

Chapter 5: Treatment for advanced or recurrent endometrial cancer

CQ26

What is the indication for surgery for clinical stages III and IV?

Recommendations:

Surgery is considered whenever a hysterectomy and cytoreduction are possible (Grade C1).

[See Fig. 3]

CQ27

Should neoadjuvant chemotherapy or preoperative radiation therapy be conducted for advanced cancer?

Recommendations:

1. Preoperative chemotherapy is considered in patients with peritoneal dissemination (Grade C1).
2. Preoperative radiation therapy may be conducted for patients with cervical invasion and enlargement; however, it is not common in daily practice in Japan (Grade C2).

[See Fig. 3]

CQ28

What are the indications for surgery for recurrent cancer?

Recommendations:

1. Surgical resection is considered for patients with pelvic recurrence without obvious distant metastasis (Grade C1).
2. Partial resection of the lung is also considered for patients with a few small lung metastases (Grade C1).

[See Fig. 5]

CQ29

Should chemotherapy be conducted for advanced cancer of imperfect resection and recurrent cancer?

Recommendations:

1. Chemotherapy is recommended (Grade B).
2. Paclitaxel/carboplatin, doxorubicin/cisplatin, or paclitaxel/doxorubicin/cisplatin is considered for patients with advanced diseases (Grade C1).

3. Paclitaxel/carboplatin, doxorubicin/cisplatin, or monotherapy is considered for patients with recurrent cancer in consideration for the situation of the patients and an initial treatment (Grade C1).

[See Fig. 3, 4, and 5]

CQ30

Should radiation therapy be conducted for recurrent and inoperable advanced cancer?

Recommendations:

1. Radiation therapy is recommended for patients with recurrence at the vaginal cuff (Grade B).
2. Radiation therapy is considered as a palliative option for recurrent cancer, unresectable advanced cancer, and metastatic cancer (Grade C1).

[See Fig. 3, 4, and 5]

CQ31

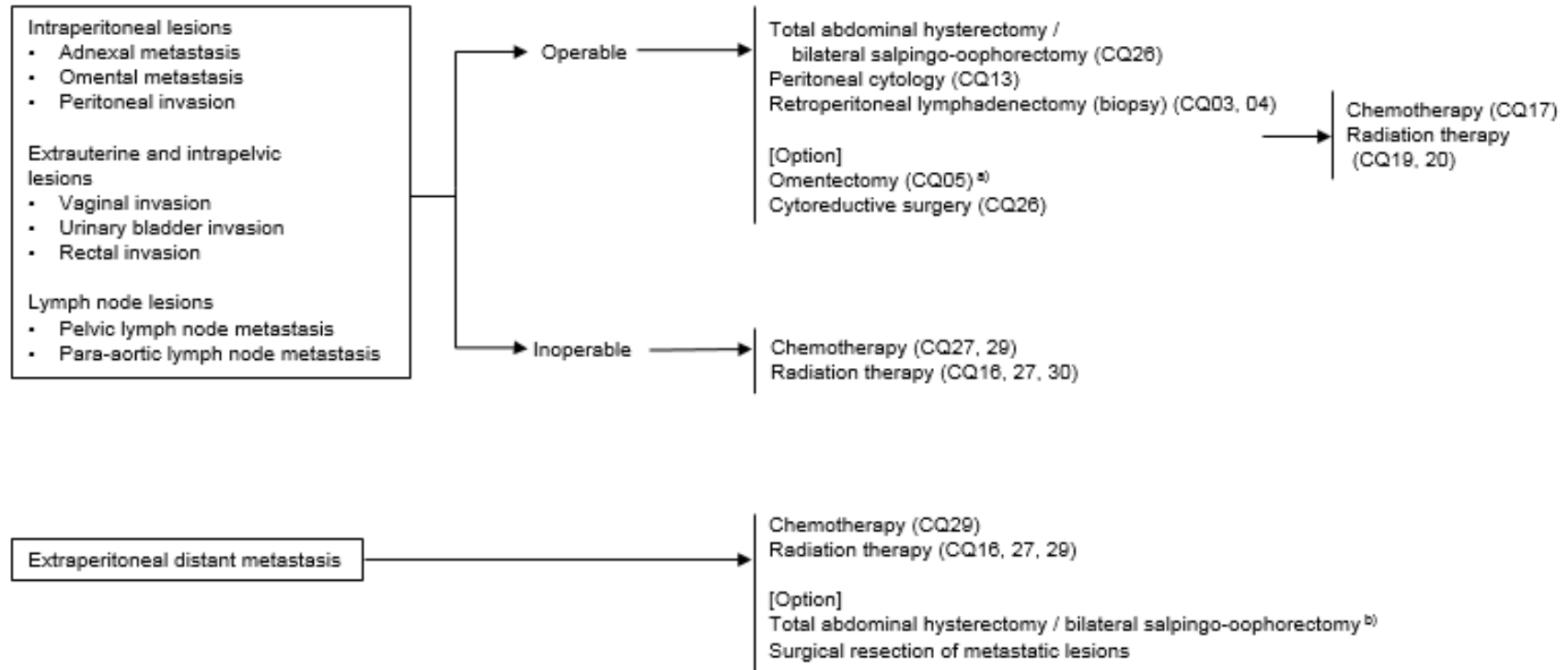
Should hormone therapy be conducted for advanced and recurrent cancer?

Recommendations:

Progesterone therapy is considered for patients with endometrioid adenocarcinoma (G1) and advanced or recurrent cancer with positive progesterone receptors (Grade C1).

[See Fig. 4 and 5]

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.

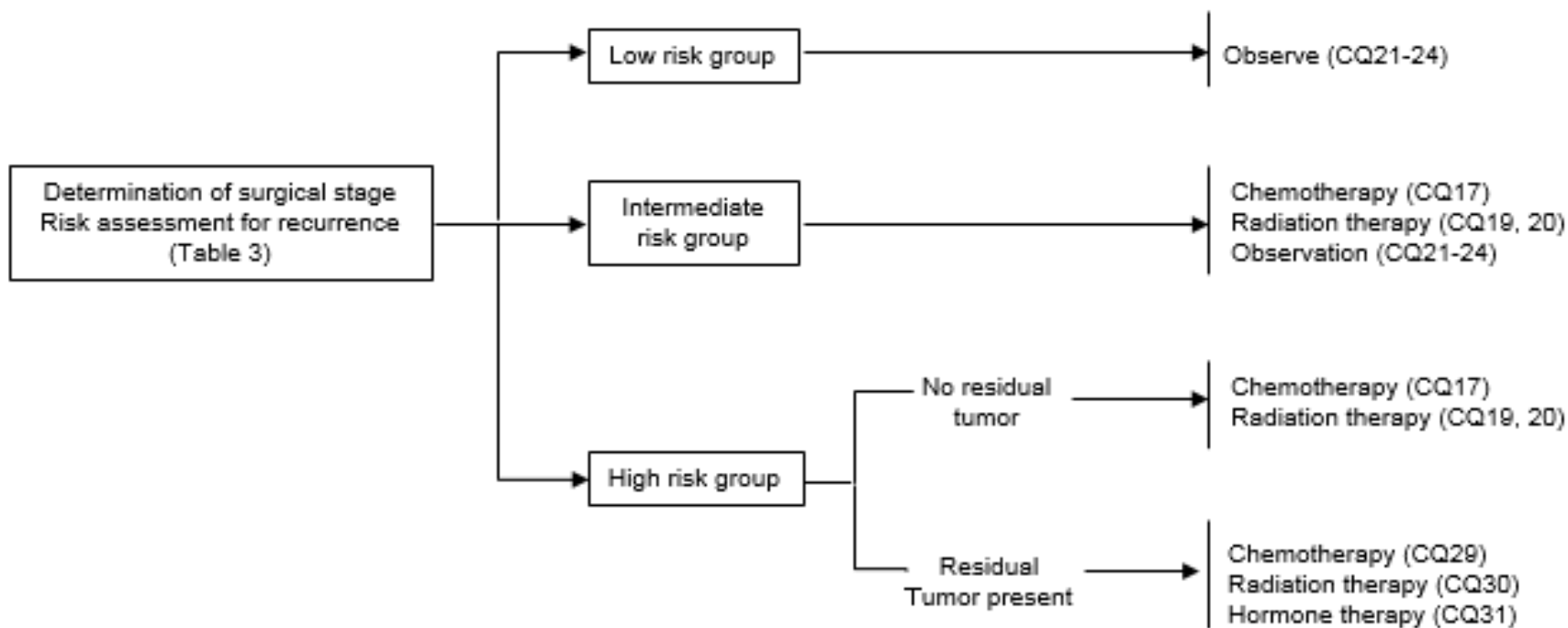


Fig. 5 Treatment of recurrent endometrial cancer.

