Proposed Fertility Preservation Protocol for Stage 1a Endometrial Cancer

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INTRODUCTION

Endometrial carcinoma is the fourth common malignancy of the female genital tract in the United Kingdom. Five-ten percent of endometrial cancer is diagnosed during the reproductive phase of life. Limited national, international standards, recommendations or guidelines exist to direct management of these women.

AIM

To develop a protocol for the management of women diagnosed with early stage endometrial cancer requiring fertility preservation.

METHODS

Literature review undertaken revealed several small series reporting regression of endometrial carcinoma in 70–85% of cases with a variety of progestins theraphy. The optimal dose of progestin has not yet been determined. The use of progesterone-releasing intrauterine devices has been considered when treating early endometrial cancer.

RESULTS

The protocol developed includes a clear eligibility criteria, exclusion criteria and Pre Treatment Workup.

CLINICAL MANAGEMENT PROTOCOL

ELIGIBILITY CRITERIA:

- Diagnosis of Early stage well differentiated endometrial cancer
- Grade 1 histology and be PR-positive
- Women with strong desire to persevere fertility
- Women <40 years old at time of diagnosis
- Compliance with treatment and follow up requirements
- Consents to Bilateral salpingo-oophorectomy and hysterectomy when child bearing complete

EXCLUSION CRITERIA:

- Women > 40 years old
- Evidence of advanced stage disease
- Grade 2-3 tumour
- Sarcoma, Serous and Clear Cell Carcinomas on histology
- Synchronous Primary Tumors in the Endometrium and Ovary

PRE TREATMENT WORKUP

- Urgent MDM review
- Consultant Pathologist agree on grade and histological appearance of tumour
- Pelvic and abdominal imagining
- MRI pretreatment to exclude significant myometrial invasion
- Gynaecological Oncologist Consultant, lead patient consultation to discuss risks, benefits, treatment plan, anticipated length of treatment, possible complications and outcomes and fertility issues
- Assisted Conception Unit consultation and possible egg collection
- Patient and support person induction to Guy's Cancer Centre
- Social work review

MEDICAL MANAGEMENT

- Place Mirena as first line. If patient declines consider oral progestin
- Oral Progestin 200mg oral BD.
- Curettage after 3 months of treatment.
- No evidence of carcinoma then conservative treatment may continue.
- Persistent disease and childbearing capability desired, continue treatment with MDM review
- Persistent disease after 6 months and childbearing capability is not desired, hysterectomy + BSO is the treatment of choice

SURVEILLANCE OF TREATMENT

- Consultant clinic review every 3 months
- Pelvic TV ultrasound including adnexal evaluation
- Endometrial biopsy every 3 months

DISCUSSION

This protocol provides a clear easy to follow guideline for women with early endometrial cancer requiring fertility preservation. Hysterectomy can be recommended after childbearing has been completed to avoid the need for ongoing hormonal manipulation and disease surveillance.