

# Endometrial or cervical cancer

Long axis/short axis – oblique to uterus if endometrial CA, and oblique to cervix if cervix cancer

No contrast if specified so (usually for radiation planning)

(revised 5/2016)

Can be done on either 1.5 or 3T

Patient should empty bladder before scanning.

Inject Glucagon Contrast dosage 0.1mmol/kg Use power injector

## 1. SCOUT BH

2. Ax T1 GRE in and out Large FOV entire pelv

3. SAG T2 TSE non-BH (4mm high resolution, small FOV)

4. Ax T2 Large FOV (NO oblique) thru UTERUS  
4mm

5. AXIAL OBLIQUE T2 TSE (LONG AXIS  
ENDOMETR OR CERVIX) (high res, small FOV)

**3 mm only thru uterus**

6. COR T2 OBLIQUE TSE (SHORT AX UT OR  
CERVIX) (high resolution, small FOV) **3mm only  
thru uterus**

7. AXIAL DWI B1000/B0 + ADC

8. SAG DWI B1000/B0 + ADC thru uterus/cervix

9. Pre-Gad AXIAL LAVA T1 BH large FOV

Give contrast

10. Post-Gad dynamic SAGITTAL LAVA T1 BH  
(45 sec, 90 sec, 2min)

11. Post-Gad AXIAL High Res LAVA T1

12. Post-Gad CORONAL Oblique LAVA T1

13. Post gad Sagittal High Res LAVA