Algorithm for the Diagnosis & Management of Uterine Sarcoma
(GYNE-007)

Patient presents with abnormal vaginal bleeding and/or pelvic symptoms (to general practitioner or gynecologist) → Physical exam & biopsy → Pelvic mass, abnormal cytology, or abnormal biopsy indicating uterine sarcoma → Referral to Gynecologic Oncologist or Medical Oncologist with expertise in sarcomas → Staging investigations may include:
Pre-operative CT of abdomen and pelvis to rule out extrauterine disease
Pre-operative CT of the chest to rule out lung metastases
Staging surgery and/or removal of pelvic mass → Diagnosis of uterine sarcoma → Leiomyosarcoma → Adenosarcoma → Endometrial Stromal Sarcoma → Undifferentiated Endometrial Sarcoma → Recurrent Disease

See Algorithm for the Management of Uterine Leiomyosarcoma, Adenosarcoma & Endometrial Stromal Sarcoma (GYNE-007)
See Algorithm for the Management of Undifferentiated Endometrial Sarcoma and Recurrent Sarcoma of the Uterus (GYNE-007)
Algorithm for the Management of Uterine Leiomyosarcoma, Adenosarcoma & Endometrial Stromal Sarcoma (GYNE-007)

**Tissue diagnosis of uterine leiomyosarcoma**

**Follow-up and Surveillance**

Investigations should be performed as clinically indicated.

During years one and two, follow-up visits should occur every 3-6 months. During years three to five, follow-up visits should occur annually.

**Chemotherapy (CT) & Hormone Therapy (HT) Regimens**

Adjuvant & Palliative CT: No standard chemotherapy regimen.

Agents that have been used include: doxorubicin, ifosamide, trabectedin, dacarbazine, & cisplatin

Hormone Therapy: for patients whose tumours express estrogen and/or progesterone receptors, consider trial of HT: GnRH analogs, aromatase inhibitors & progestins

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Algorithm for the Management of Undifferentiated Endometrial Sarcoma and Recurrent Sarcoma of the Uterus (GYNE-007)

**Surgical Staging:**
Hysterectomy, +/- Bilateral Salpingo Oophorectomy, +/- Debulking, +/- Lymph Node Dissection,

**Undifferentiated Endometrial Sarcoma**

- Stage I, II & III
  - Observation
  - Surgical candidate?
    - YES
    - Neoadjuvant CT followed by debulking surgery
    - NO
    - Palliative RT or CT

- Stage IV A
  - Consider referral to thoracic surgeon for isolated lung metastases

- Stage IV B
  - Surgery for local disease
    - +/- CT (palliative CT may be used in patients with unresectable disease)
    - +/- Palliative RT for specific symptom control

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