Endometrial Cancer Chemotherapy

- Loco regional Endometrial Cancer
 - Low Risk
 - Stage IA, grade1
 - Intermediate Risk
 - IA, IB, II
 - High Risk
 - Stage III
- Metastatic disease

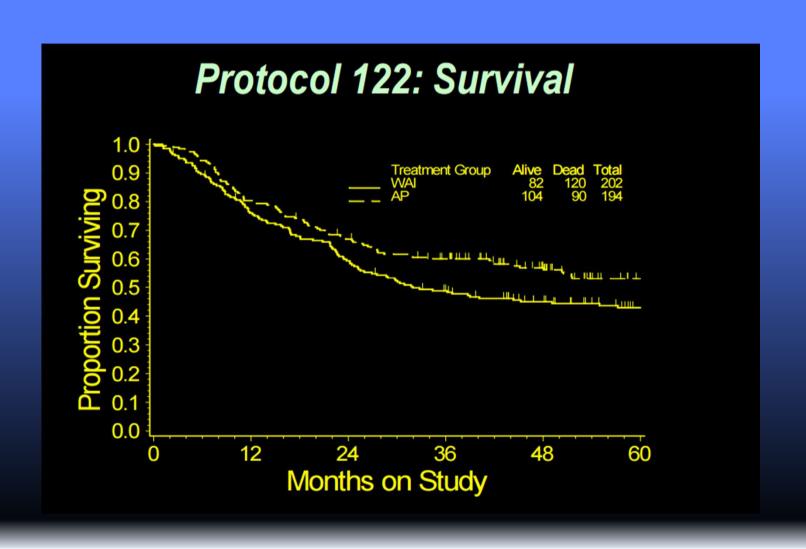
Endometrial Carcinoma

- High Risk Disease
 - Stage III
 - Surgery alone Relapse rates > 50%
- GOG Protocol 122
 - Stage III-IV disease
 - Cytoreductive Surgery followed by
 - WAI
 - Or Chemotherapy

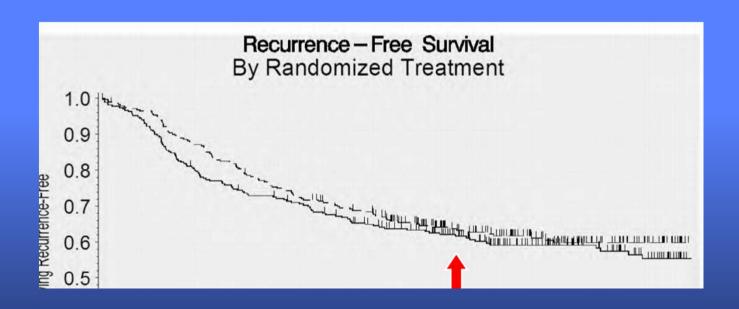
Endometrial Carcinoma Chemotherapy Active Agent (>15% RR)

Agent	Pts.	RR
Doxorubicin	298	27%
Epirubicin	27	26%
Cispplatin	86	29%
Carboplatin	52	31%
Paclitaxel	47	36%

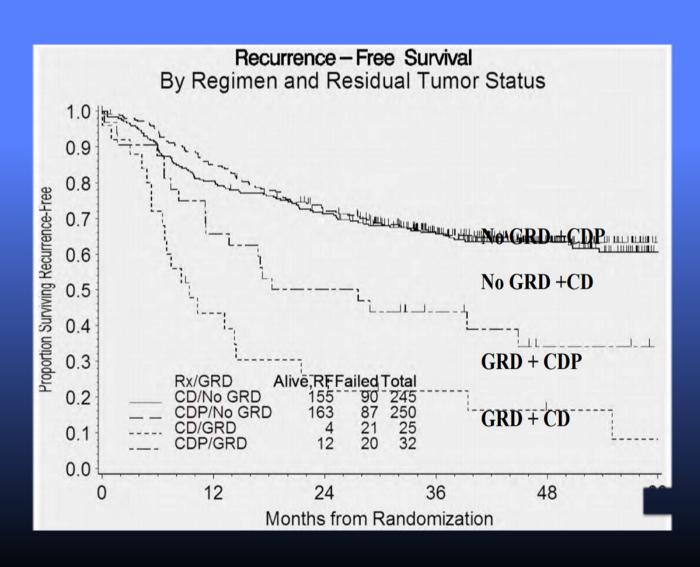
GOG 122 Adriamycin + Platinum better than WAI



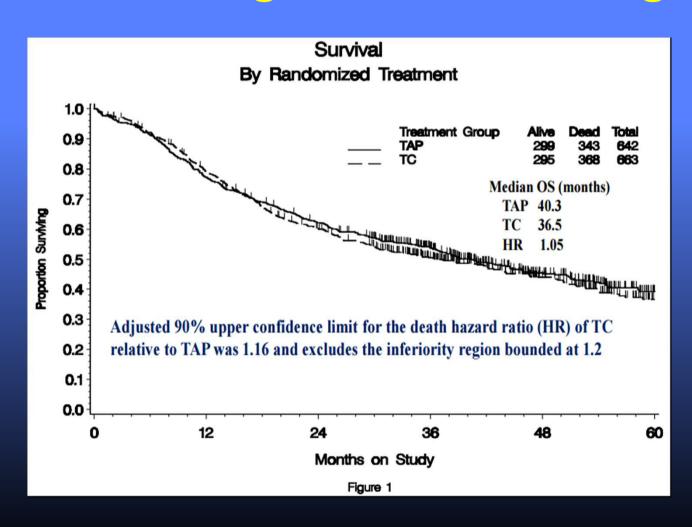
Two Drugs versus Three Drugs



Three drugs better if Gross Residual Disease

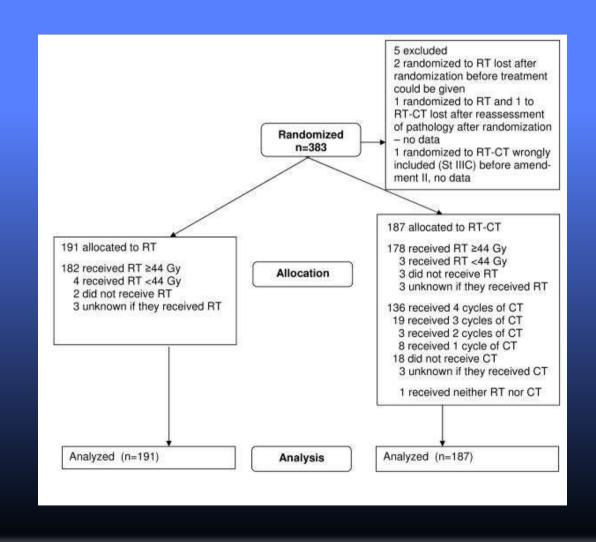


GOG # 209 Three Drugs versus Two Drugs

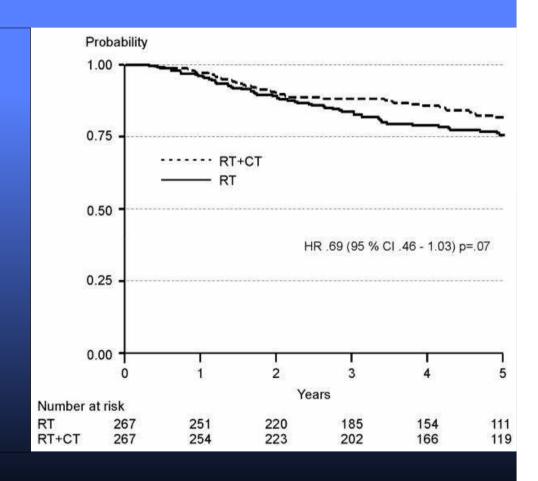


NSGO EC-9501/EORTC 55991 RT vs CT RT in operable endometrial cancer Cis+ Dox, CDP, Pacli+carbo

- Stage I,
- Stage II occult
- Stage IIIA
- Stage IIIC
- R0 resection must
- Serous
- clear cell
- anaplastic



Combined Analysis NSGO/EORTC/MANGO ILIADE



Endometrial Carcinoma

Progestational Agents

Receptor	Response	PFI	Survival
ER+ PR +	40%	8.5m	13.5m
ER+ PR-	12%	4.5m	9.0m
ER- PR-	12%	2.5m	9.5m
Overall	18%	4.0m	10.5m

Endometrial Cancer biological agents other than hormones

- Anti-angiogenesis
 - Bevacizumab with chemotherapy
 - NRG/GOG 86P trial, MITO END 2 trial
 - More evidence needed
- Angiokinase inhibitors
 - Brivanib
 - Nintedanib
- Her2 directed therapies
- PI3K/PTEN/MTOR inhibitors

Endometrial Carcinoma

- Treatment by Disease Characteristics
 - Locoregional Disease

Low risk
 Surgery Alone

Intermediate Risk
 Surgery +/- Vaginal RT

? Chemotherapy

High Risk
 Surgery + Chemotherapy

?RT

Disseminated Disease Chemotherapy