

Endometrial Carcinoma in Elderly Women: Disease Outcome and Treatment Morbidity.

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Purpose/Objective(s): Total abdominal hysterectomy and bilateral salpingoophorectomy (TAHBSO) followed by adjuvant pelvic radiotherapy (RT) is the standard treatment for patients with intermediate and high risk endometrial cancer. Because of concerns regarding the potential for increased toxicity, RT may not be offered to elderly women despite the often worse prognosis in these patients. The aim of this study is to review our experience in endometrial cancer patients 75 years or older with a focus on the tolerance and efficacy of radiotherapy.

Materials/Methods: All charts of women older than 75 years underwent TAHBSO for endometrial carcinoma of the uterus between 1995 and 2005 at McGill University Health Center were retrospectively reviewed. The primary endpoints assessed were loco-regional control, overall survival and treatment related toxicity.

Results: A total of 85 cases were identified: 27 patients (median age 80) underwent only TAHBSO, 51 patients (median age 78) received adjuvant radiation therapy. Radiotherapy consisted of external beam radiotherapy (EBRT) alone in 7 patients (14%), EBRT and intravaginal high dose rate brachytherapy (HDRB) in 39 patients (76%) and HDRBT alone in the remaining 5 patients (10%). The EBRT was typically 45 Gy in 25 fractions delivered using a 4-field technique. When combined with EBRT, HDRB was typically delivered in a single fraction of 6 Gy. When used alone, HDRB doses ranged from 6 Gy in 1 fraction to 24 Gy in 4 fractions. Tumor characteristics are presented in table format. After a median follow up of 40 months, the actuarial 5 year loco-regional recurrence rates were 61% with TAHBSO alone versus 14% with adjuvant radiotherapy (p=0.003). 5 year cause specific and overall survival rate were the same on both groups, 85% (cause-specific) and 66-67% (overall). Grade I/II acute radiation toxicity was seen in 17 pts (33%) and mostly related to the gastrointestinal tract. One patient (2%) developed grade III abdominal cramps and her treatment was interrupted. A total of 9 patients (18%) developed grade I/II late toxicity and all of them had been treated with a component of EBRT. No grade III or higher late toxicity of the adjuvant radiotherapy was seen. One patient treated with salvage radiotherapy suffered an acetabular fracture.

Conclusions: In our experience, the use of adjuvant RT in patients 75 years or older was well tolerated and effective. Older patients with intermediate or high risk endometrial cancer have a high rate of pelvic recurrence and our data suggest that they should be considered for adjuvant RT although increased loco-regional control does not appear to translate to improved overall survival.

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