# Screening, assessment and management of supportive care needs of women with low-risk endometrial cancer

This resource is for all members of the shared care team*. It provides guidance on the screening, assessment and management of supportive care needs of women affected by low-risk endometrial cancer, their carers and families, as part of shared follow-up and survivorship care.

## Supportive care needs of women with low-risk endometrial cancer

Supportive care is the provision of services, both generalist and specialist, for those living with or affected by cancer. It is an umbrella term for the services required to meet physical, psychological, social (including educational, financial and occupational issues), cultural, informational, spiritual and practical needs during the diagnostic, treatment, and follow-up phases, encompassing issues of survivorship[1].

All members of the shared care team have an important role in providing supportive care as part of shared follow-up and survivorship care.

Supportive care intervention can prevent or minimise the adverse effects of cancer and its treatment, across all phases of a woman's cancer experience and is a core component of best practice clinical care.

**Specific supportive care needs of women with low-risk endometrial cancer during the follow–up care phase include[2]:**

- surgically or chemically induced menopause
- sexual health needs, sexual dysfunction, including vaginal dryness, bleeding and stenosis, and pain during intercourse
- emotional and psychological issues including body image, relationship and sexuality concerns
- bowel or bladder dysfunction (which may have been present prior to treatment or be exacerbated by treatment)
- loss of fertility
- lower leg lymphoedema (swelling of the legs) which can affect mobility (unlikely following treatment for low-risk endometrial cancer).

## Co-morbidities

Many women with endometrial cancer also experience a range of co-morbidities including:

- obesity related issues
- hypertension
- diabetes
- cardiovascular disease**

Co-morbidities increase the complexity of follow-up care for women with low-risk endometrial cancer and their care should be managed holistically using a multidisciplinary approach. **Addressing the underlying risk factors for these conditions has the potential to improve outcomes** of women affected by low-risk endometrial cancer[3].

* Shared care team refers to members of the specialist multidisciplinary gynaecological cancer team (specialist team; including but not limited to gynaecological oncologists, medical oncologists, radiation oncologists, gynaecologists, nurses and/or allied health professionals) and the primary care practitioner/s (including General Practitioner (GP) and primary health care nurse).

** Evidence suggests that cardiovascular disease is the leading cause of death among women with endometrial cancer[4]



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Screening, assessing and managing the effects of treatment, co-morbidities and secondary prevention are important aspects of a holistic and multidisciplinary approach to managing follow-up care for women with low-risk endometrial cancer. **Referral to appropriate health providers is required to meet the identified needs of the woman, her carer and family.**

**The shared care team is required to:**

- identify, monitor and manage effects of treatment
- identify, monitor and manage newly emerging or ongoing co-morbidities (as part of routine primary care), including obesity, diabetes and cardiovascular disease
- actively promote secondary prevention strategies for modifiable lifestyle factors and encourage realistic goal-setting (including maintaining a healthy body weight, and regular physical activity)[5].

Women who require management of menopausal symptoms after treatment of low-risk endometrial cancer should be managed in consultation with the specialist multidisciplinary gynaecological cancer team.

**In addition to managing the physical effects of treatment, the shared care team should also manage the psychosocial needs of women by:**

- assessing the woman's level of psychosocial distress as well as that experienced by her carer and family (using the NCCN Distress Thermometer and Problem List for Patients) including effects on sexual health needs, sexuality, fertility, relationships and supportive care needs of carers and families
- acknowledging that some women may find regular check-ups reassuring while for others they may be associated with increased levels of anxiety
- providing appropriate support and referral to appropriate allied health professionals, social and support services[4].

## Further information and resources

### Supporting self-management and living well

Provides guidance to women, promoting health and wellbeing, self-management and living well.

### Intimacy and sexuality for women with gynaecological cancer – starting a conversation

Supports women (and their partners) in understanding and addressing issues of intimacy and sexuality following the diagnosis and treatment of gynaecological cancer.

### The NCCN Distress Thermometer and Problem List for Patients

Measures distress and allows patients to inform their doctor if they are having concerns in areas such as practical, family, emotional, spiritual, and physical problems.

1. Cancer Council Australia (2016). Optimal care pathways for women with endometrial cancer. Available at www.cancer.org.au/ocp. Accessed: Dec 2019.
2. Cancer Australia. National Framework for Gynaecological Cancer Control, 2016. Cancer Australia, Surry Hills, NSW.
3. Ward KK1, Shah NR, Saenz CC,et al. Cardiovascular disease is the leading cause of death among endometrial cancer patients. Gynecol Oncol. 2012 Aug;126(2):176-9.
4. Cancer Australia. Follow-up care for women with low-risk endometrial cancer: A guide for General Practitioners. Surry Hills, NSW: Cancer Australia; 2019. 2. Ward KK, Shah NR, Saenz CC et al. Cardiovascular disease is the leading cause of death among endometrial cancer patients. Gynecol Oncol. 2012;126(1):176–9.
5. Cancer Australia. Follow-up care for women with low-risk endometrial cancer: A guide for General Practitioners. 2019.





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