



# A Paradigm Shift in Treatment of Early-Stage Endometrial Cancer: The Effect on Outcome in Patients with Lymphovascular Invasion (LVI)



Abstract #1055

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## Background

- 75% women diagnosed with endometrial Ca in the US present with early-stage (FIGO I-II) disease
  - Adjuvant pelvic RT added to improve locoregional control
- In 1997, paradigm shift in treatment of early-stage endometrial Ca at MSKCC
  - Towards complete surgical staging (CSS)
  - Away from pelvic RT
  - Toward fractionated intravaginal RT (IVRT) alone
- Lymphovascular invasion (LVI) recognized as prognostic factor for pelvic relapse
  - Is omission of pelvic RT safe in this setting?

## Aim

To evaluate how the shift in practice away from pelvic RT in favor of CSS and IVRT has impacted outcomes of patients with early-stage endometrial cancer at higher risk of recurrence, namely those with pathologic evidence of LVI.

### Endpoints:

- Vaginal/pelvic control (VPC)
- Recurrence-free survival (RFS)
- Disease-specific survival (DSS)

## Methods

IRB-approved retrospective query of all patients who underwent hysterectomy for endometrial Ca from 11/1988 - 03/2004

### Inclusion Criteria:

- Simple hysterectomy (SH)
- Adjuvant RT (pelvic RT, IVRT or both)
- Pathologic confirmation at MSKCC of all the following:
  - Pure endometrioid adenocarcinoma histology
  - FIGO stage IB-IIB
  - Presence of LVI

### Cohort divided to capture shift in patient management

- Group A: SH performed 11/1988 – 12/1996
- Group B: SH performed 01/1997 – 03/2004

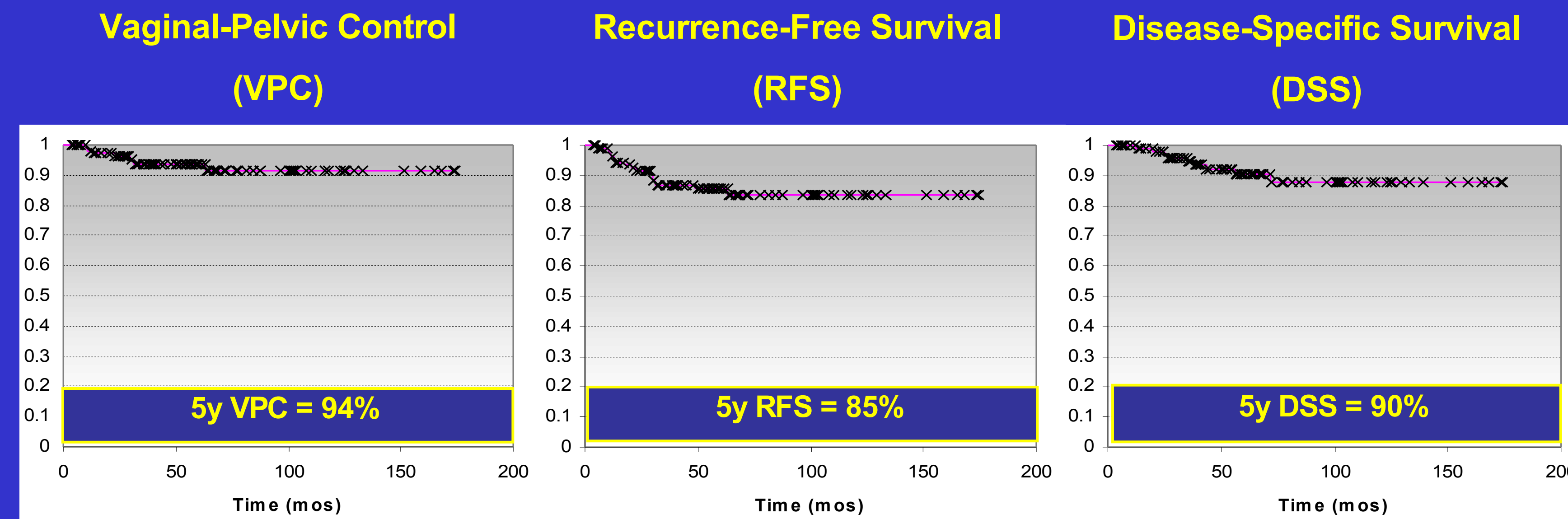
### Statistics

- Independent t-test for difference between variables
- Survival analysis with Kaplan-Meier curves

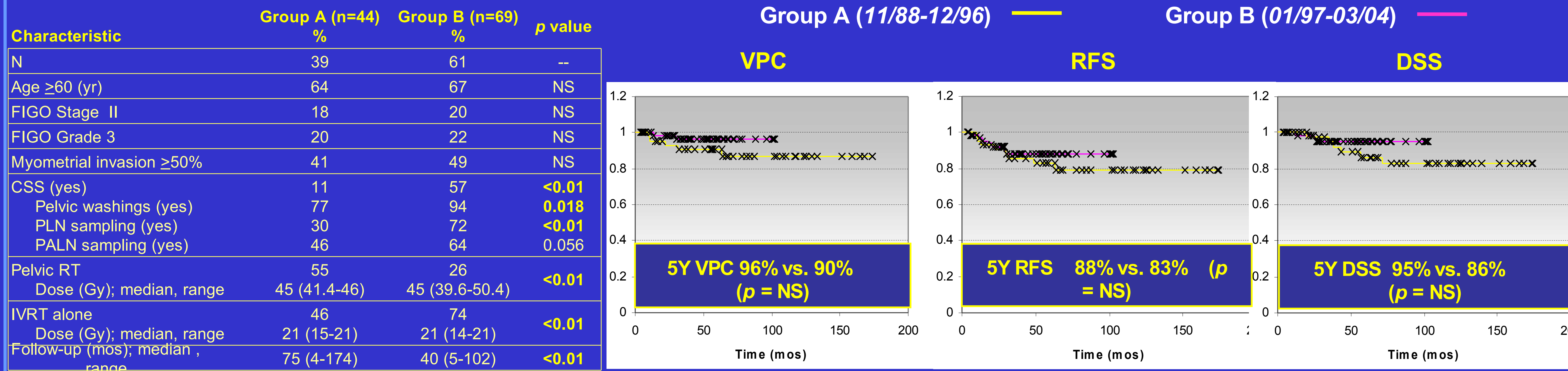
## Demographics (n = 113)

Characteristics	n	%
Age ≥60 (yr)	74	66
FIGO Stage II	22	20
FIGO Grade 3	24	21
Myometrial invasion ≥50%	52	46
CSS (yes)	44	39
• Pelvic washings (yes)	99	88
• PLN sampling (yes)	63	56
• PALN sampling (yes)	64	57
Pelvic RT	42	37
• Dose (Gy); median, range	45 (40-50)	-
IVRT alone	71	63
• Dose (Gy); median, range	21 (14-21)	-
Follow-up (mos); median, range	54 (4-174)	-

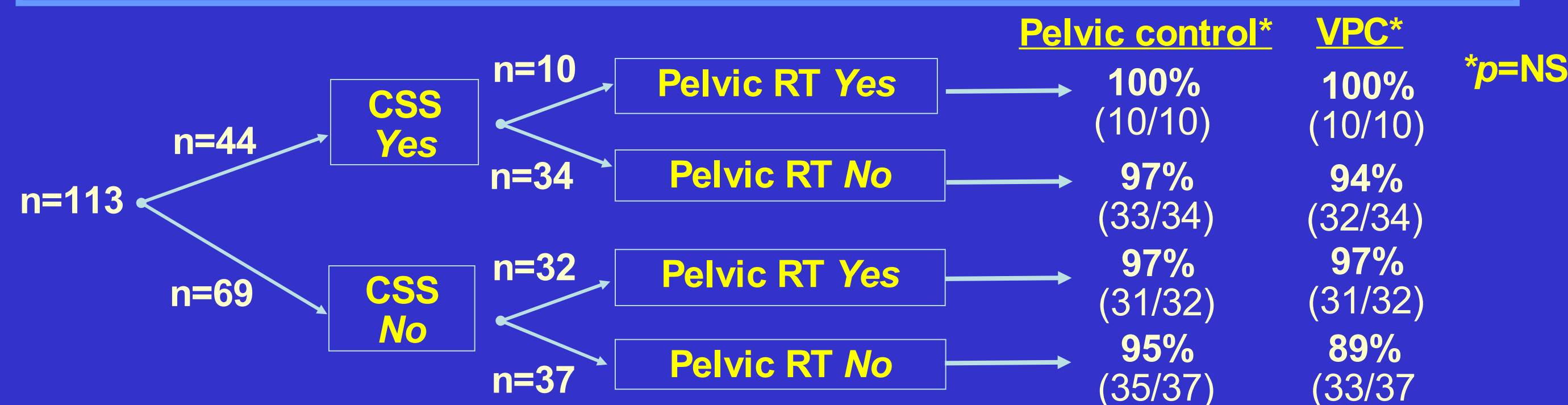
## Results I. Total Cohort



## Results II. Outcomes by Era of Treatment



## Results III. Outcomes by Treatment Received



## Conclusions

- Decreasing use of pelvic RT in favor of CSS and IVRT did not affect pelvic control in our cohort of patients with early-stage endometrial Ca and LVI.
- Despite encouraging findings, longer patient follow-up is needed to confirm safety of omitting pelvic RT in this patient population.
- The decision on whether to omit pelvic RT in patients with LVI should be made in the context of a patient's competing risk factors and comorbidities.