

Chapter 7: Treatment of uterine carcinosarcoma and uterine sarcoma

CQ37

What surgical techniques are recommended for uterine carcinosarcoma?

Recommendations:

1. Total hysterectomy with bilateral salpingo-oophorectomy should be performed (Grade B).
2. In addition to the operative method mentioned above, pelvic and para-aortic lymphadenectomy (biopsy) is desirable (Grade C1).
3. Radical hysterectomy or modified radical hysterectomy is considered for patients with obvious cervical stromal invasion in whom complete resection is anticipated (Grade C1).

[See Fig. 7]

CQ38

What postoperative adjuvant therapy is recommended for uterine carcinosarcoma?

Recommendations:

1. When postoperative chemotherapy is selected, regimens including ifosfamide, platinum-based drugs, and paclitaxel are considered (Grade C1).
2. Radiation therapy (whole-pelvis external-beam irradiation) is also considered (Grade C1).

[See Fig. 7]

CQ39

What treatments are recommended for advanced and recurrent uterine carcinosarcoma?

Recommendations:

1. If total hysterectomy and cytoreductive surgery are possible, surgical treatment is desirable (Grade C1).
2. Regimens including ifosfamide, platinum-based drugs, and paclitaxel are desirable for chemotherapy in patients with advanced or recurrent disease (Grade C1).

[See Fig. 7]

CQ40

What surgical techniques and postoperative adjuvant therapy are recommended for uterine leiomyosarcoma?

Recommendations:

1. Complete extraction including total hysterectomy with bilateral salpingo-oophorectomy is recommended (Grade B).
2. Chemotherapy is considered as postoperative adjuvant therapy (Grade C1).
3. Postoperative radiation is less efficacious and is therefore not recommended in routine practice (Grade C2).

[See Fig. 8]

CQ41

What surgical techniques and postoperative adjuvant therapy are recommended for endometrial stromal sarcoma (ESS)?

Recommendations:

1. Total hysterectomy with bilateral salpingo-oophorectomy is recommended as a standard operative procedure (Grade B).
2. Pelvic and para-aortic lymphadenectomy (biopsy) or cytoreductive surgery is also considered (Grade C1).
3. For stage I or II low-grade ESS, follow-up without postoperative adjuvant therapy is recommended (Grade B).
4. When adjuvant therapy is necessary for high-grade ESS, chemotherapy is desirable (Grade C1).

[See Fig. 8]

CQ42

What treatments are recommended for unresectable or recurrent ESS/leiomyosarcoma?

Recommendations:

1. Surgery is considered for recurrence if the tumor is resectable (Grade C1).
2. Chemotherapy is also considered (Grade C1).
3. Hormonal therapy is also considered for low-grade ESS (Grade C1).
4. Radiation therapy for the purpose of palliative care is considered (Grade C1).

[See Fig. 8]

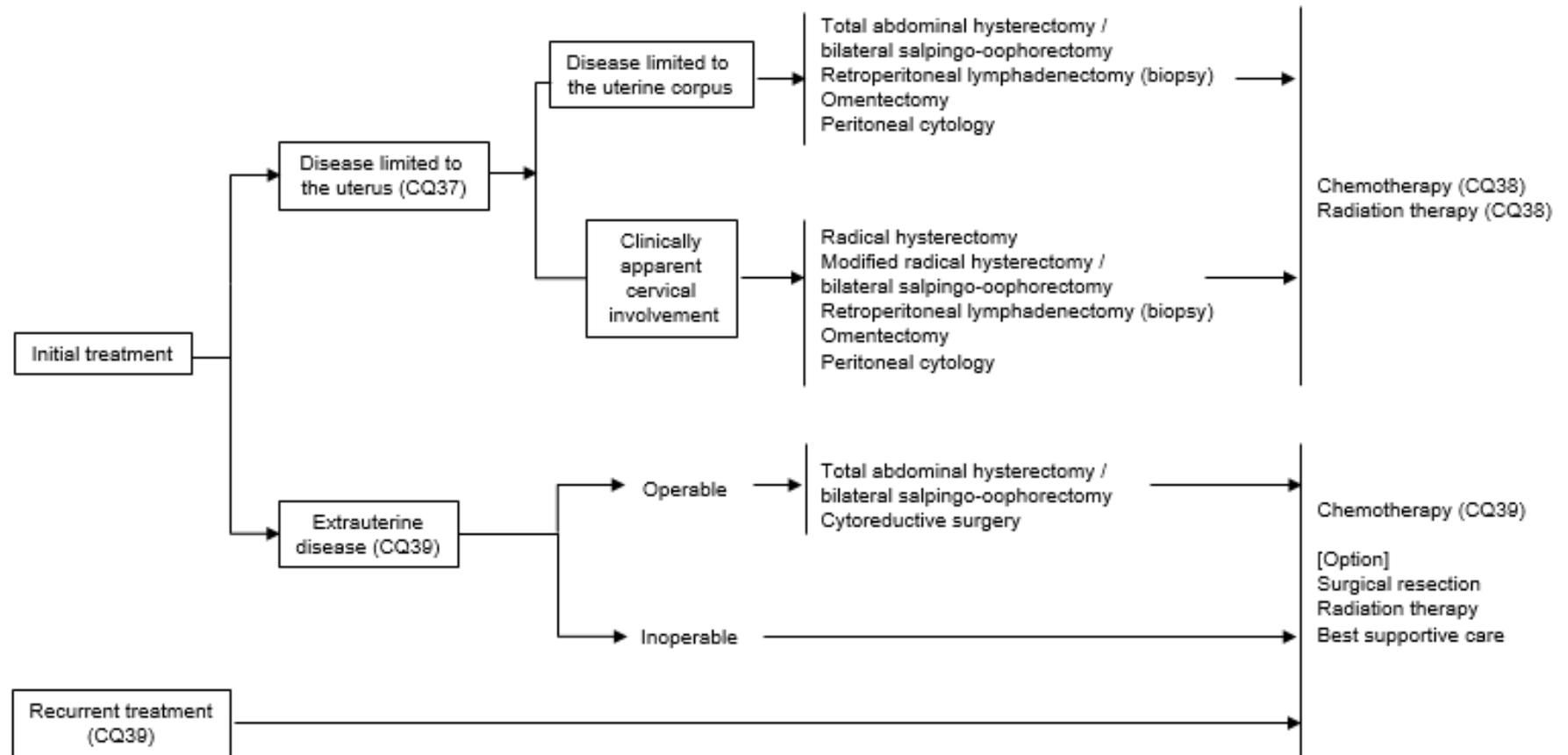
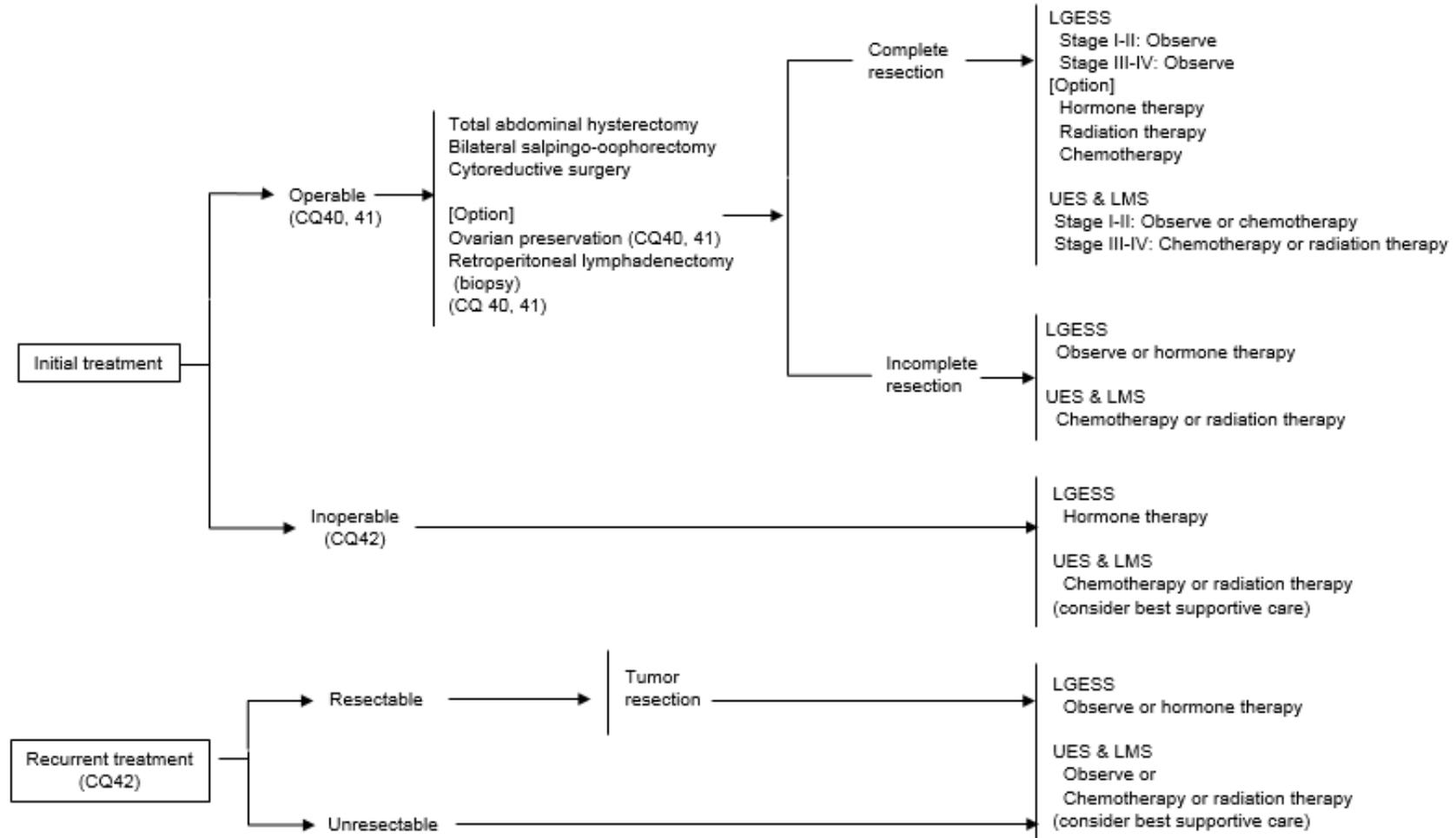


Fig. 7 Treatment for uterine carcinosarcoma.

Fig. 8 Treatment for uterine sarcoma.



LGESS: low-grade endometrial stromal sarcoma, UES: undifferentiated endometrial sarcoma, and LMS: leiomyosarcoma