

子宮內膜癌診療指引

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參考資料:

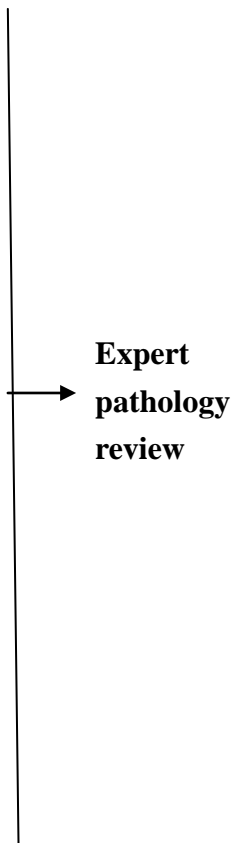
Uterine Neoplasms NCCN Guidelines V1.2015

2011 年國家衛生研究院-婦癌臨床診療指引

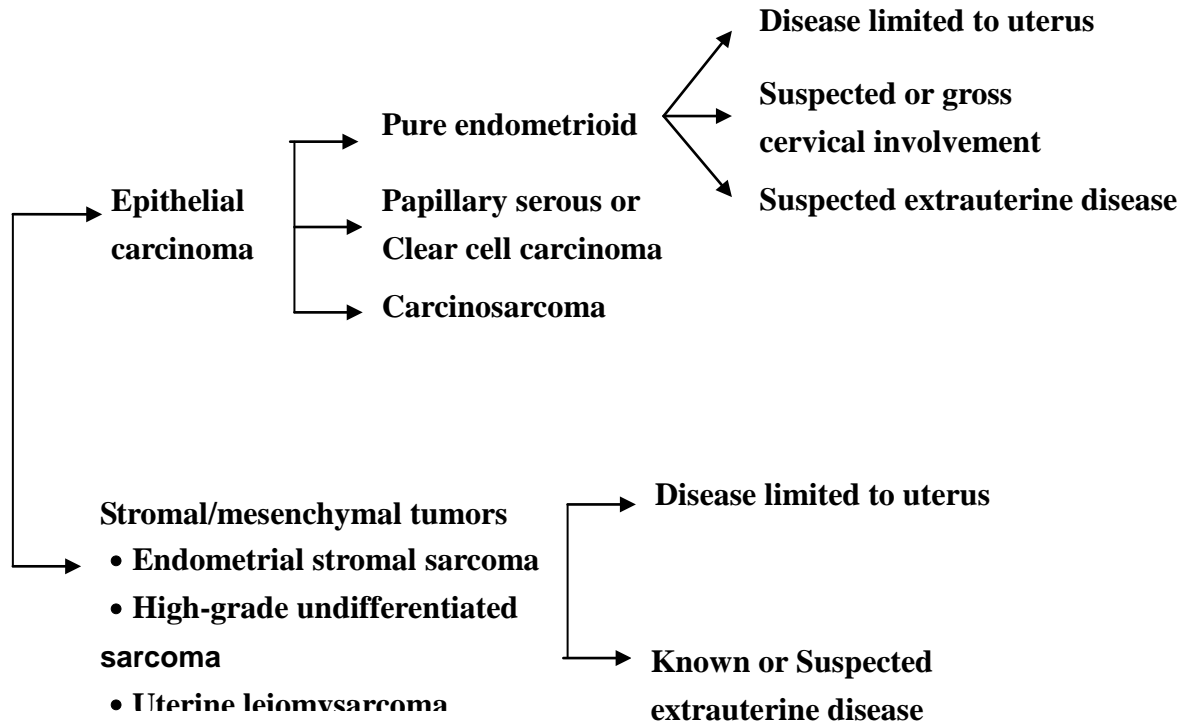
全民健康保險藥品給付規定一百零四年版(22868_1)

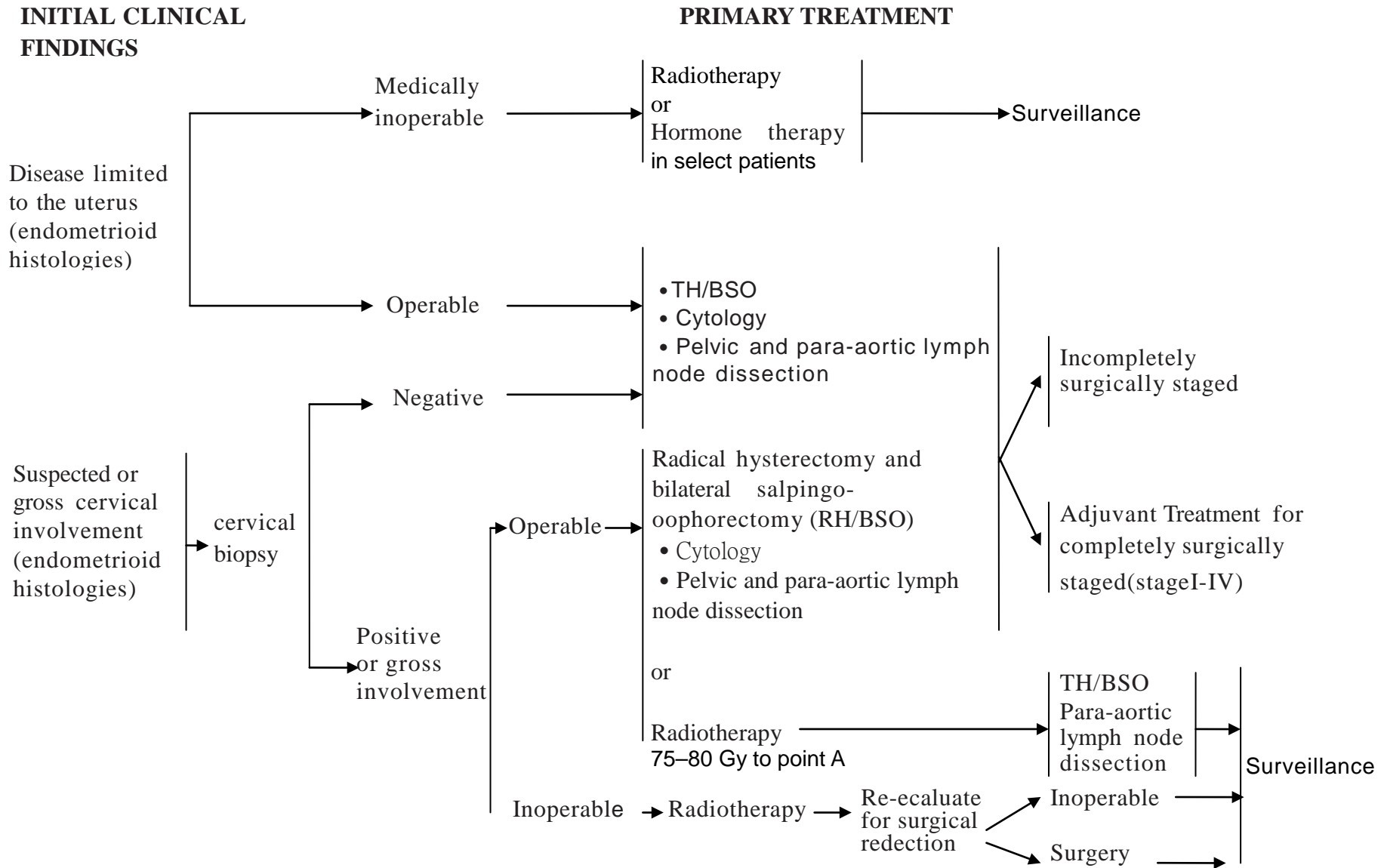
WORK UP

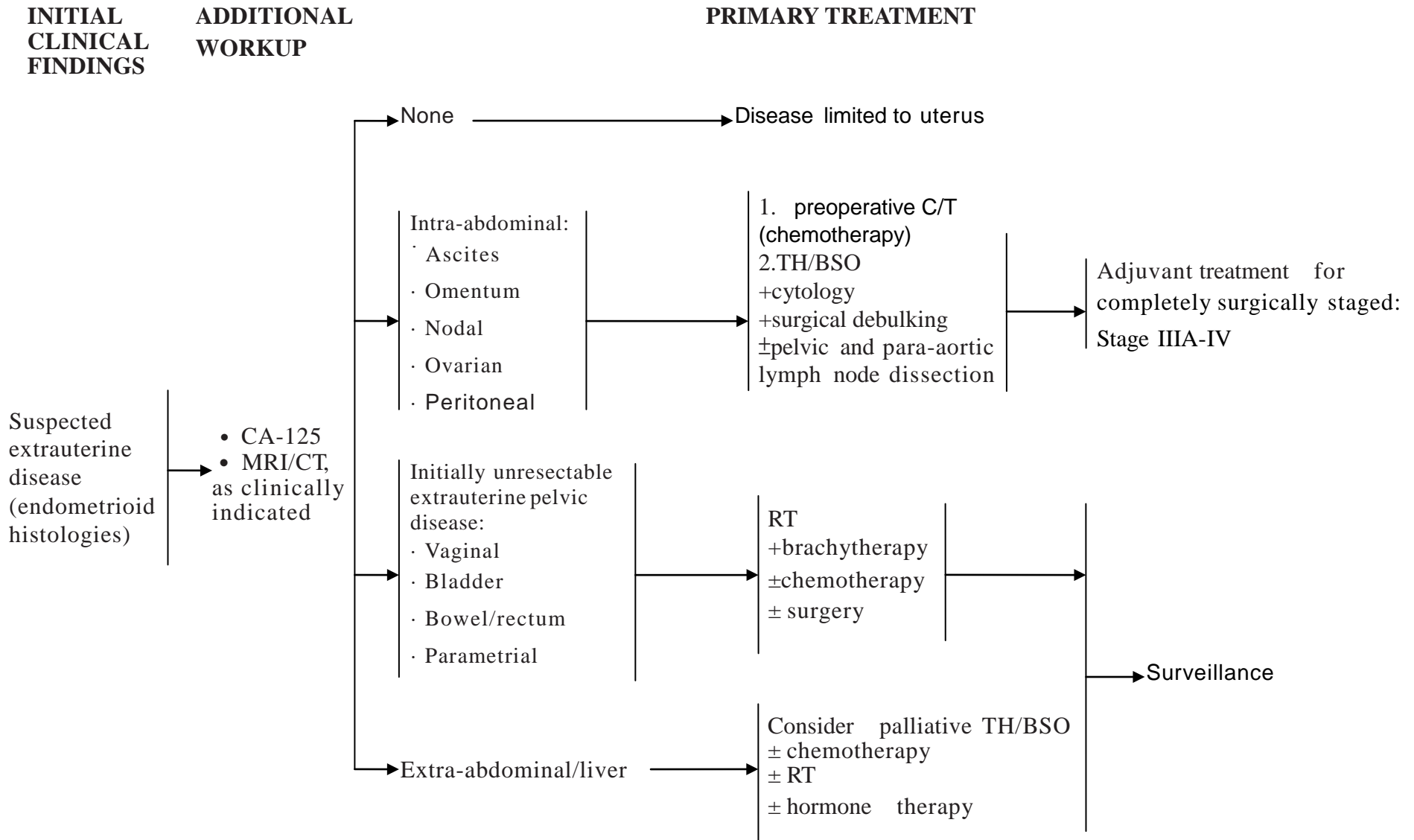
- History
- Physical exam
- CBC & Platelet
- Endometrial biopsy
- Chest imaging
- Liver function tests/Renal function tests
- Imaging:Abd CT
- genetic counseling



INITIAL CLINICAL FINDING





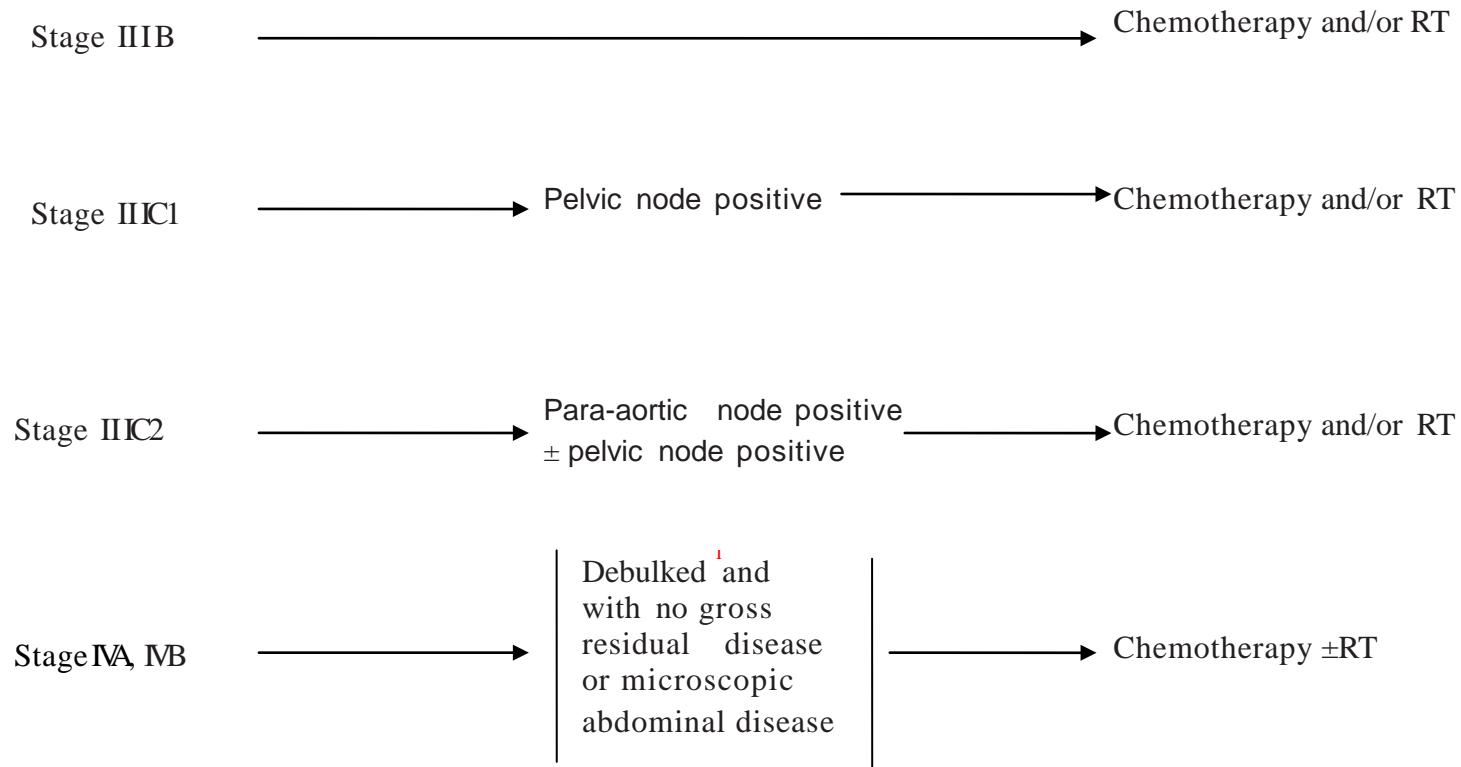


CLINICAL FINDINGS (completely surgically staged)	ADVERSE RISK FACTORS	HISTOLOGIC GRADE/ADJUVANT TREATMENT		
		G1	G2	G3
Stage IA ($< 50\%$) myometrial invasion	Adverse risk factors not present	Observe	Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy
	Adverse risk factors present	Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy and/or pelvic RT(category 2B)	Observe or Vaginal brachytherapy and/or pelvic RT
Stage IB ($\geq 50\%$) myometrial invasion	Adverse risk factors not present	Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy	pelvic RT and/or Vaginal brachytherapy or Observe
	Adverse risk factors present	Observe or Vaginal brachytherapy and/or Pelvic RT	Observe or Vaginal brachytherapy and/or Pelvic RT	Pelvic RT and/or Vaginal brachytherapy±chemotherapy (category 2B for chemotherapy)
Stage II		pelvic RT and Vaginal brachytherapy	pelvic RT +Vaginal brachytherapy	pelvic RT +Vaginal brachytherapy ±chemotherapy(category 2B)
Stage IIIA		chemotherapy±RT or RT ±chemotherapy or pelvic RT ±Vaginal brachytherapy	chemotherapy±RT or RT ±chemotherapy or pelvic RT ±Vaginal brachytherapy	chemotherapy±RT or RT ±chemotherapy or pelvic RT ±Vaginal brachytherapy

Adverse Risk Factors: Age, Lymphovascular invasion, tumor size

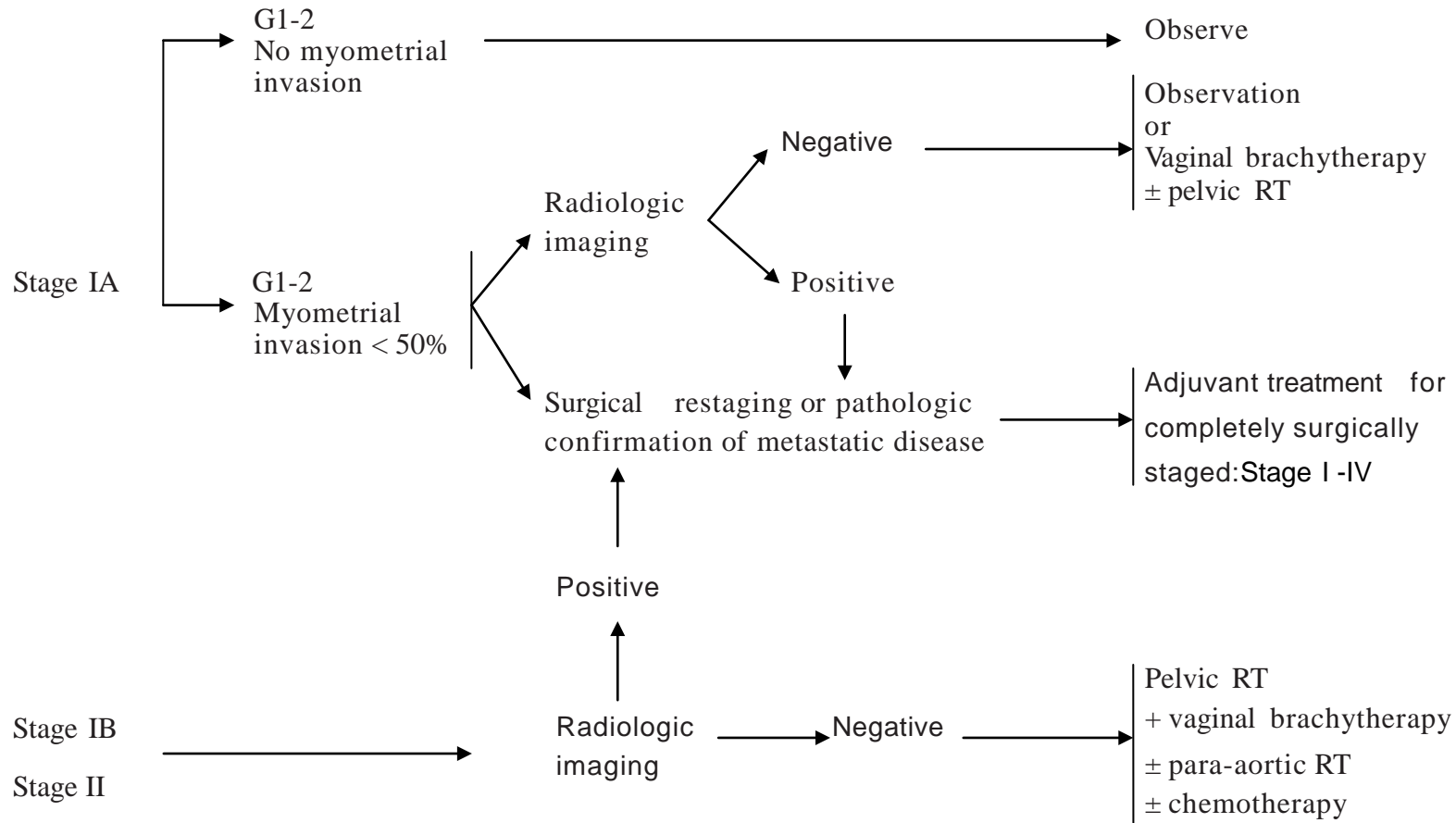
CLINICAL FINDINGS
(completely surgically staged)

ADJUVANT TREATMENT



CLINICAL FINDINGS
(Incompletely surgically staged)

ADJUVANT TREATMENT

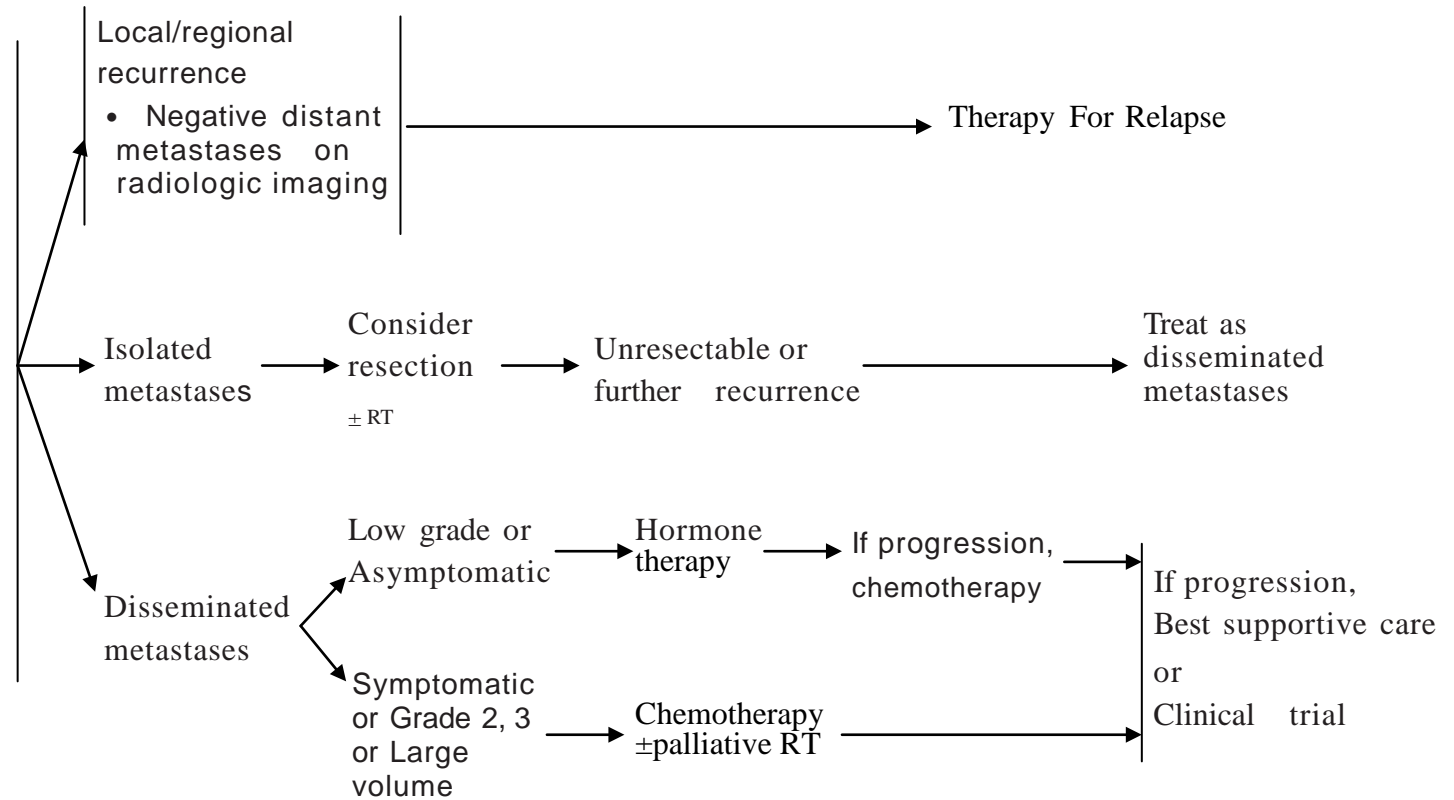


SURVEILLANCE

CLINICAL PRESENTATION

THERAPY FOR RELAPSE

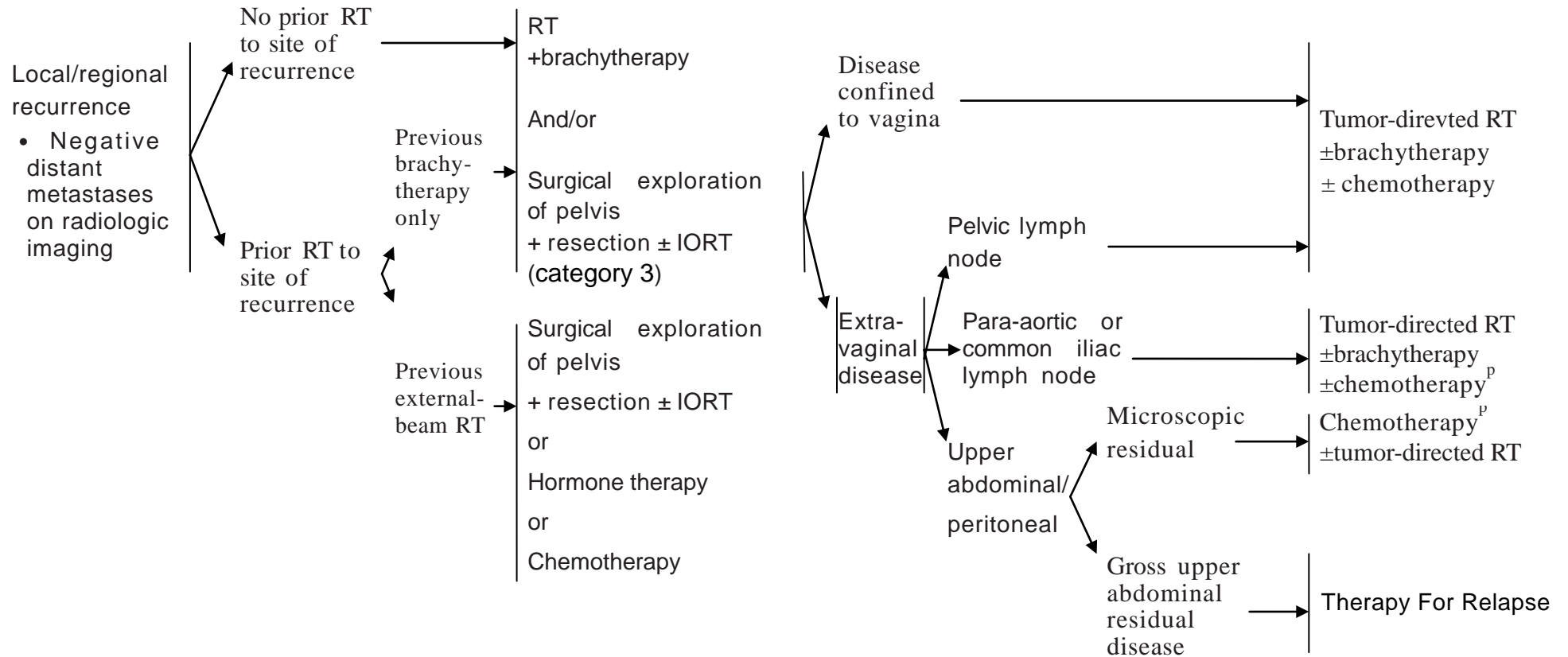
- Physical exam every 3-6 mo for 2 y, then 6 mo or annually
- Vaginal cytology
- Patient education regarding symptoms, lifestyle, obesity
- CA-125 (optional)
- Chest x-ray annually
- CT/MRI as clinically indicated
- Consider genetic counseling/testing for young patients (< 55y) with a significant family history and/or selected pathologic risk features

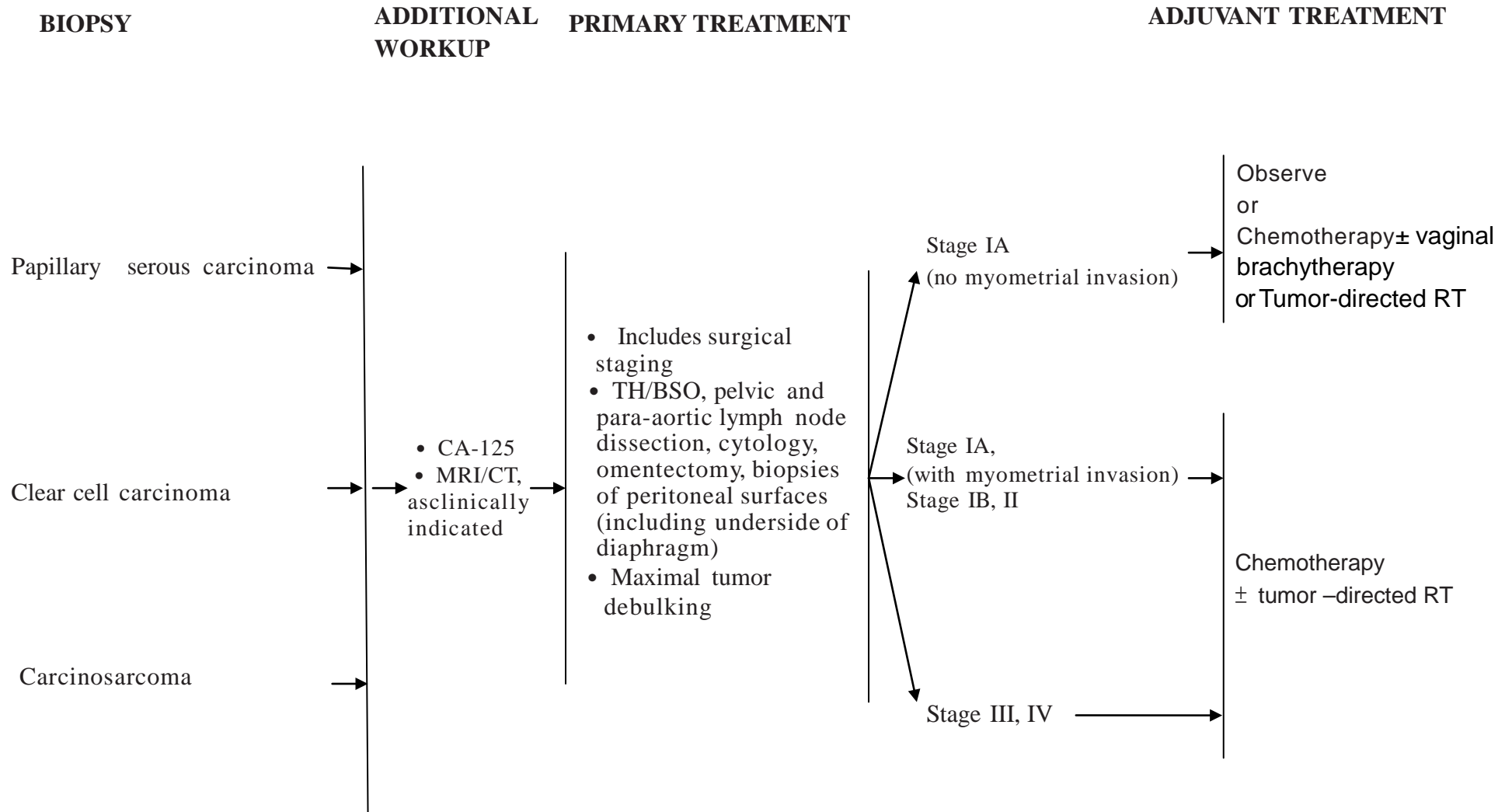


CLINICAL PRESENTATION

THERAPY FOR RELAPSE

ADDITIONAL THERAPY





High Risk Patients

1. Serous carcinoma
2. Clear cell carcinoma(Papillary carcinoma)
3. Stage IIIA

Risk Factor

1. Deep myometrial invasion
2. Grade III disease Stage IIB
3. Lympho vascular space invasion(LVSI)
4. Age > 70 age

HORMONE THERAPY

不適用於: 1.serous adenocarcinoma, clear cell adenocarcinoma, or carcinosarcoma

適用於: 1.Progesterone receptor(+) 2.Well differentiation 3.Low grade

- 1.Progestational agents
- 2.Tamoxifen 20mg/day
- 3.Aromatase inhibitors (自費)
- 4.Megestrol/tamoxifen (alternating using)
5. Medroxyprogesterone 80mg BID for 3wks 改用Tamoxifen 20mg BID
- 6.Megestrol 60 mg/day

ADJUVANT CHEMOTHERAPY REGIMENS

1.Cisplatin/ Doxorubicin (每三週一次)

Cisplatin (Ablipatin) inj.(50 mg/m²) 稀釋於 N/S 500 ml IVD for 2 hours.

Doxorubicin (Adriblastina) inj. (60 mg/m²) 稀釋於 N/S 5250ml IVD for 1.5 hours.

2.Carboplatin+Paclitaxel (每三週一次)用於Metastasis Endometrium Ca

Carboplatin AUC of 5-7,IV on day 1

Paclitaxel 175 mg/m² IV over 3 hours on day 1

3.Carboplatin+docetaxel

4.Ifosfamide/paclitaxel (for carcinosarcoma)

5.Temsirolimus (自費)

6.Bevacizumab(自費)

ADJUVANT RADIOTHERAPY REGIMENS

Pelvic RT

The pelvis is treated with external beam radiation therapy to 45-50Gy, in 25-28 daily fractions using 6-10 MV photon beams. IMRT techniques are recommended to better spare normal tissues.

Vaginal Brachytherapy:用在 High intermediates side effect 少

HDR brachytherapy, when used as a boost to EBRT: 4-6Gy in 2-3 fractions prescribed to the vaginal surface.. When used alone: 6Gy x5 prescribed to the vaginal surface.

REFERENCE

Decision Making in Radiation Oncology, Jiade J. Lu et al, 2011

	FIGO	PRIMARY TUMOR (T)
TX		Primary tumor cannot be assessed
T0		No evidence of primary tumor
Tis	*	Carcinoma in situ (preinvasive carcinoma)
T1	I	Tumor confined to corpus uteri
T1a	IA	Tumor limited to endometrium or invades less than one-half of the myometrium
T1b	IB	Tumor invades one-half or more of the myometrium
T2	II	Tumor invades stromal connective tissue of the cervix but does not extend beyond uterus**
T3a	IIIA	Tumor involves serosa and/or adnexa (direct extension or metastasis)
T3b	IIIB	Vaginal involvement (direct extension or metastasis) or parametrial involvement
T4	IVA	Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient to classify a tumor as T4)
		* FIGO staging no longer includes Stage 0 (Tis)
		** Endocervical glandular involvement only should be considered as stage I and not Stage II.
REGIONAL LYMPH NODES (N)		
NX		Regional lymph nodes cannot be assessed
N0		No regional lymph node metastasis
N1	IIIC1	Regional lymph node metastasis to pelvic lymph nodes
N2	IIIC2	Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes
DISTANT METASTASIS (M)		
M0		No distant metastasis(no pathologic M0; use clinical M to complete stage group)
M1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa)

STAGE			
GROUP	T	N	M
0*	Tis	N0	M0
I	T1	N0	M0
I	T1a	N0	M0
IB	T1b	N0	M0
II	T2	N0	M0
III	T3	N0	M0
IIIA	T3a	N0	M0
IIIB	T3b	N0	M0
IIIC1	T1 - T3	N1	M0
IIIC2	T1 - T3	N2	M0
IVA	T4	Any N	M0
IVB	Any T	Any N	M1
*FIGO no longer includes Stage 0 (Tis) Carcinosarcomas should be staged as carcinoma.			
Stage unknown			

CHEMOTHERAPY REFERENCE

1. Hogberg T, Signorelli M, de Oliveira CF, et al. Sequential adjuvant chemotherapy and radiotherapy in endometrial cancer--results from two randomised studies. *Eur J Cancer* 2010;46:2422-2431
2. Hogberg T, Rosenberg P, Kristensen G, et al. A randomized phase- III study on adjuvant treatment with radiation (RT) {+/-}chemotherapy (CT) in early-stage high-risk endometrial cancer (NSGO-EC-9501/EORTC 55991) [abstract]. *J Clin Oncol* 2007;25(Suppl18):Abstract 5503.
3. Keys HM, Roberts JA, Brunetto VL, et al. A phase III trial of surgery with or without adjunctive external pelvic radiation therapy in intermediate risk endometrial adenocarcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol* 2004;92:744-751.
4. Nout RA, Putter H, Jurgenliemk-Schulz IM, et al. Quality of life after pelvic radiotherapy or vaginal brachytherapy for endometrial cancer: first results of the randomized PORTEC-2 trial. *J Clin Oncol* 2009;27:3547-3556.
5. Lee CM, Szabo A, Shrieve DC, et al. Frequency and effect of adjuvant radiation therapy among women with stage I endometrial adenocarcinoma. *JAMA* 2006;295:389-397.
6. Johnson N, Cornes P. Survival and recurrent disease after postoperative radiotherapy for early endometrial cancer: systematic review and meta-analysis. *BJOG* 2007;114:1313-1320.
7. Susumu N, Sagae S, Udagawa Y, et al. Randomized phase III trial of pelvic radiotherapy versus cisplatin-based combined chemotherapy in patients with intermediate- and high-risk endometrial cancer: a Japanese Gynecologic Oncology Group study. *Gynecol Oncol* 2008;108:226-233.
8. Smith DC, Prentice R, Thompson DJ, Herrmann WL. Association of exogenous estrogen and endometrial carcinoma. *N Engl J Med* 1975;293:1164-1167.
9. Ziel HK, Finkle WD. Increased risk of endometrial carcinoma among users of conjugated estrogens. *N Engl J Med* 1975;293:1167-1170.
10. Creasman WT, Henderson D, Hinshaw W, Clarke-Pearson DL. Estrogen replacement therapy in the patient treated for endometrial cancer. *Obstet Gynecol* 1986;67:326-330.
11. Quinn MA, Campbell JJ. Tamoxifen therapy in advanced/recurrent endometrial carcinoma. *Gynecol Oncol* 1989;32:1-3.
12. Thigpen T, Brady MF, Homesley HD, et al. Tamoxifen in the treatment of advanced or recurrent endometrial carcinoma: a Gynecologic Oncology Group study. *J Clin Oncol* 2001;19:364-367.

13. Pandya KJ, Yeap BY, Weiner LM, et al. Megestrol and tamoxifen in patients with advanced endometrial cancer: an Eastern Cooperative Oncology Group Study (E4882). *Am J Clin Oncol* 2001;24:43-46.
14. Whitney CW, Brunetto VL, Zaino RJ, et al. Phase II study of medroxyprogesterone acetate plus tamoxifen in advanced endometrial carcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol* 2004;92:4-9.
15. Fiorica JV, Brunetto VL, Hanjani P, et al. Phase II trial of alternating courses of megestrol acetate and tamoxifen in advanced endometrial carcinoma: a Gynecologic Oncology Group study. *Gynecol Oncol* 2004;92:10-14.
16. Fleming GF, Brunetto VL, Cella D, et al. Phase III trial of doxorubicin plus cisplatin with or without paclitaxel plus filgrastim in advanced endometrial carcinoma: a Gynecologic Oncology Group Study. *J Clin Oncol* 2004;22:2159-2166.
17. Humber CE, Tierney JF, Symonds RP, et al. Chemotherapy for advanced, recurrent or metastatic endometrial cancer: a systematic review of Cochrane collaboration. *Ann Oncol* 2007;18:409-420.
18. Sovak MA, Dupont J, Hensley ML, et al. Paclitaxel and carboplatin in the treatment of advanced or recurrent endometrial cancer: a large retrospective study. *Int J Gynecol Cancer* 2007;17:197-203.
19. Pectasides D, Xiros N, Papaxoinis G, et al. Carboplatin and paclitaxel in advanced or metastatic endometrial cancer. *Gynecol Oncol* 2008;109:250-254.
20. Sorbe B, Andersson H, Boman K, et al. Treatment of primary advanced and recurrent endometrial carcinoma with a combination of carboplatin and paclitaxel-long-term follow-up. *Int J Gynecol Cancer* 2008;18:803-808.
21. Secord AA, Havrilesky LJ, Carney ME, et al. Weekly low-dose paclitaxel and carboplatin in the treatment of advanced or recurrent cervical and endometrial cancer. *Int J Clin Oncol* 2007;12:31-36.
22. Dizon DS, Sabbatini PJ, Aghajanian C, et al. Analysis of patients with epithelial ovarian cancer or fallopian tube carcinoma retreated with cisplatin after the development of a carboplatin allergy. *Gynecol Oncol* 2002;84:378-382.
23. Lee CW, Matulonis UA, Castells MC. Carboplatin hypersensitivity: a 6-h 12-step protocol effective in 35 desensitizations in patients with gynecological malignancies and mast cell/IgE-mediated reactions. *Gynecol Oncol* 2004;95:370-376.

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24. Fader AN, Nagel C, Axtell AE, et al. Stage II uterine papillary serous carcinoma: Carboplatin/paclitaxel chemotherapy improves recurrence and survival outcomes. *Gynecol Oncol* 2009;112:558-562.
25. Murphy KT, Rotmensch J, Yamada SD, Mundt AJ. Outcome and patterns of failure in pathologic stages I-IV clear-cell carcinoma of the endometrium: implications for adjuvant radiation therapy. *Int J Radiat Oncol Biol Phys* 2003;55:1272-1276.
26. Sood BM, Jones J, Gupta S, et al. Patterns of failure after the multimodality treatment of uterine papillary serous carcinoma. *Int J Radiat Oncol Biol Phys* 2003;57:208-216.
27. Powell MA, Filiaci VL, Rose PG, et al. Phase II evaluation of paclitaxel and carboplatin in the treatment of carcinosarcoma of the uterus: a Gynecologic Oncology Group study. *J Clin Oncol* 2010;28:2727-2731.
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