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Memorial Sloan Kettering Cancer Center

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Uterine Sarcoma
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This nomogram was developed using information from patients who had surgery to remove their uterine cancer. Therefore, women who have not had surgical treatment for uterine leiomyosarcoma should not use this nomogram.

Why Is This Tool Useful?

Doctors have traditionally relied on the International Federation of Gynecology and Obstetrics (FIGO) staging assessment to estimate overall survival for uterine leiomyosarcoma. However, additional patient and tumor-specific factors may be important in determining prognosis.

This nomogram takes into account these other factors: patient age, tumor grade, the number of cancer cells that are dividing (the mitotic rate), whether the tumor has spread to the cervix, and whether the tumor has spread to nearby or distant areas of the body.

What Information Will You Need?

To use the tool, you need to input the following information, most of which can be found in the pathology report from the surgery to remove the primary uterine leiomyosarcoma. In order for this nomogram to provide an accurate prediction of overall survival at five years after diagnosis, you need to include accurate values for all of the information below.

Age: Patient's age at the time of the diagnosis of uterine leiomyosarcoma.

Tumor Size: Size of the primary uterine leiomyosarcoma tumor removed from the uterus, in centimeters.

Tumor Grade: High or low.

Cervical Involvement: Yes or no.

Loco-regional Metastases: Yes or no. Loco-regional metastases are present if, at the time of surgery, the leiomyosarcoma was found in the structures near the uterus, including the bladder, nearby bowel, nearby lymph nodes, parametria, ovaries, or fallopian tubes.

Distant Metastases: Yes or no. Distant metastases are present if imaging studies either before or soon after surgery showed that the leiomyosarcoma had spread to distant areas such as the lung, liver, or bone.

Mitotic Index: This is expressed as the number of mitotic figures per 10 high-powered fields (hpf) seen under the microscope. If the pathology report gives a range (such as 8-20 mitoses/10 hpf) use the higher number (20 mitoses/10 hpf). The nomogram calculator will make a logarithmic transformation of the mitotic rate.

Patients may need to work with their physicians to help find the appropriate information from the pathology report. If the report does not include important variables such as tumor grade or mitotic rate, patients should talk with their doctors to see if this information can be provided.

To better understand these results, patients who elect to use this tool should discuss the survival estimates provided by this nomogram with their doctors.

Use our uterine leiomyosarcoma nomogram .

Contact Us

If you have questions or comments about this tool, please contact us at nomograms@mskcc.org.

Request an Appointment

Call 800-525-2225
Available Monday through Friday, 8 a.m. to 6 p.m. (Eastern time)

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