

Updates on conservative management of endometrial cancer in patients younger than 45 years

Abstract

Endometrial cancer is the most common gynecologic malignancy in developed country. Women under the age of 40 represent 5% of all endometrial cancer and the majority are nulliparous at the time of diagnosis. The aim of this review was to compare oncologic and fertility outcomes among different fertility-preserving therapies in patients under 45 years of age with grade 1 or 2 endometrial cancer. A systematic review was conducted, the MEDLINE, EMBASE, and CINAHL databases were searched for articles published during the period from January 2010 through January 2020 in accordance with PRISMA guidelines, using the terms endometrial cancer, fertility sparing treatment and conservative treatment. A total of 661 patients in 38 studies were included. The median age was 32.3 years (range 13–43). Regardless of the primary treatment, it is always accompanied by systemic or local hormonal treatment. The median follow-up time was 47.92 months (range 1-412), 54.9 months (range 3.4-412) for the progesterone group, 38.97 months (range 3-172) for the hysteroscopic resection group and 23.11 months (range 1-115.5) for the Levonorgestrel Intrauterine Device group. The overall complete response rate was 79.4%, [Hysteroscopic Resection: 90%, hormonal treatment: 77.7%, and Levonorgestrel Intrauterine Device: 71.3%] The $p = 0.02$ when the primary treatment is Hysteroscopic resection, always followed by hormonal therapy either oral progesterone or Levonorgestrel Intrauterine Device. Patients who had tumor resection had lower progression than those who received hormonal treatment or Levonorgestrel Intrauterine Device 3.5% vs. 12.1% vs. 19.5% respectively ($p = 0.03$). The complete response time was higher in the Hysteroscopic Resection group ($p =$

0.04) with fewer patients undergoing hysterectomy ($p = 0.0001$). Patients who underwent Hysteroscopic Resection had higher pregnancy rates compared to medical treatment or Levonorgestrel Intrauterine Device, 34.5%, 27.6% and 18.4%, respectively ($p = 0.002$). CONCLUSION: Patients who underwent Hysteroscopic Resection followed progestogens agent was associated to a better complete response, high pregnancy rates and minor numbers of hysterectomies.

Keywords: Endometrial cancer; Endoscopic resection; Fertility sparing treatment; Hormonal treatment; Surgical treatment; Uterine malignancy.

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