, please refer to [Guidance for the Management of Gynecologic Sarcomas in Ontario: Recommendations Report](#).