Challenges in Managing Endometrial Cancer in a Patient with Bipolar 1 Disorder: A Case Report

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Background

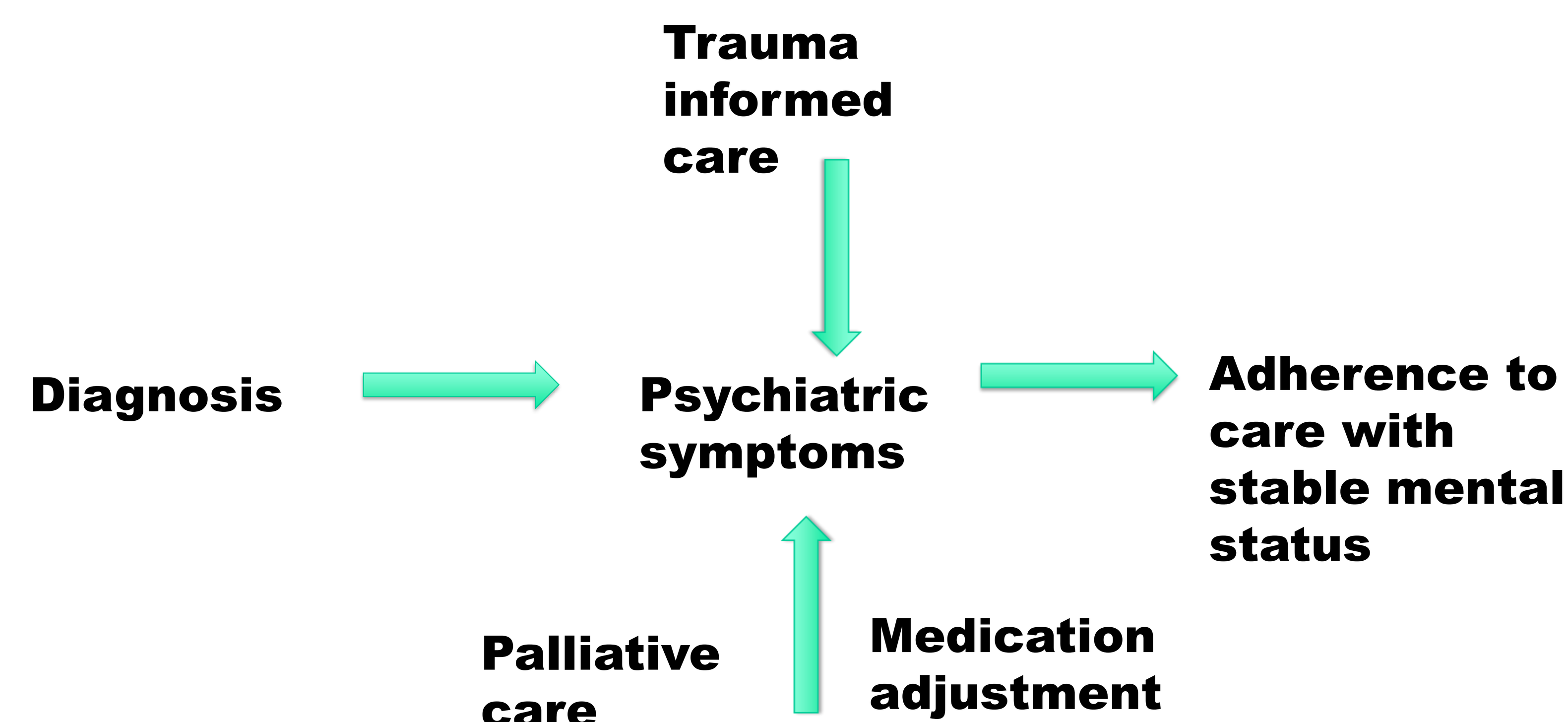
- Bipolar I disorder is a severe psychiatric illness marked by recurrent mania and depression, often with cognitive dysfunction and functional impairment
- Patients have increased medical comorbidity and reduced life expectancy, with cancer as a major contributor
- Individuals with serious mental illness (SMI) often experience:
  - Delayed cancer diagnosis
  - Suboptimal treatment
  - Lower treatment completion rates
- Endometrial cancer is the most common gynecologic malignancy in the U.S., requiring: Surgery, Chemotherapy, Radiation
- Cancer treatment can worsen:
  - Mood symptoms
  - Sleep disruption
  - Cognitive function
- There is limited literature on managing bipolar disorder during active cancer treatment
- This case highlights the importance of integrated, multidisciplinary care in medically and psychiatrically complex patients

Case Presentation

- 50-year-old female with
  - Bipolar I disorder (20+ years)
  - Chronic insomnia
  - PTSD
- History notable for:
  - Multiple manic and depressive episodes since childhood
  - Prior suicide attempts
  - Extensive trauma history
- Baseline (Pre-Cancer Diagnosis
  - Euthymic to hypomanic
  - Medications:
    - Quetiapine 500 mg, Duloxetine 90 mg, Carbamazepine 800 mg, Gabapentin 800 mg, Clonazepam 2 mg TID
- Oncologic Diagnosis:
  - Presented with abnormal uterine bleeding & pelvic pain
  - Findings :Elevated CA-125 (45.7)Complex ovarian cysts
  - Underwent: Total abdominal hysterectomy + BSO
  - Final diagnosis: Stage IIIA grade 1 endometrial carcinoma
- Psychiatric Course During Treatment
  - Worsening depression, anxiety, cognitive dysfunction, and insomnia
  - Medication adjustments:
    - Initiated valproate (750 mg)
    - Restarted/adjusted quetiapine (400 mg QHS)
    - Initiated sertraline (200 mg)
    - Trials for sleep (trazodone, doxepin) and Atomoxetine for attention

Case Continued

- Oncology Treatment
  - 6 cycles carboplatin + paclitaxel
  - 3 cycles radiation therapy
- Clinical Outcome
  - Remained adherent to all cancer treatment
  - No psychiatric hospitalization
  - No suicidality or psychosis
  - Stable mental status (intact insight & judgment)
  - Complications:
    - Chemotherapy side effects
    - Pulmonary embolism (treated)
- Support & Follow-Up
  - Multidisciplinary care: Psychiatry, Oncology, Palliative care, Trauma-focused therapy
  - Function: Independent in ADLs
    - Ongoing but manageable cognitive/mood symptoms
  - Currently in cancer surveillance



Clinical Pearls

- Incorporate routine psychiatric monitoring in oncology patients with SMI
- Expect need for dynamic medication adjustments
- Cancer treatment can precipitate mood episodes in bipolar disorder
- Address both:
  - Psychiatric illness
  - Treatment-related cognitive effects
- Integrated, trauma-informed care improves adherence and outcomes

Discussion

- Patients with serious mental illness (SMI) are at increased risk for:
  - Medical comorbidity and early mortality
  - Delayed diagnosis and suboptimal cancer care
- Barriers to care include:
  - Stigma
  - Cognitive impairment
  - Limited social support
  - Fragmented healthcare systems
- Unique Challenges in Bipolar Disorder + Cancer
  - Cancer diagnosis and treatment can trigger mood destabilization (stress, corticosteroids, sleep disruption)
  - Chemotherapy-related cognitive impairment may worsen baseline executive dysfunction
  - In this case:
    - Worsening depression and cognitive slowing during treatment
    - Required frequent medication adjustments while avoiding interactions
- Role of Integrated Care
  - Successful outcome highlights importance of:
    - Multidisciplinary collaboration (psychiatry, oncology, palliative care)
    - Flexible medication management
    - Trauma-informed care

Conclusion

- Patients with bipolar disorder can successfully complete cancer treatment with appropriate psychiatric support.
- Early and ongoing psychiatric involvement is critical to maintaining stability.
- Integrated, multidisciplinary care improves adherence and outcomes in medically complex patients

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