

BGCS gynae onc PIFU meeting

*In patients suitable for PIFU where willing and able to access healthcare

- Without treatment – related side effects
- Without disease recurrence or maintenance/active treatment
- Exclude non-epithelial ovarian cancer
- Exclude participants in clinical trials where clinic-based FU required
- Exclude rare tumours with uncertain or higher recurrence risk

Legend for table

HNA= holistic needs assessment

ROR= risk of recurrence

FU = follow up

PIFU = patient initiated follow up

| | Endometrial | Cervix | Ovarian | Vulva/vaginal |
|---------------------------------|---|--|---|--|
| PIFU for 5 years from treatment | <p>Low risk (<10% risk of recurrence ROR) from end of treatment HNA by 3/12;</p> <p>Intermediate risk (10-20% ROR) offer from end of treatment or 2 yrs for all;</p> <p>High risk (>20% ROR) offer from 2 years from end of treatment.</p> | <p>Excluding fertility sparing surgery/LLETZ;</p> <p>Low risk (<10% risk of recurrence) offer PIFU from 2 yrs;</p> | <p>Excluding fertility sparing surgery;</p> <p>Low risk (<10% risk of recurrence: stage 1a/b fully staged) from end of treatment (surgery +/-chemo);</p> | Not suitable |
| Remote/telephone +/- bloods | <p>Intermediate risk up to 2 years and high risk up to 5 years in place of CBFU</p> | | <p>All other stages (FIGO 2-4) – option of standardised remote FU for years 4&5 post first-line treatment completion (clinic based FU 1-3 yrs)</p> | Not suitable |
| Clinic-based FU | <p>Intermediate risk up to 2 years and high risk up to 5 years in place of remote FU</p> | <p>Intermediate and high risk: 1-5 yrs post completion of treatment</p> | <p>All other stages (FIGO 2-4): 1-3 years clinic FU. If suitable & elects remote FU for years 4 & 5;</p> <p>1-5 years if not suitable or declines remote FU for years 4&5</p> | Follow up including clinical inspection for at least 5 years from last treatment |