

Adjuvant Treatment for Endometrial Carcinoma

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ABSTRACT

The prognostic factors for patients with endometrial cancer include International Federation of Gynecology and Obstetrics stage, age, resection margin, lymphovascular invasion, and histology type. Patients with high-risk disease may develop local, regional, and/or distant recurrences. Traditionally, whole pelvic radiotherapy is the treatment option for patients with risk factors that predict pelvic recurrence, in particular, deep myometrial invasion or serosal extension, high-grade disease, cervical or adnexal involvement, and close margins. Several randomised studies confirmed better pelvic control for patients with clinically or surgically staged intermediate- to high-risk early-stage disease after whole pelvic radiotherapy, but not survival, when compared with observation alone, and at the price of increased severe late toxicities. Several retrospective studies showed that good pelvic control could be achieved with vaginal brachytherapy alone for patients with surgically staged intermediate- to high-risk disease, and with a better toxicity profile when compared with whole pelvic radiotherapy. In addition, the preliminary results of several randomised studies show that adjuvant chemotherapy may offer survival benefit for patients with intermediate- to high-risk disease. The role of various adjuvant treatments, including vaginal brachytherapy, retroperitoneal surgery, chemotherapy, and hormonal therapy, will be discussed in this review.