This is an example MR protocol with generic sequences and basic scanning parameters (FOV, slice thickness, frequency and phase). Other scanning parameters will vary based on specific vendor and field strength. This is considered the minimum requirement for appropriate imaging of endometrial cancer by the SAR Uterine and Ovarian Cancer Diseased Focused Panel. For vendor specific sequence names, please visit the MRI Acronyms by Manufacturers website: http://www.mr-tip.com/serv1.php?type=cam.

**Indications:** Pre-treatment assessment of tumor, monitoring for recurrence.

**Patient preparation:**
To allow for some bladder distention, ask the patient void 30 minutes prior to starting exam. Anti-peristaltic agents are recommended to decrease bowel motion.

- **Coronal T2-Single Shot technique Turbo Spin Echo/Fast Spin Echo to include kidneys**
  Dimensions: 2D
  FOV: 36-40
  Slice: 6mm; skip 0.5-1mm
  Frequency: 256
  Phase: 192-256

- **Sagittal T2-TSE/FSE, no FatSat; Acetabulum to acetabulum**
  Dimension: 2D
  FOV: 24-26
  Slice: 4mm
  Frequency: 256
  Phase: 192-256

- **Sagittal Diffusion Weighted Imaging (DWI) (best performed right after the sag T2)**
  Dimension: 2D
  FOV: 28-32
  Slice: 4 mm
  Frequency: 80-128
  Phase: 80-128

- **Axial oblique T2- T2-TSE/FSE, without or with 90 flip-back pulse; perpendicular through the long axis of the uterus**
  Dimension: 2D
  FOV: 24-26
  Slice: 3-4mm; skip 0.5mm
  Frequency: 256-320
  Phase: 256-320

- **Axial oblique DWI; perpendicular through the long axis of the uterus (best performed right after the axial oblique T2)**
  Dimension: 2D
  FOV: 28-32
  Slice: 4 mm
  Frequency: 80-128
  Phase: 80-128

**Figure:** Dashed white line parallel to the long axis of the uterus on a sagittal image. Solid black lines are in the axial oblique scan plane, perpendicular to the long axis of the uterus.

Authors: Jessica Robbins, Elizabeth Sadowski, Kate Maturen, Alberto Vargas, Jeanne Horowitz, Marcia Javitt, Evis Sala
- **Axial T1- T2-TSE/FSE, no FatSat; Perineum through the top of L5**
  Dimension: 2D
  FOV: 30-34
  Slice: 5 mm; skip 1 mm
  Frequency: 256-320
  Phase: 256-320

- **Sagittal pre-contrast, 60 seconds and 90 seconds T1 3D Ultrafast Gradient Echo; Acetabulum to acetabulum**
  Dimension: 3D
  FOV: 28
  Slice: 4 mm
  Frequency: 256-320
  Phase: 192

- **Axial Oblique 180 seconds T1 3D Ultrafast Gradient Echo; perpendicular through the long axis of the uterus; included cervix and upper vagina**
  Dimension: 3D
  FOV: 28
  Slice: 3-4 mm
  Frequency: 256-320
  Phase: 192-224

- **Axial final post-contrast T1 3D Ultrafast Gradient Echo; perineum through the renal hilum/veins**
  Dimension: 3D
  FOV: 28
  Slice: 6 mm
  Frequency: 256-320
  Phase: 192-224

OPTIONAL T2-weighted sequence; helpful for bone lesions, stress fractures, edema, fluid, lymph nodes:

- **Axial T2- T2-TSE/FSE, with or without 90 flip-back pulse, +FatSat; Perineum through the top of L5**
  Dimension: 2D
  FOV: 24-26
  Slice: 4mm; skip 0.5mm
  Frequency: 256-320
  Phase: 256-320