Complete Summary

GUIDELINE TITLE

American Cancer Society guidelines on testing for early endometrial cancer detection-update 2001. In: American Cancer Society guidelines for the early detection of cancer.

BIBLIOGRAPHIC SOURCE(S)

American Cancer Society guidelines on testing for early endometrial cancer detection-update 2001. CA Cancer J Clin 2001 Jan-Feb;51(1):54-9. [181 references]

Smith RA, Cokkinides V, Eyre HJ. American Cancer Society guidelines for the early detection of cancer, 2003. CA Cancer J Clin 2003 Jan-Feb;53(1):27-43. [57 references] PubMed

GUIDELINE STATUS

This is the current release of the guideline. It updates a previous version: Mettlin C, Jones G, Averette H, Gusberg SB, Murphy GP. Defining and updating the American Cancer Society guidelines for the cancer-related checkup: prostate and endometrial cancers. CA Cancer J Clin 1993 Jan-Feb;43(1):42-6.

Each year the American Cancer Society publishes a summary of existing recommendations for early cancer detection, including updates, and/or emerging issues that are relevant to screening for cancer.

COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
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SCOPE

DISEASE/CONDITION(S)

Endometrial cancer

GUIDELINE CATEGORY

Diagnosis
Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Medical Genetics
Nursing
Obstetrics and Gynecology
Oncology
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Nurses
Patients
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To update the 1992 American Cancer Society guideline for the early detection of endometrial cancer.
- To offer recommendations to health care professionals and the public related to the early detection of endometrial cancer in asymptomatic women.

TARGET POPULATION

Menopausal and postmenopausal women of average or increased risk for endometrial cancer (history of unopposed estrogen therapy, nulliparity, infertility or failure to ovulate, obesity, diabetes, or hypertension); women with or at risk for hereditary nonpolyposis colorectal cancer (HNPCC)

INTERVENTIONS AND PRACTICES CONSIDERED

1. Endometrial biopsy, followed by evaluation of endometrial histology
2. Hysteroscopy-directed biopsy
3. Transvaginal ultrasound
4. Pap test

MAJOR OUTCOMES CONSIDERED

Morbidity and mortality related to endometrial cancer

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

During the current guideline review, published articles related to endometrial cancer screening, risk, and risk factors were identified using MEDLINE (National Library of Medicine) for the years 1991 through 2000, bibliographies of identified articles, and from the personal files of the panel members. The database was searched using key words including neoplasia, endometrium, early detection, as well as words related to each of the individual risk factors.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Panel members reviewed the papers related to one or more assigned risk factors based on their area of expertise. Members met via conference call from May through October 2000 to discuss the data and recommendations.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Panel members reviewed the papers related to one or more signed risk factors based on their area of expertise. Members met via conference call from May through October 2000 to discuss the data and recommendations. Each member viewed the draft manuscript and provided suggestions for revisions.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Each member reviewed the draft manuscript and provided suggestions for revisions.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Excerpted by the National Guideline Clearinghouse (NGC):

Recommendations for Women at Average Risk

Based on a thorough review of the literature, there is no indication that screening for endometrial cancer is warranted for women who have no identified risk factors. There have been no large prospective randomized controlled scientific studies designed to measure the effectiveness of screening, probably because most endometrial cancer (77%) is diagnosed at an early, favorable stage. Early diagnosis usually results from the presence of alerting symptoms, specifically bleeding. Therefore it is recommended that, at the time of menopause, women at average risk should be informed about risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their physicians.

Recommendations for Women at Increased Risk

Based on a thorough review of the literature, there is no indication that screening for endometrial cancer should be recommended for women at increased risk for endometrial cancer because of history of unopposed estrogen therapy, late menopause, tamoxifen therapy, nulliparity, infertility or failure to ovulate, obesity, diabetes, or hypertension. As is the case with average-risk women, individuals at increased risk who develop endometrial cancer tend to present with symptoms at

an early, favorable stage. As with average-risk women, at the time of menopause, those at increased risk based on the risk factors identified above, should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their physicians. Asymptomatic women at increased risk should also be informed about the potential benefits, risks, and limitations of testing for early endometrial cancer detection, to ensure informed decisions about testing.

Recommendations for Women at High Risk

The American Cancer Society recommends that annual screening for endometrial cancer with endometrial biopsy should be offered by age 35 for women with or at risk for hereditary nonpolyposis colorectal cancer (HNPCC). Women in this high-risk group should be informed about the risks and symptoms of endometrial cancer, and should be informed about potential benefits, risks, and limitations of testing for early endometrial cancer detection.

The population defined as at high risk for endometrial cancer includes women known to carry hereditary nonpolyposis colorectal cancer - associated mutations, women who have a substantial likelihood of being a mutation carrier (i.e., a mutation is known to be present in the family), and women from families with an autosomal dominant predisposition to colon cancer in the absence of genetic testing results, in accordance with the criteria of the Cancer Genetics Studies Consortium Task Force on hereditary nonpolyposis colorectal cancer.

The accepted definition of hereditary nonpolyposis colorectal cancer, based on a 1991 meeting of the International Collaborative Group, includes:

1. At least three relatives with histologically verified colorectal cancer, with one a first-degree relative of the other two; the diagnosis of familial adenomatous polyposis should be excluded.
2. At least two successive generations should be affected.
3. At least one case of colorectal cancer should be diagnosed before age 50 years.

   Meetings in 1996 add to this definition:

4. Pedigrees with a colon cancer case before the age of 40 years, and
5. Pedigrees with a higher incidence of tumors associated with hereditary nonpolyposis colorectal cancer.

At the present time, there are no data indicating that annual screening of women with hereditary nonpolyposis colorectal cancer does or does not detect endometrial cancers at a sufficiently early stage to improve survival compared with diagnosis when symptoms are present. However, because of the high risk of endometrial cancer in this group and because of the potentially life-threatening nature of this disease, screening is recommended.

The best age to begin screening women with the hereditary nonpolyposis colorectal cancer risk factor is not known. Others have proposed that annual

screening be initiated at age 25 or between ages 25 and 35. The panel recommends screening begin by age 35. Women with an hereditary nonpolyposis colorectal cancer - associated mutation or with a substantial likelihood of having an hereditary nonpolyposis colorectal cancer - associated mutation should be informed that this recommendation is based on expert opinion in the absence of scientific evidence.

Further, health professionals should counsel women with or at risk for hereditary nonpolyposis colorectal cancer about preventive measures. Women who are no longer considering child-bearing and who are undergoing surgery for colorectal cancer should be offered the option of having a prophylactic hysterectomy at the same time, which may reduce the risk of endometrial cancer. Prophylactic oophorectomy to reduce the risk of ovarian cancer should also be offered.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Decreased mortality: Endometrial cancer is the most common gynecologic malignancy among women in the US. When endometrial cancer is diagnosed while still localized, five-year survival is 96%, compared with 77% for regional disease, and 44% for disease with distant metastasis.

Subgroups Most Likely to Benefit:

Women with or at risk for hereditary nonpolyposis colorectal cancer

POTENTIAL HARMS

Harms associated with diagnostic assessments, include unnecessary biopsies and, in some cases, uterine perforations.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- No direct evidence exists to date to show that endometrial cancer screening decreases endometrial cancer mortality rates.

- While screening for endometrial cancer has been evaluated in prospective studies, the efficacy of endometrial screening has never been evaluated in a large prospective randomized controlled trial.
- At the present time, there are no data indicating that annual screening of women with hereditary nonpolyposis colorectal cancer does or does not detect endometrial cancers at a sufficiently early stage to improve survival compared with diagnosis when symptoms are present. However, because of the high risk of endometrial cancer in this group and because of the potentially life-threatening nature of this disease, screening is recommended. Because this recommendation is based on expert opinion in the absence of scientific studies, informed decision-making following a discussion of options, including benefits, risks, and limitations of testing, is appropriate.
- The best age to begin screening women with hereditary nonpolyposis colorectal cancer risk factor is not known. Others have proposed that annual screening be initiated at age 25 or between ages 25 and 35. The guideline panel recommends screening begin by age 35. Women with a hereditary nonpolyposis colorectal cancer-associated mutation or with a substantial likelihood of having a hereditary nonpolyposis colorectal cancer-associated mutation should be informed that this recommendation is based on expert opinion in the absence of scientific evidence.
- It is important to note that this screening guideline is directed at asymptomatic women only. Any women experiencing unexpected bleeding or spotting should undergo an endometrial biopsy and/or other diagnostic tests as appropriate. Such a biopsy, however, is considered a diagnostic procedure rather than a screening test.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Patient Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001

GUIDELINE DEVELOPER(S)

American Cancer Society - Disease Specific Society

SOURCE(S) OF FUNDING

American Cancer Society

GUIDELINE COMMITTEE

American Cancer Society Work Group on Endometrial Cancer

American Cancer Society Advisory Group on Gynecologic Cancers

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Additional Members, Advisory Group on Gynecologic Cancers: Debra Bell, MD, Massachusetts General Hospital; Heyoung Lee McBride, MD, John Stoddard Cancer Center and Iowa Methodist Medical Center; William McGuire, MD, Mercy Medical Center; Peggy Pierce, RN, MSN, University of Tennessee; Stephen C. Rubin, MD, University of Pennsylvania Medical Center

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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Each year the American Cancer Society publishes a summary of existing recommendations for early cancer detection, including updates, and/or emerging issues that are relevant to screening for cancer.

GUIDELINE AVAILABILITY

Print copies: Available from the American Cancer Society, 1599 Clifton Rd NE, Atlanta, GA 30329; Web site: www.cancer.org.

AVAILABILITY OF COMPANION DOCUMENTS

These guidelines are published as a component of the following:

- Smith RA, von Eschenbach AC, Wender R, Levin B, Byers T, Rothenberger D, Brooks D, Creasman W, Cohen C, Runowicz C, Saslow D, Cokkinides V, Eyre H. American Cancer Society guidelines for the early detection of cancer: update of early detection guidelines for prostate, colorectal and endometrial cancers. Also: update 2001-testing for early lung cancer detection. CA Cancer J Clin 2001 Jan-Feb;51(1):38-75.

Print copies: Available from the American Cancer Society, 1599 Clifton Rd NE, Atlanta, GA 30329; Web site: www.cancer.org.

PATIENT RESOURCES

The following is available:

- Guidelines for the Early Detection of Cancer. Available from the American Cancer Society (ACS) Web site.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This summary was completed by ECRI on April 29. 2001. The information was verified by the guideline developer as of September 10, 2001.

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