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.

- **Intraperitoneal lesions**
  - Adnexal metastasis
  - Omental metastasis
  - Peritoneal invasion

- **Extraperitoneal and intrapelvic lesions**
  - Vaginal invasion
  - Urinary bladder invasion
  - Rectal invasion

- **Lymph node lesions**
  - Pelvic lymph node metastasis
  - Para-aortic lymph node metastasis

**Operable**
- Total abdominal hysterectomy / bilateral salpingo-oophorectomy (CQ26)
- Peritoneal cytology (CQ13)
- Retroperitoneal lymphadenectomy (biopsy) (CQ03, 04)

  [Option]
  - Omentectomy (CQ05)
  - Cytoreductive surgery (CQ26)

  → Chemotherapy (CQ17)
  → Radiation therapy (CQ16, 20)

**Inoperable**
- Chemotherapy (CQ27, 29)
- Radiation therapy (CQ16, 27, 30)

**Extraperitoneal distant metastasis**
- Chemotherapy (CQ29)
- Radiation therapy (CQ16, 27, 29)

  [Option]
  - Total abdominal hysterectomy / bilateral salpingo-oophorectomy
  - Surgical resection of metastatic lesions

- 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.

- **Pelvic recurrence**
  - No previous radiation therapy:
    - Surgical resection (CQ28)
    - Chemotherapy (CQ29)
    - Radiation therapy (CQ 30)
  - Previous radiation therapy:
    - Surgical resection (CQ28)
    - Chemotherapy (CQ29)
    - Hormone therapy (CQ 31)

- **Distant metastasis**
  - Operable:
    - Surgical resection (CQ26, 28)
    - Chemotherapy (CQ17)
    - Radiation therapy (CQ19, 20)
    - Best supportive care
  - Inoperable:
    - Chemotherapy (CQ29)
    - Radiation therapy (CQ16, 30)
    - Hormone therapy (CQ31)
    - Best supportive care