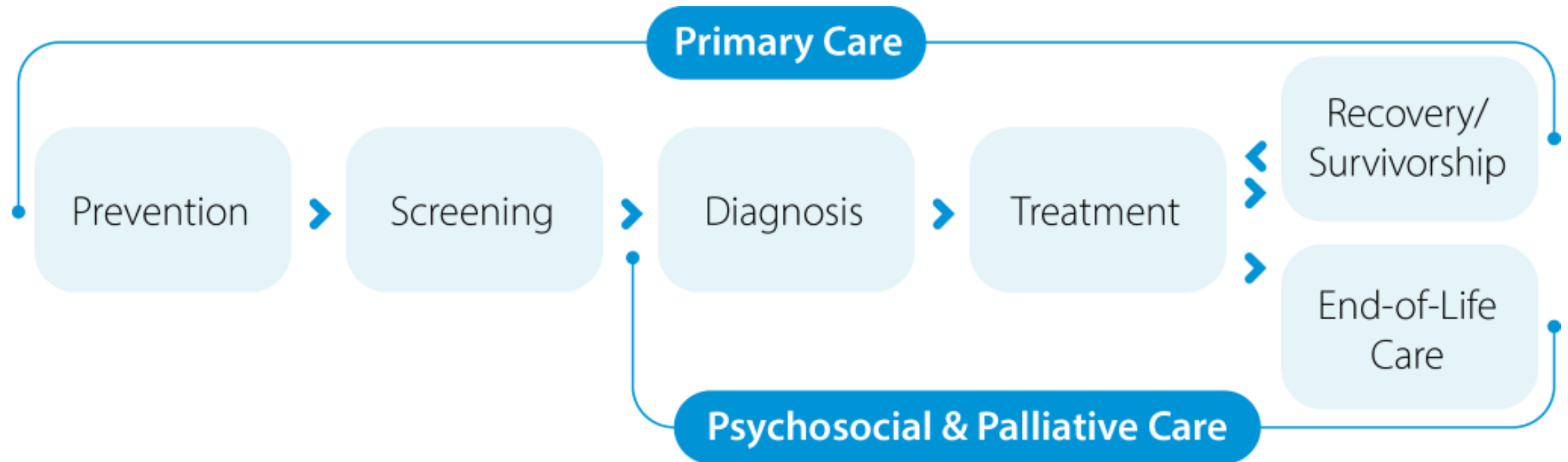


Endometrial Cancer Diagnosis Pathway Map

Version 2021.11



Disclaimer: The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



Ontario Health
Cancer Care Ontario

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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](#).*
- All patients with grade 2 endometrioid cancers and all high-grade histology should be referred to a gynecologic oncology center (GOC).
- Pathology**
 - All endometrial cancers reviewed at a non-GOC and believed to be grade 1 endometrioid must have the diagnosis confirmed by 2 pathologists. If there is discordance between pathologists, the patient and pathology should be referred to a GOC.
 - All endometrial cancers should have reflex mismatch repair (MMR) immunohistochemistry (IHC) testing to screen for Lynch syndrome. If MLH1 deficient, reflex hypermethylation should be performed.
 - All endometrial cancers should have p53 IHC performed.
 - IHC for MMR and p53 should ideally be performed on diagnostic endometrial biopsy.
- Genetics:** All tumours with MSH2/MSH6, MSH6, PMS2 and MLH1 (without hypermethylation) deficiency and patients with family history consistent with Lynch syndrome are candidates for genetic testing and should be referred for genetic counselling. Visit [Hereditary Cancer Testing Eligibility](#).
- 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, [Health Care Connect](#) 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](#).*








* **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."

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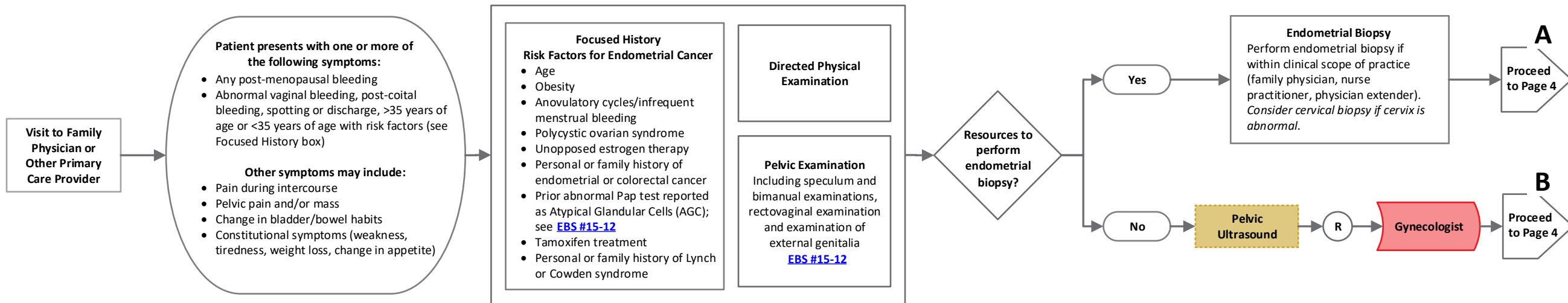
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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

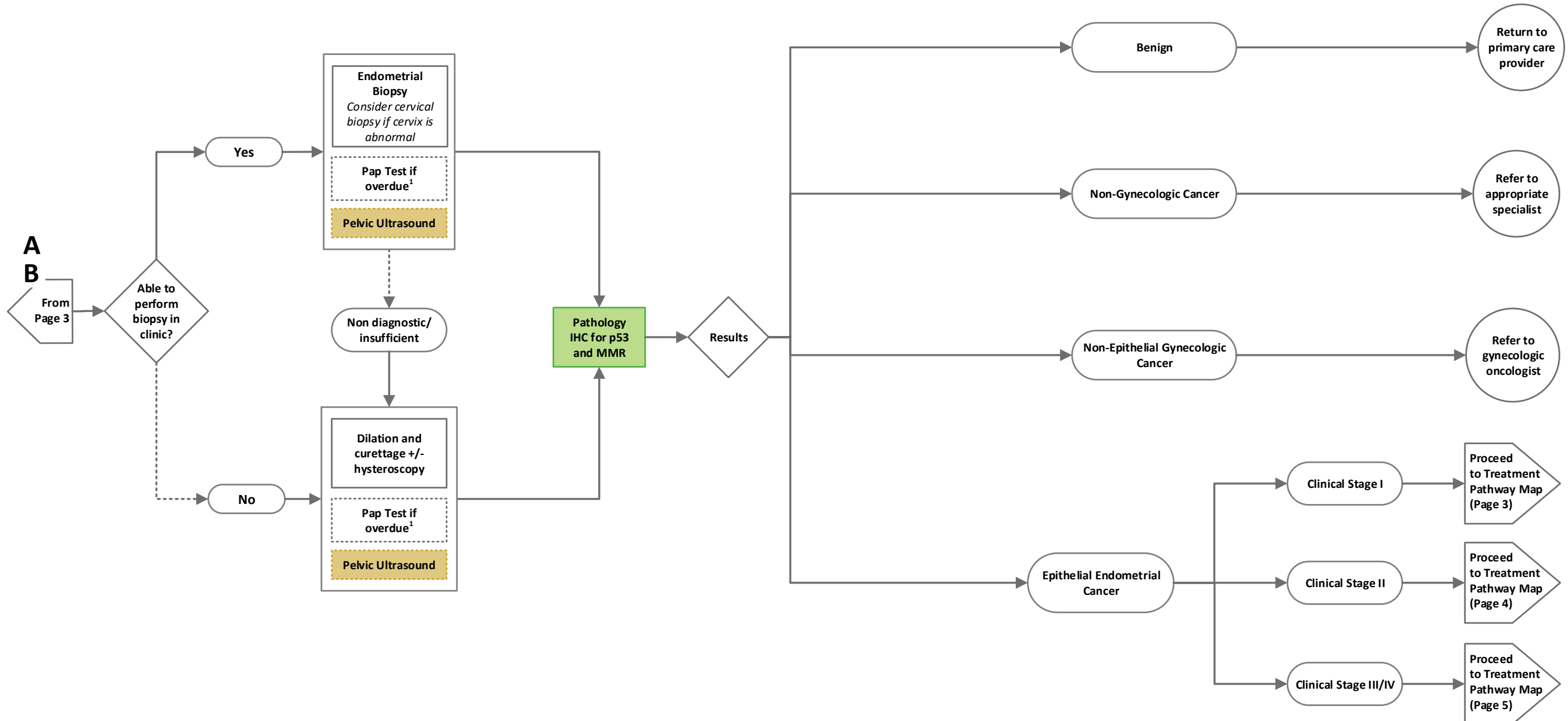
Consider the introduction of palliative care, early and across the cancer journey. [Click here for more information about palliative care](#)



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¹ The Pap test is a screening test for asymptomatic eligible women and not to be used as a diagnostic tool for abnormal bleeding.