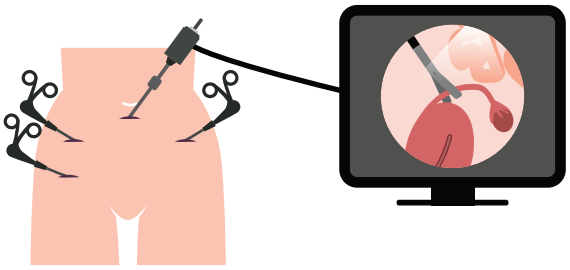
Grade 1 Endometrioid Adenocarcinoma: Treatment

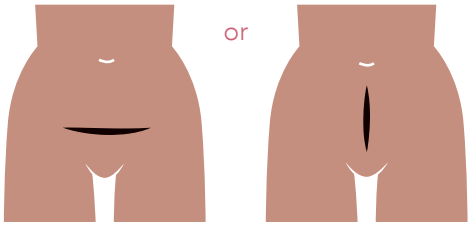
Definitive treatment of Grade 1 Endometrioid Adenocarcinoma involves surgically removing the uterus, fallopian tubes, and ovaries (+/- lymph nodes in certain patients). Depending on several factors, removal of these structures can be achieved in a variety of ways.

LAPAROSCOPIC APPROACH

Frequently, surgery can be performed through a minimally-invasive approach called "laparoscopy". This involves the surgeon inflating the abdomen with carbon dioxide gas, introducing a camera into the abdomen in order to be able to see, and introducing surgical instruments through 2-3 small (usually less than 1 cm) incisions into the abdomen and completing the procedure. This approach may not be appropriate for all patients.



Laparoscopic Approach



Abdominal Approach

ABDOMINAL APPROACH

Many patients require surgery to be performed through an abdominal incision (which may be horizontal or vertical).

In order for treatment of endometrial cancer to be considered as definitive, the surgery (regardless of approach) must include removal of the uterus, cervix, fallopian tubes, and ovaries. All of these structures removed at the time of surgery must be examined by a pathologist. Depending on the final cell type, grade and stage of an endometrial cancer, further treatment may be required (e.g. radiation therapy or chemotherapy). This is determined on a case-by-case basis but is most commonly performed in patients with type II cancers, high grade cancers or advanced stage cancers.

A quick note on fertility...

In menstruating women diagnosed with endometrial cancer who wish to maintain their fertility potential, a hormone called **progesterone** may temporarily treat endometrial cancer.

In well-counselled patients, it may be offered as an option until a patient has completed their family planning after which they may undergo surgery. This usually involves taking progesterone orally (by mouth) or through a hormonal intrauterine device (IUD).

All treatment options must be discussed with your doctor in order to determine which are right for you.

References
1. Renaud MC, Le T. No. 291-Epidemiology and investigations for suspected endometrial cancer. J Obstet Gynaecol Can. 2018 Sept;40(9):703-711.

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