

Chapter 3: Postoperative adjuvant therapy for endometrial cancer (including histologic variant type)

CQ17

What are the indications and drugs recommended for postoperative chemotherapy?

Recommendations:

1. Chemotherapy with adriamycin (doxorubicin hydrochloride) and cisplatin is recommended for high-risk patients (Grade B).
2. Taxane-based and platinum-based drug combination therapy (e.g. paclitaxel/carboplatin) is also considered (Grade C1).
3. Postoperative adjuvant chemotherapy is considered for intermediate-risk patients (Grade C1).
4. Postoperative adjuvant chemotherapy is not recommended for low-risk patients (Grade D).

[See Fig. 2, 3 and 4]

Table 3

Classification of postoperative recurrence risk of endometrial cancer

Low-risk group

Endometrioid adenocarcinoma G1 or G2 and less than 1/2 myometrial invasion
No cervical involvement
No lymphovascular invasion
No distant metastasis

Intermediate-risk group

Endometrioid adenocarcinoma G1 or G2 and 1/2 or more myometrial invasion
Endometrioid adenocarcinoma G3 and less than 1/2 myometrial invasion
Serous adenocarcinoma, clear-cell adenocarcinoma and no myometrial invasion
No cervical involvement
Positive lymphovascular invasion
No distant metastasis

High-risk group

Endometrioid adenocarcinoma G3 and 1/2 or more myometrial invasion
Serous adenocarcinoma, clear-cell adenocarcinoma and myometrial invasion
Spread to the uterine adnexa, serosa, or cardinal ligament
Invasion of the vaginal wall
Pelvic or para-aortic lymph node metastasis
Vesical or rectal invasion

Peritoneal dissemination

Distant metastasis

As for positive peritoneal cytology, there is the opinion to be a poor prognostic factor.

(Extracted from reference [7, 8] with some modification)

CQ18

Is hormone therapy effective as a postoperative adjuvant therapy?

Recommendations:

Postoperative progesterone therapy is not recommended (Grade D).

CQ19

What are the indications for postoperative whole-pelvis external-beam irradiation?

Recommendations:

1. Postoperative whole-pelvis external-beam irradiation is considered for patients with risk factors for recurrence (Grade C1).
2. Postoperative vaginal brachytherapy is considered to reduce the risk of vaginal recurrence (Grade C1).
[See Fig. 2, 3 and 4]

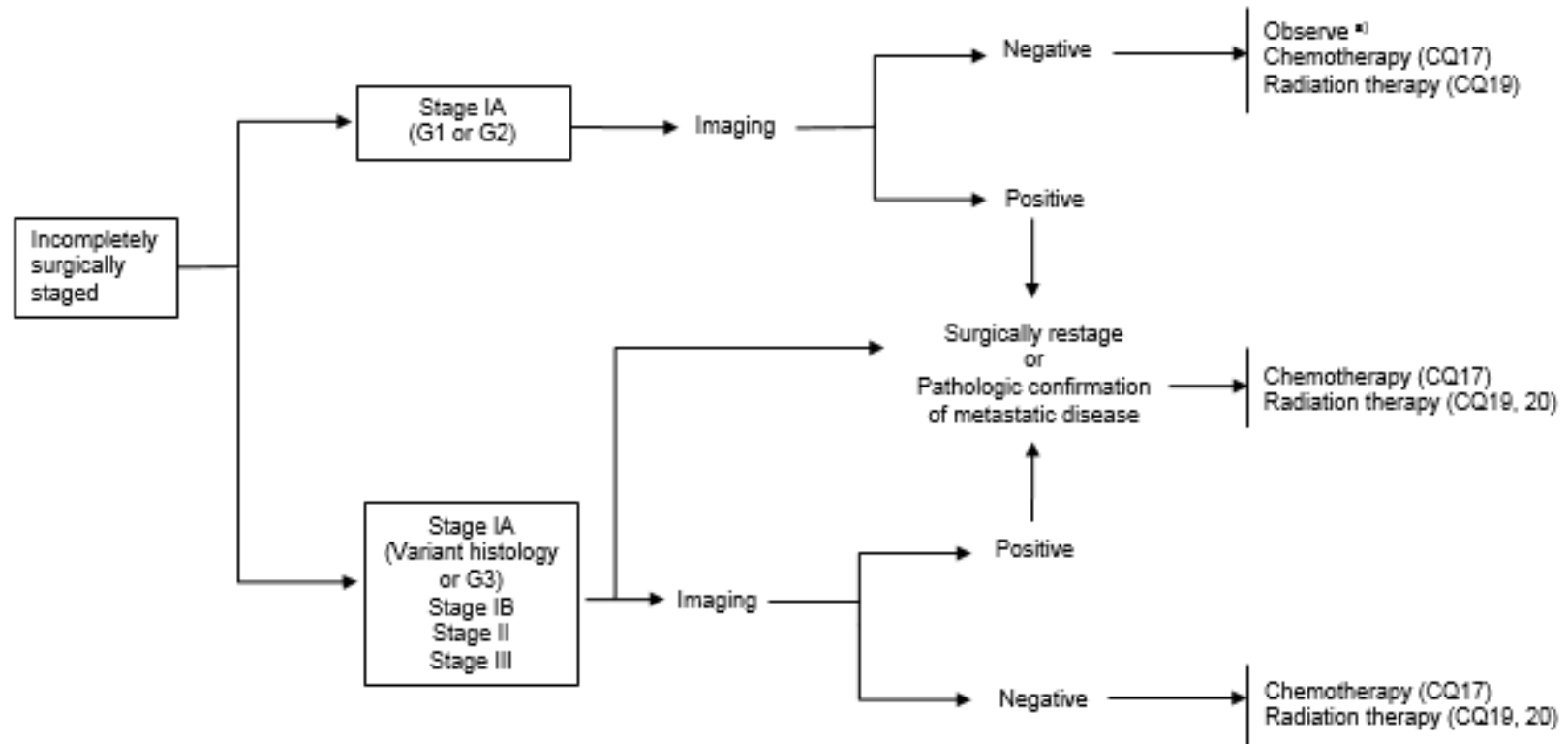
CQ20

What are the indications for postoperative irradiation of the para-aortic lymph node region and whole abdomen?

Recommendations:

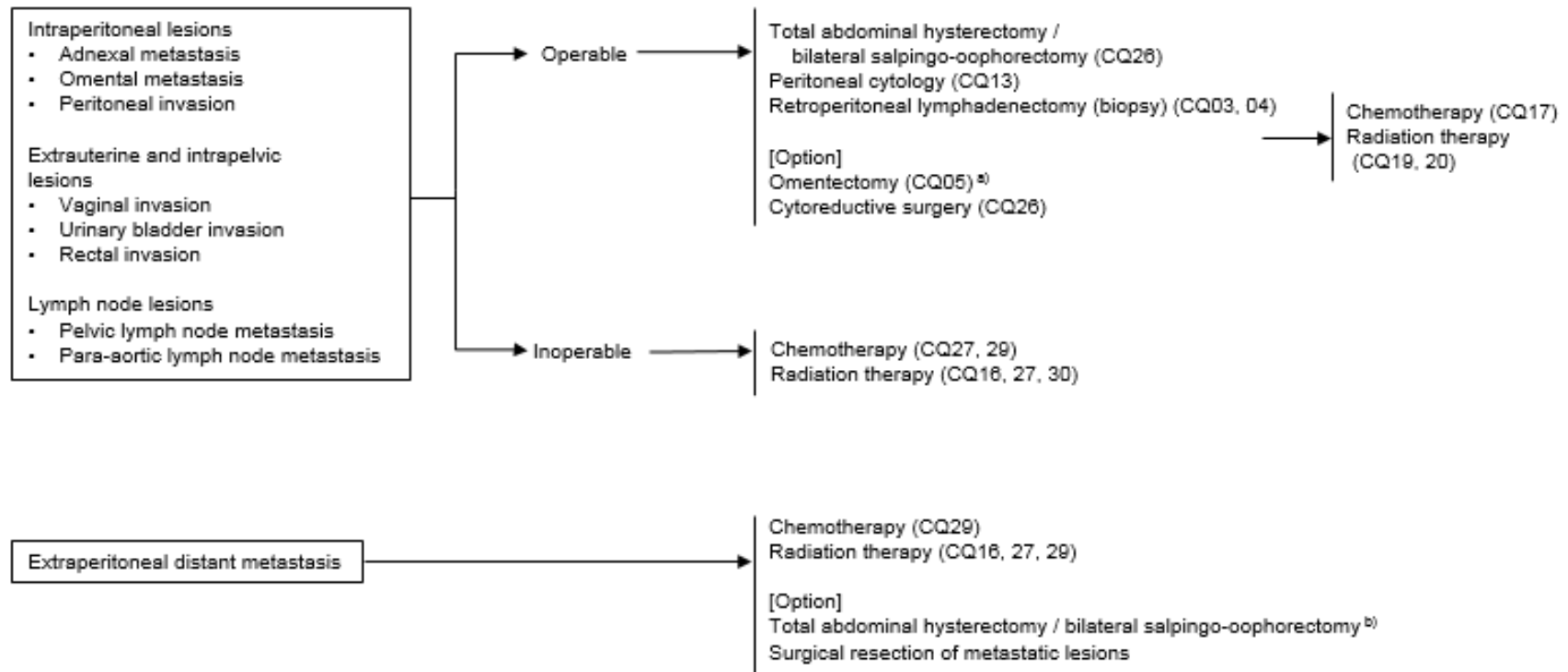
1. Postoperative irradiation of the para-aortic lymph node region is considered for patients with advanced diseases (Grade C1).
2. Postoperative whole-abdominal irradiation may be used in patients with a variant histologic type, but it is not common in daily practice in Japan (Grade C2).
[See Fig. 2, 3 and 4]

Fig. 2 Initial treatment for the patients who are confirmed to be endometrial cancer after hysterectomy.



a) Postoperative chemotherapy is considered when positive lymphovascular space invasion.

Fig. 3 Initial treatment for the patients with endometrial cancer considered to be stage III or IV preoperatively.



- a) Because the serous adenocarcinoma / clear cell adenocarcinoma is likely to become dissemination, the omentectomy is useful for a diagnosis.
- b) Even if there is an extra-peritoneal metastasis or liver metastasis, surgery is considered on for the purpose of hemostasis.

Fig. 4 Postoperative adjuvant treatment for endometrial cancer.

