H - GYNAECOLOGICAL TUMOURS

H3 Is chemotherapy worthwhile in patients with high-risk, lymph node negative, FIGO stage 1, endometrial cancer?

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Background: Until the results of the ENGOT-EN2-DGCC/EORTC 55102 trial will become available, the role of adjuvant chemotherapy (CT) in patients with high-intermediate and high risk, early stage, lymph node negative (LN0), type 1 endometrial cancer is unclear.

Methods: We retrospectively collected patients diagnosed with endometrioid endometrial cancer stage 1a and b (2009 FIGO staging), LN0, and grade 3. We performed descriptive analysis and Kaplan Meier test using SPSS 20.0.

Results: From March 1996 to Oct 2016, 54 consecutive patients were identified and enrolled (46 at the National Cancer Institute of Milan and 8 at the University Hospital of Udine). Median age at diagnosis was 65.4 years (range 34.2-84.9). All patients were documented to be LN negative, 27 patients underwent pelvic lymphadenectomy (PLD), 19 PLD plus lomboaortic (LA), and 8 sentinel lymph nodes biopsy. Overall, 35 patients had lymphovascular space involvement (LVS+) and 11 had not, in 8 pathologic report this data was not reported. After surgery, 33 patients received adjuvant radiotherapy (RT); 21 patients (63.6%) received brachyRT, 8 patients (24.2%) received external RT, 4 patients (12.2%) received both. 13 patients underwent platinum-based adjuvant chemotherapy (CT); 7 only CT, 2 external RT followed by CT and 2 brachyRT followed by CT. To note, among patients who received CT, 84.4% had LVS+. After a median follow up of 51.1 months (range 6-249), 14 patients (25.9%) experienced disease relapse and 12 patients (22.2%) died (9 due to endometrial cancer, 2 breast cancer and 1 pancreatic cancer). Median disease-free survival (DFS) was 19.9 months (range 4.7-157.4). Only 1 patient who underwent CT experienced disease relapse, the relapse rate was 7.7% in CT group versus 31.7% in non-CT group (P = 0.085).

Conclusions: According to our study, patients with stage 1a and b, LSN0, grade 3 endometrioid endometrial cancer seems to derive a great benefit from adjuvant chemotherapy. This data needs to be further investigated in a large prospective clinical trial.