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一百零五年版(30051_2)

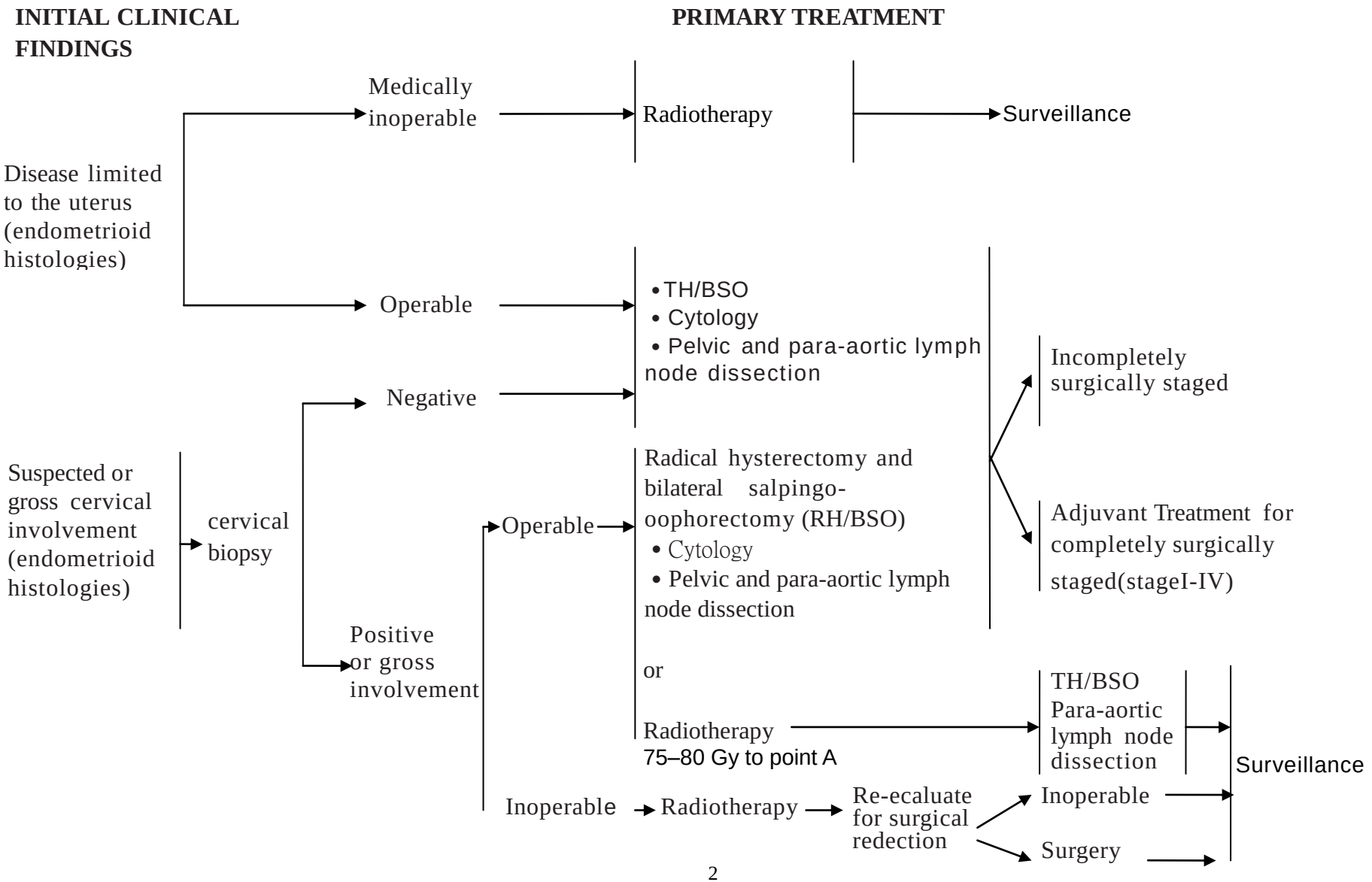
WORK UP

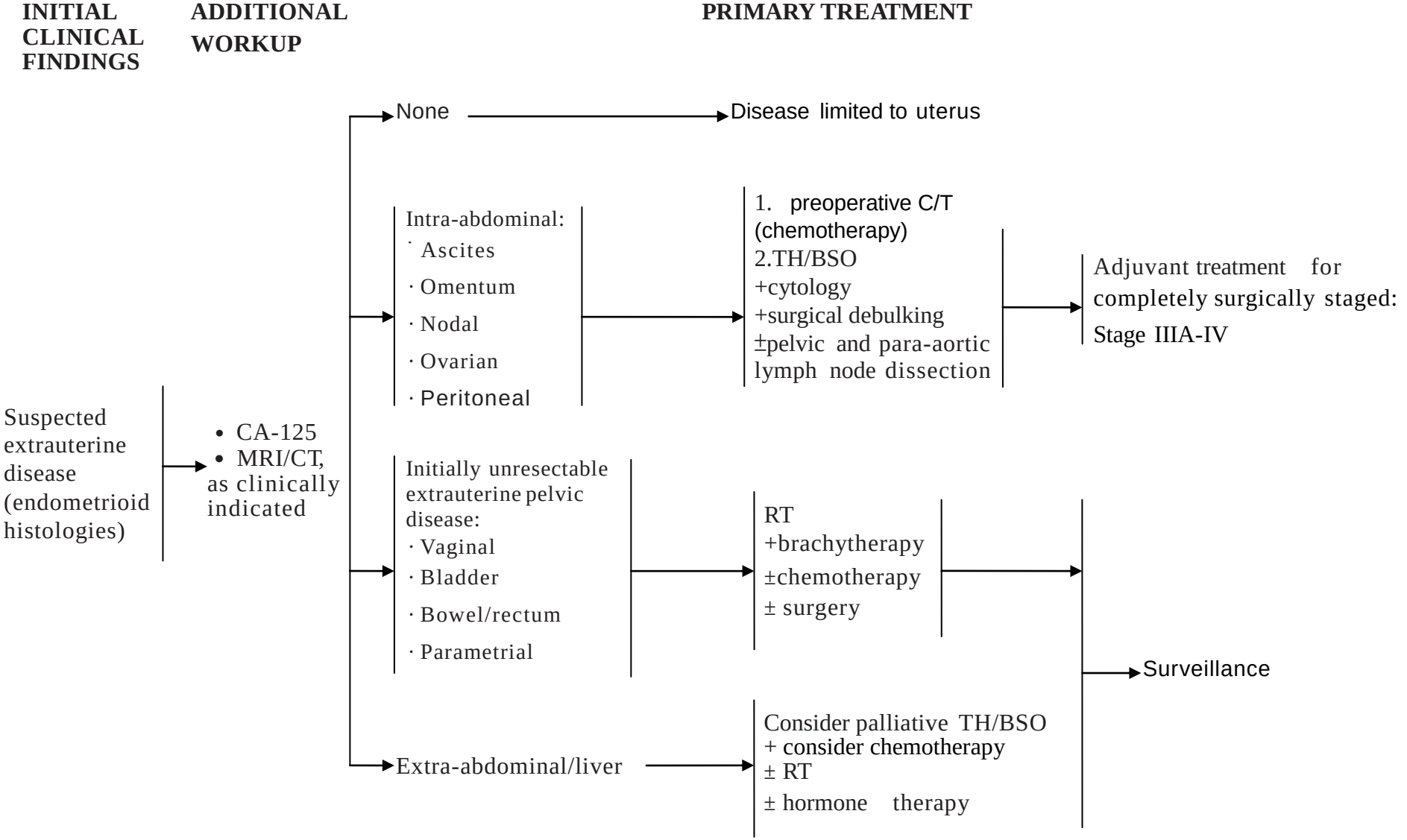
- History
- Physcial exam
- CBC & Platelet
- Endometrial biopsy
- Chest imaging
- Liver function tests/Renal function tests
- Imaging：Abd CT or MRI
- genetic counseling

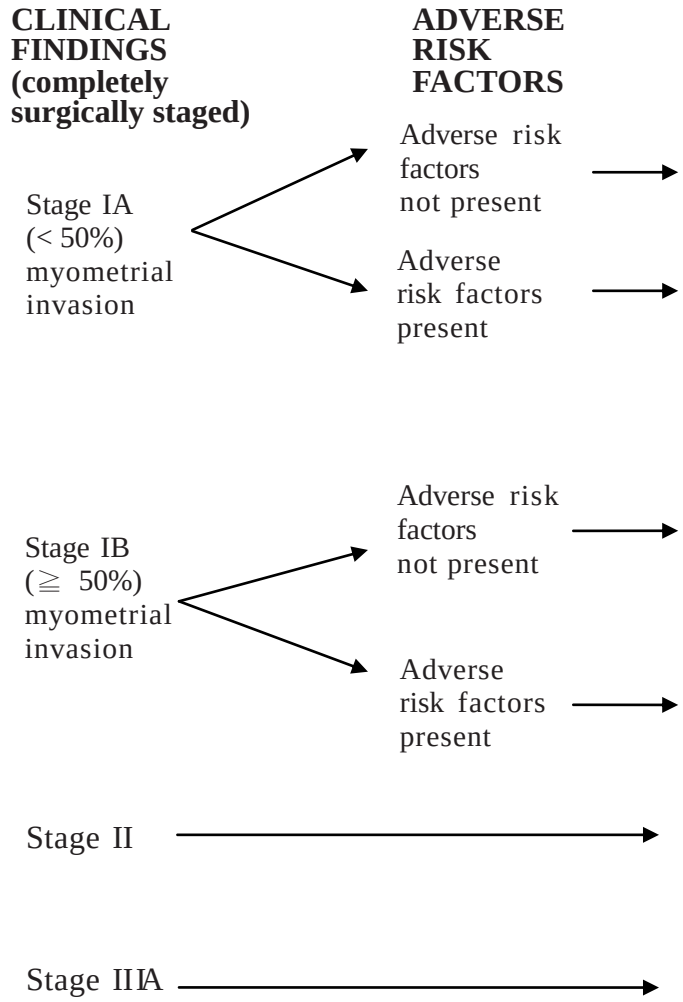
INITIAL CLINICAL FINDING

→ Expert pathology review

- Epithelial carcinoma
  - Pure endometrioid
    - Disease limited to uterus
    - Suspected or gross cervical involvement
    - Suspected extrauterine disease
  - Papillary serous or Clear cell carcinoma
  - Carcinosarcoma
- Stromal/mesenchymal tumors
  - Endometrial stromal sarcoma
  - High-grade undifferentiated sarcoma
  - Uterine leiomyosarcoma
  - Disease limited to uterus
  - Known or Suspected extrauterine disease


INITIAL CLINICAL FINDINGS
PRIMARY TREATMENT
Disease limited to the uterus (endometrioid histologies)
Medically inoperable
Radiotherapy
Surveillance
Operable
• TH/BSO
• Cytology
• Pelvic and para-aortic lymph node dissection
Incompletely surgically staged
Adjuvant Treatment for completely surgically staged(stageI-IV)
Suspected or gross cervical involvement (endometrioid histologies)
cervical biopsy
Negative
Positive or gross involvement
Operable
Radical hysterectomy and bilateral salpingo-oophorectomy (RH/BSO)
• Cytology
• Pelvic and para-aortic lymph node dissection
or
Radiotherapy
75–80 Gy to point A
TH/BSO
Para-aortic lymph node dissection
Surveillance
Inoperable
Radiotherapy
Re-ecaluate for surgical redection
Inoperable
Surgery


INITIAL CLINICAL FINDINGS
ADDITIONAL WORKUP
PRIMARY TREATMENT
Suspected extrauterine disease (endometrioid histologies)
• CA-125
• MRI/CT, as clinically indicated
None
Disease limited to uterus
Intra-abdominal:
· Ascites
· Omentum
· Nodal
· Ovarian
· Peritoneal
1. preoperative C/T (chemotherapy)
2.TH/BSO
+cytology
+surgical debulking
±pelvic and para-aortic lymph node dissection
Adjuvant treatment for completely surgically staged:
Stage IIIA-IV
Initially unresectable extrauterine pelvic disease:
· Vaginal
· Bladder
· Bowel/rectum
· Parametrial
RT
+brachytherapy
±chemotherapy
± surgery
Surveillance
Extra-abdominal/liver
Consider palliative TH/BSO
+ consider chemotherapy
± RT
± hormone therapy



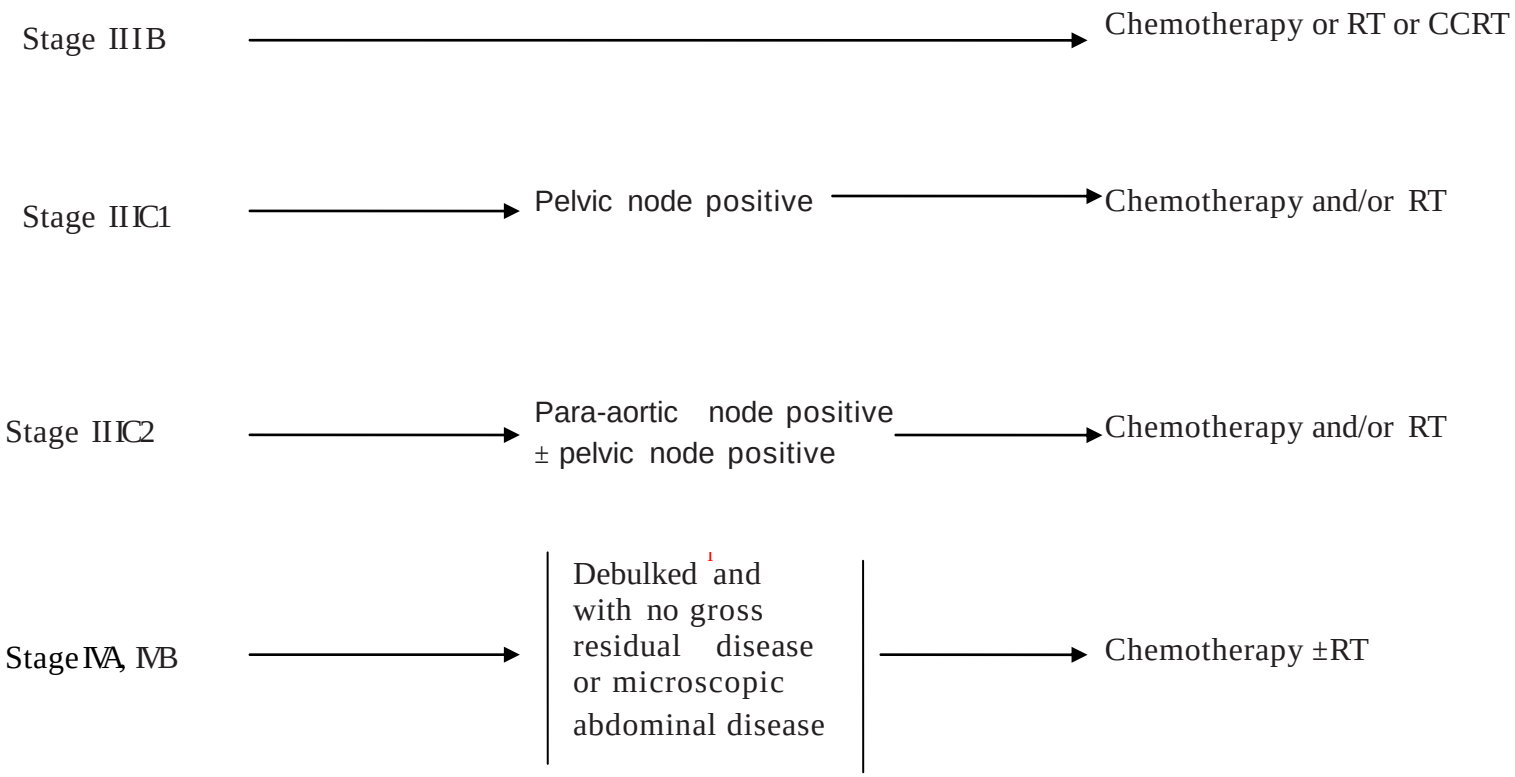
Adverse Risk Factors: Age, Lymphovascular invasion, tumor size

HISTOLOGIC GRADE/ADJUVANT TREATMENT

G1	G2	G3
Observe	Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy
Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy and/or pelvic RT(category2B)	Observe or Vaginal brachytherapy and/or pelvic RT
Observe or Vaginal brachytherapy	Observe or Vaginal brachytherapy	pelvic RT and/or Vaginal brachytherapy or Observe
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)
pelvic RT and Vaginal brachytherapy	pelvic RT +Vaginal brachytherapy	pelvic RT +Vaginal brachytherapy ±chemotherapy(category 2B)
RT or CT pelvic RT ±Vaginal brachytherapy	chemotherapy±RT or RT ±chemotherapy or pelvic RT ±Vaginal brachytherapy	chemotherapy±RT or RT ±chemotherapy or pelvic RT ±Vaginal brachytherapy

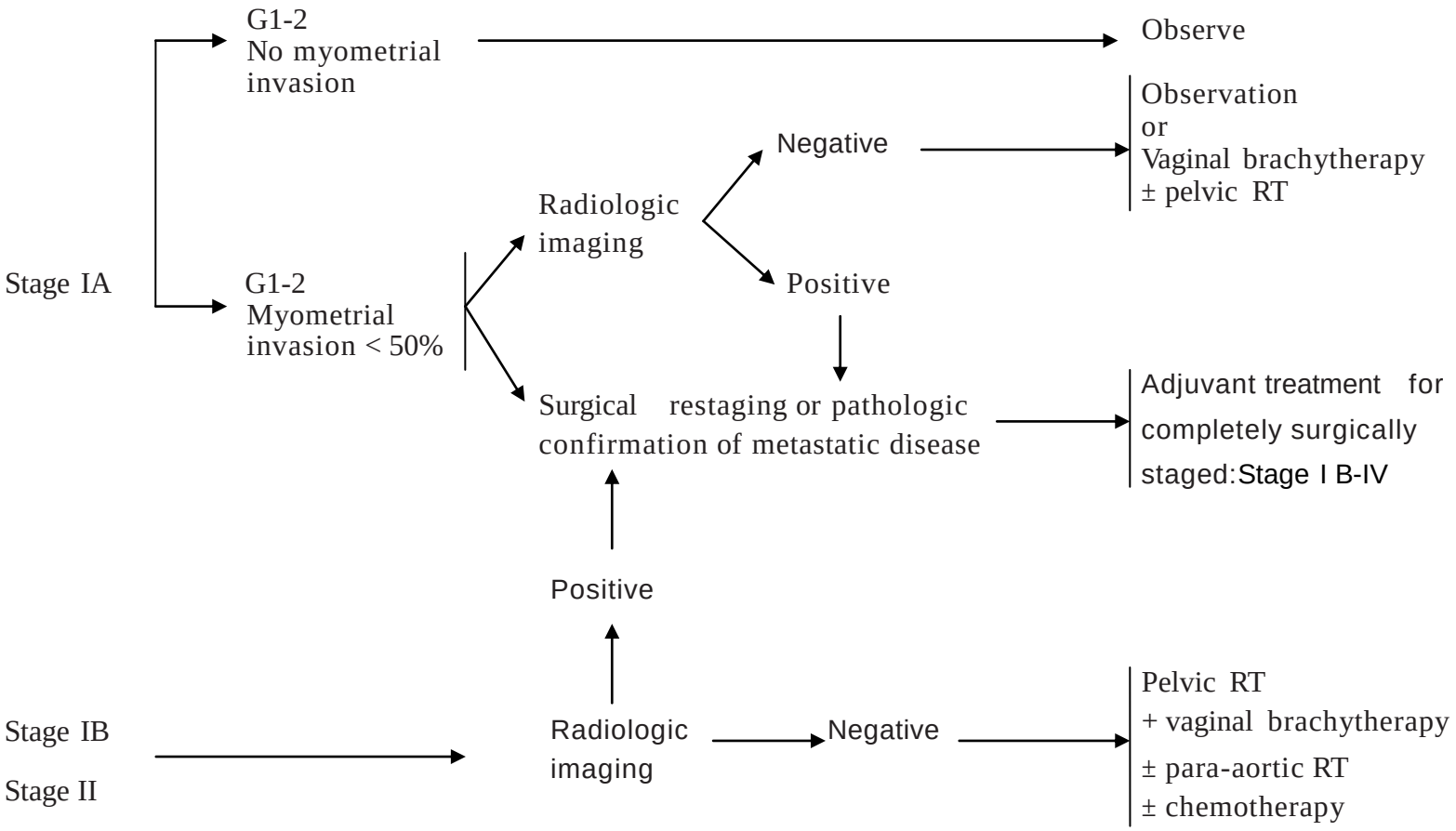
CLINICAL FINDINGS
(completely surgically staged)

ADJUVANT TREATMENT

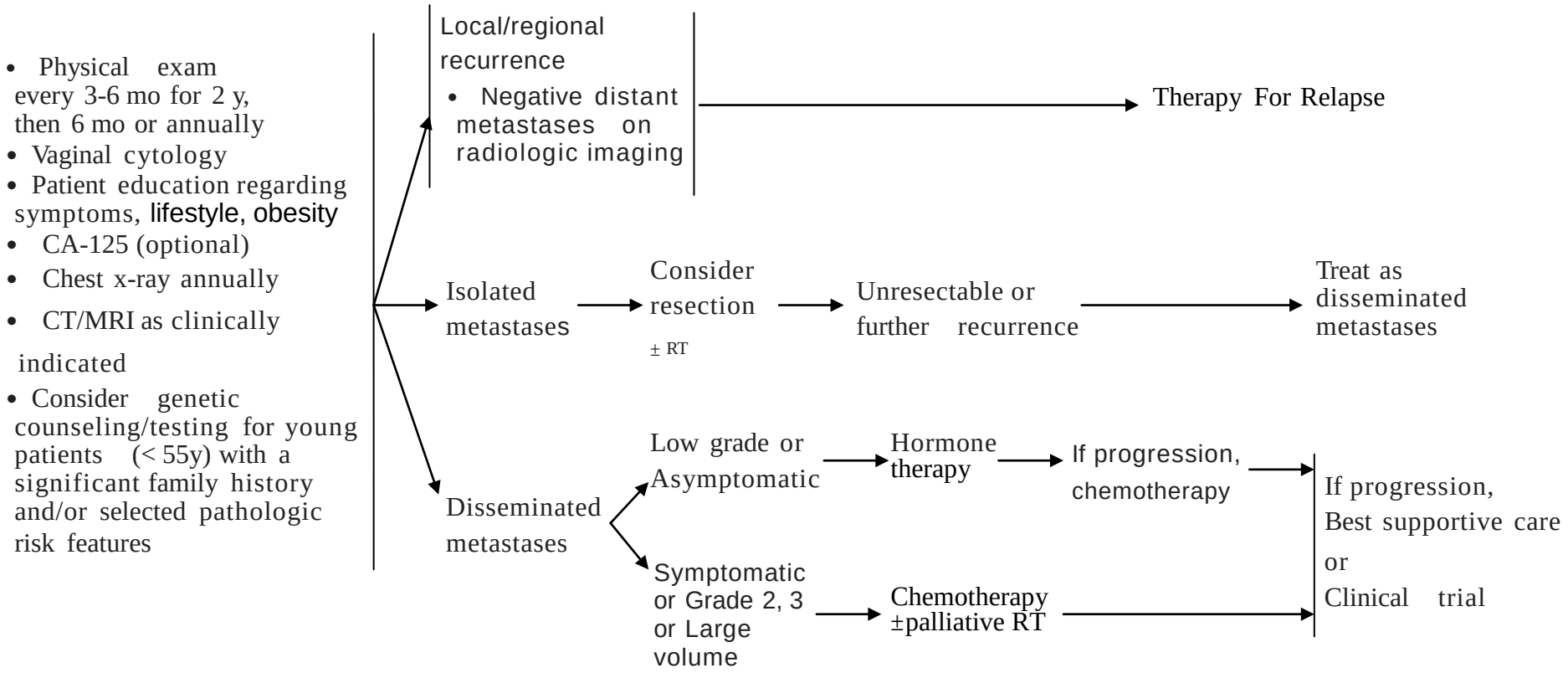


CLINICAL FINDINGS
(Incompletely surgically staged)

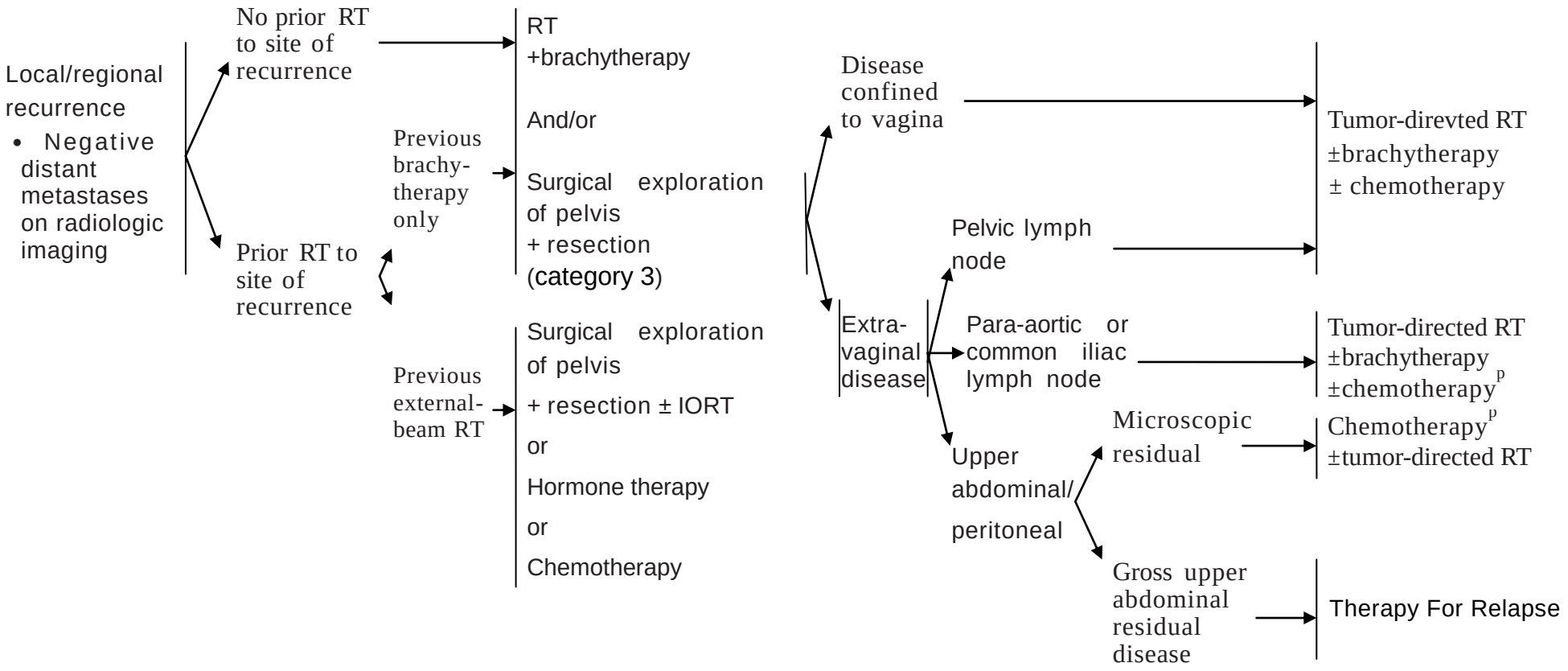
ADJUVANT TREATMENT

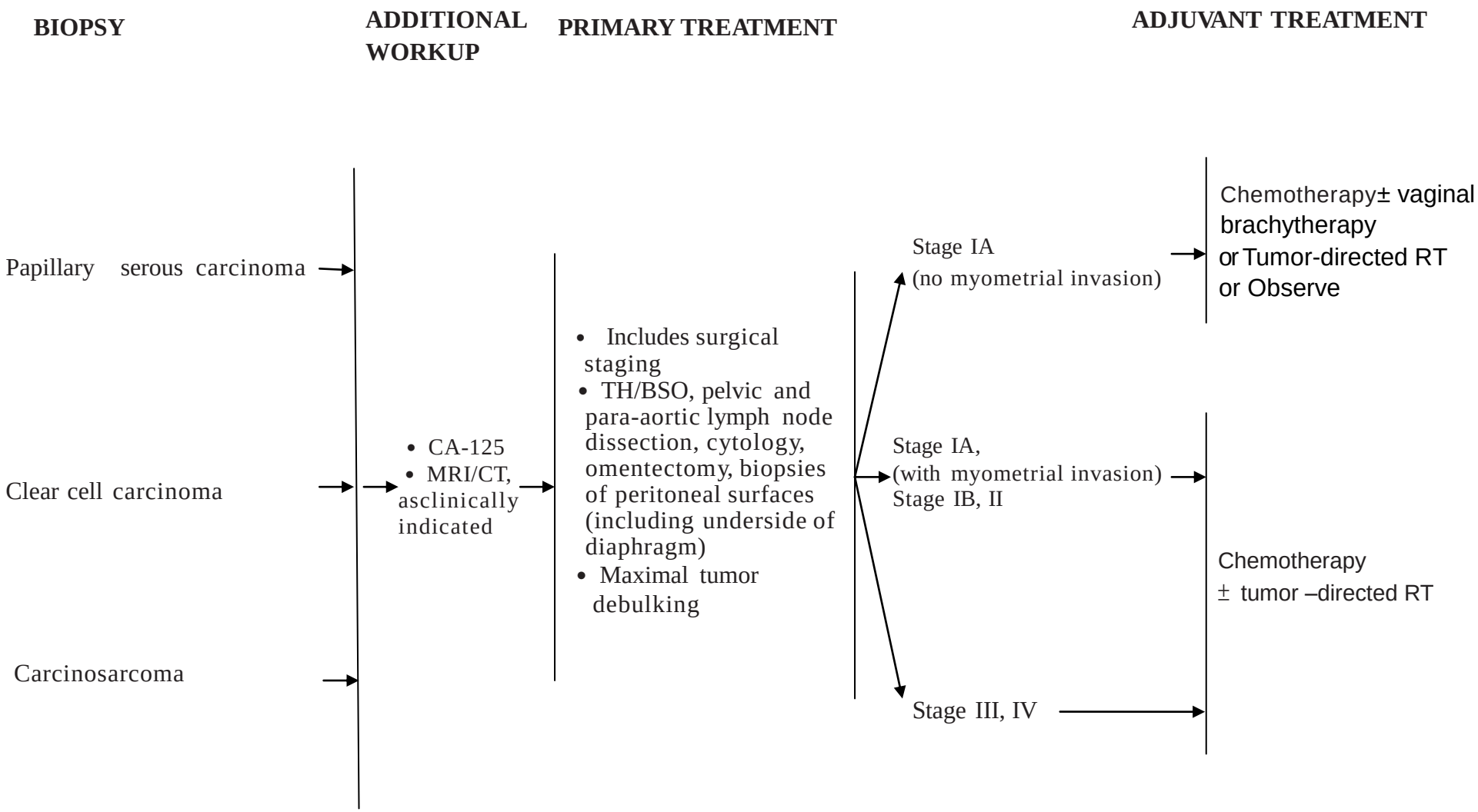


SURVEILLANCE **CLINICAL PRESENTATION** **THERAPY FOR RELAPSE**



CLINICAL PRESENTATION | **THERAPY FOR RELAPSE** | **ADDITIONAL THERAPY**




BIOPSY
ADDITIONAL WORKUP
PRIMARY TREATMENT
ADJUVANT TREATMENT
Papillary serous carcinoma
Clear cell carcinoma
Carcinosarcoma
• CA-125
• MRI/CT, asclinically indicated
• Includes surgical staging
• TH/BSO, pelvic and para-aortic lymph node dissection, cytology, omentectomy, biopsies of peritoneal surfaces (including underside of diaphragm)
• Maximal tumor debulking
Stage IA
(no myometrial invasion)
Chemotherapy± vaginal brachytherapy
or Tumor-directed RT
or Observe
Stage IA,
(with myometrial invasion)
Stage IB, II
Stage III, IV
Chemotherapy
± tumor –directed RT

High Risk Patients

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

Risk Factor

1. Deep myometrial invasion
2. Grade III disease Stage ⅡA&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 recepter(+) 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 (Abiplatin) 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 Auc 6 IV+docetaxel 75mg/m2 for IV infusion 1 hours/every 3 weeks

4.Ifosfamide/paclitaxel (for carcinosarcoma)

a.Ifosamide 1.2gm/m2/paclitaxel 135gm/m2 IV for 3 days duration every 3 weeks

b.Ifosamide 1gm/m2/day/paclitaxel 135mg/m2/day in 5% G/NS 500ml IV over 4hours for 6 cycles

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 viginal 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 Iand 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			

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