

Évolutions récentes de la prise en charge des cancers de l'endomètre

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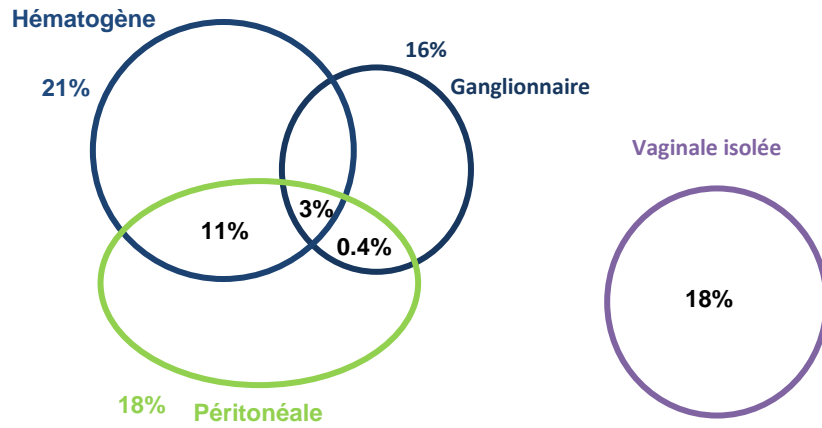
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TABLE 1: Clinical and pathological features of endometrial carcinoma.

	Type I (EEC)	Type II (NEEC)
Age	Pre- and perimenopausal	Postmenopausal
Behavior	Stable	Progressive
Grade	Low	High
Hyperplasia-precursor	Present	Absent
Unopposed estrogen	Present	Absent
Myometrial invasion	Minimal	Deep
Specific Subtypes	Endometrioid carcinoma	Non-endometrioid carcinoma
Prevalence	70–80%	10–20%
Risk factors	Obesity, anovulation, nulliparity and exogenous estrogen exposure	In atrophic endometrium

TABLE 2: Genetics features of endometrial carcinoma.

	EEC	NEEC
Gain-of Function		
<i>K-ras</i>	15–30%	0–5%
<i>Her2/neu</i>	10–20%	9–30%
<i>β-Catenin</i>	31–47%	0–3%
Loss-of Function		
<i>PTEN</i>	35–50%	10%
<i>P53</i>	10–20%	90%
Genomic instability (microsatellite)	20–40%	0–5%



Mariani A et al 2004

Sites de récurrence

TABLE 3. Initial site of recurrence

Initial Site of Recurrence	n (%)	Outcome	
		Alive (%)	Dead (%)
Distant	12 (37.5)	3 (25.0)	9 (75.0)
Vaginal stump	8 (25.0)	3 (37.5)	5 (62.5)
Peritoneum	7 (21.9)	2 (28.6)	5 (71.4)
Pelvic sidewall	3 (9.4)	0 (0.0)	3 (100.0)
Lymph node	2 (6.2)	0 (0.0)	2 (100.0)
Total	32 (100.0)	8 (25.0)	24 (75.0)

Bas et inter : 6% récurrence, jms GG

Haut : 30% distant, 30% vag, 24% périt, 9% GG

IIIC : 4/11 distant, 3/11 périt, 3/11 vag, 1/11 GG

Grade, pfdeur, ELV, col, GG : distance
Col, GG : vag

Watari H et al. 2009

Supériorité de la coelioscopie

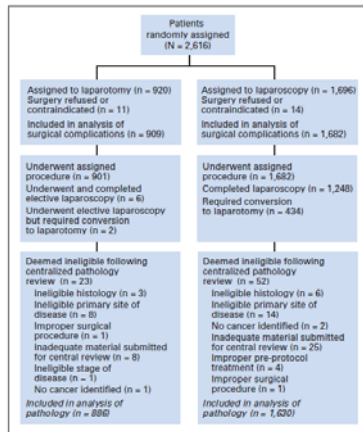


Fig 1. CONSORT diagram.

GOG LAP2

Stades I & IIa

GOG PS <4

HTNC

CP

CLA (min AMI)

Walker J 2009

Table 2. Pathology Findings

Pathology	Laparotomy		Laparoscopy		P
	No. of Patients	%	No. of Patients	%	
Surgical stage					.841*
IA	310	35	609	37	
IB	266	30	451	28	
IC	104	12	193	12	
IIA	20	2	37	2	
IIB	32	4	61	4	
IIIA	42	5	96	6	
IIIC	84	9	143	9	
IVB	28	3	39	2	
Unstaged†	0	0	1	< 1	
Tumor type					.415
Endometrioid adenocarcinoma	727	82	1,297	80	
Anaplastic/other carcinoma	1	< 1	0	0.0	
Clear cell carcinoma	11	1	31	2	
Mixed epithelial carcinoma	24	3	49	3	
Serous carcinoma	94	11	195	12	
Sarcoma	29	3	58	4	
Peritoneal cytology	866	98	1,569	96	.052

Table 2. Pathology Findings

Pathology	Laparotomy		Laparoscopy		P
	No. of Patients	%	No. of Patients	%	
Type of nodes					.0009‡
No nodes	6	0.7	22	1.4	.124
Para-aortic nodes only	3	0.3	6	0.4	.905
Pelvic nodes only	28	3.2	109	6.8	.0002§
Both pelvic and para-aortic nodes	840	95.8	1,476	91.5	< .0001§
Any pelvic nodes	868	99	1,585	98	.183
Median, No. of nodes	18		17		
IQR, No. of nodes	12-24		12-23		
Any para-aortic nodes	843	97	1,482	94	.002§
Median, No. of nodes	7		7		
IQR, No. of nodes	4-11		4-11		

Abbreviation: IQR, interquartile range.

*Stage I and II v stage III and IV.

†Unstaged as a result of surgical complications.

‡Overall comparison between randomized groups on type of nodes.

§Statistically significant at adjusted significance level of $P = .01$.

Walker J 2009

Table 4. Complications and Adverse Events

Complications and Adverse Events	Laparotomy		Laparoscopy		P
	No. of Patients	%	No. of Patients	%	
Intraoperative complications					
Any	69	8	160	10	.106
Bowel	16	2	37	2	
Vein	23	3	45	3	
Artery	6	1	30	2	
Bladder	7	1	21	1	
Ureter	6	1	14	1	
Other	13	1	26	2	
Postoperative adverse events (grade \geq 2)					
Any	191	21	240	14	< .001
Urinary tract infection	27	3	35	2	
Fever	33	4	55	3	
Pelvic cellulitis	8	1	14	1	
Abscess	6	1	17	1	
Venous thrombophlebitis	12	1	14	1	
Pulmonary embolus	12	1	20	1	
Bowel obstruction	12	1	14	1	
Ileus*	68	8	66	4	
Pneumonia	19	2	15	1	
Wound infection	33	4	53	3	
Urinary fistula	1	<1	6	<1	
Bowel fistula	2	<1	6	<1	
Congestive heart failure	11	1	12	1	
Arrhythmia*	22	2	15	1	
Perioperative and postoperative period					
Blood transfusion	66	7	143	9	.280
Antibiotics	211	23	274	16	< .001
Readmission	59	7	96	6	.413
Reoperation	22	2	48	3	.523
Treatment-related deaths	8	1	10	<1	.404
Hospital stay > 2 days	845	94	867	52	< .001

*Significantly different at adjusted significance level of $P = .005$.

Table 3. BMI and Conversion Rates by Institution Enrollment

No. of Patients Enrolled	BMI (kg/m ²)		Conversion Rate (%)
	Mean	Median	
1-50	29.6	28.1	27.0
51-100	29.8	28.6	28.3
101-150	30.5	29.7	23.5
151-200	29.1	27.7	14.9
201-250	29.4	27.9	25.3
251-300	28.7	27.2	22.5
300+	31.9	30.3	34.7

Abbreviation: BMI, body mass index.

Taux de conversion : 25,8%

Pb exposition : 56,7%

Extension K : 15,9%

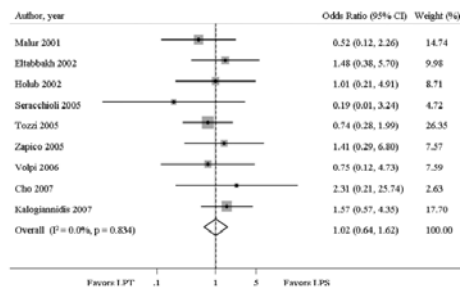
Saigné : 11,3%

FDR : âge, IMC, stade

Walker J 2009

Table 1. Patient Demographics and Clinical Characteristics

Characteristic	Laparoscopy Arm (n = 1,696)		Laparotomy Arm (n = 920)	
	No.	%	No.	%
Site of first recurrence				
Vagina	27	1.6	14	1.5
Pelvis	22	1.3	9	1.0
Abdomen	23	1.4	11	1.2
Liver	11	0.7	5	0.5
Lung	34	2.0	14	1.5
Bone	1	0.1	4	0.4
Nodal	22	1.3	9	1.0
Multiple	30	1.8	16	1.7
Unknown	40	2.4	17	1.9
No recurrence	1,486	87.6	821	89.2



Woong J & al. 2009

Walker J 2009

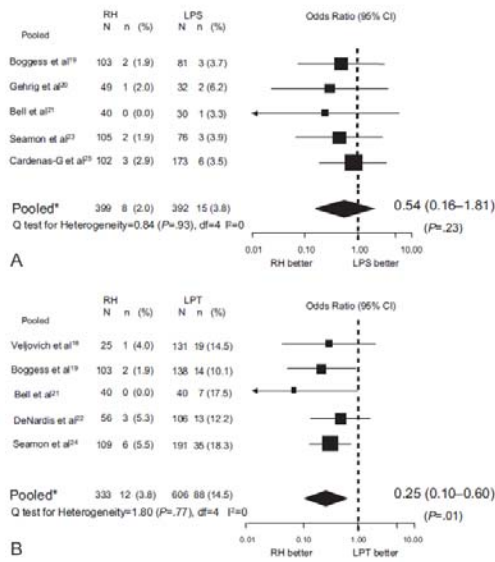


Fig. 3. Forest plots for other complications (stroke, ileus, lymphedema, nerve palsy, acute renal failure, lymphocyst, urinary retention). **A.** Comparison of robotic hysterectomy (RH) and laparoscopic hysterectomy (LPS). **B.** Comparison of robotic hysterectomy and laparotomy (LPT). Horizontal lines, 95% confidence interval (CI); black squares, point estimates of the odds ratio (OR); size of the squares, weight of the study in the meta-analysis inversely related to the variance of the OR; diamond and lateral tips, pooled OR plus 95% CI; vertical dashed line, "no difference" line between compared approaches; area to the left of the vertical dashed line indicates lower postoperative complication for robotic-assisted surgery. *Mixed-effect model; estimates adjusted for heterogeneity between studies. *Gaia. Robotic Surgery in Endometrial Cancer Staging. Obstet Gynecol 2010.*

TABLE 4. Perioperative complications

	Normal (n = 52)	Obese (n = 33)	Morbid Obese (n = 23)	P
Intraoperative complications				
Vessel injury	0	0	0	—
Bowel injury	0	1	0	0.5
Nerve injury	0	0	0	—
Postoperative complications				
Wound complications (total)	3	5	2	0.2
Requiring surgical intervention	0	0	0	
Requiring oral antibiotics	0	3	1	
Noninfected discharge	2	2	1	
Hematoma	1	0	0	
Urinary tract infection	1	1	1	0.3
Need for transfusion	1	2	0	0.4
Cardiovascular morbidity	0	0	0	—
Thromboembolic morbidity	0	1	0	0.5
Ileus	0	2	0	0.1
Rehospitalization	0	3	0	0.04
Delirium/ascites	1	2	0	—
Major complications	0	1	0	0.5
Mortality	0	0	0	—

Lau S & al. 2012

		Coelioscopie (n=106)	Robot (n=40)	P
Complications n (%)	Per-opératoires	12 (11,3%)	0	0,03
	Post-opératoires immédiates	12 (11,3%)	4 (10%)	1
	Post-opératoires à distance	12 (11,3%)	6 (15%)	0,577
Classification des complications post-opératoires selon Clavien-Dindo n (%)	II	16 (61,5%)	7 (77,8%)	0,118
	IIIA	2 (7,6%)	9 (22,2%)	
	IIIB	8 (30,7%)	0	
	IVA	0	0	-
	IVB	0	0	-
	V	0	0	-

	G1	G2	G3
% malades	≤50%	62%	
	>50%	30%	8%

	G1	G2	G3
pN1	≤50%	5%	
	>50%	10%	28%

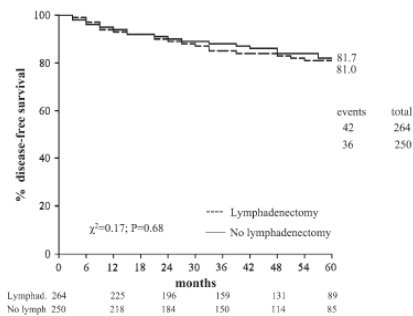
Données de D Chi, classées selon ESMO 2008

Chi D et al. 2008

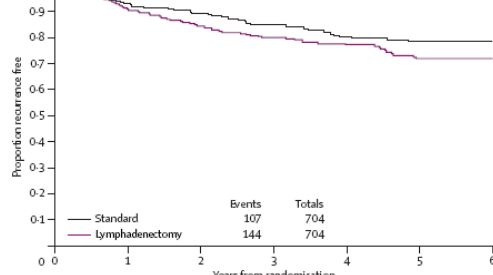
Table 5. Site of disease recurrence by treatment arm*

Recurrence site	Lymphadenectomy arm (n = 264)	No-lymphadenectomy arm (n = 250)
No recurrence, No. (%)	231 (87.5)	217 (86.8)
Recurrence, No. (%)	34 (12.9)	33 (13.2)
Lung	8 (3)	8 (3.2)
Intraperitoneum	8 (3)	7 (2.8)
Vagina	7 (2.6)	6 (2.4)
Lymph node	4 (1.5)	4 (1.6)
Bone	4 (1.5)	3 (1.2)
Liver	2 (0.7)	3 (1.2)
Missing data	3 (1.1)	3 (1.2)

* Sum of the recurrences does not equal 100% because some patients suffered from concurrent multiple-site recurrences.



C Recurrence-free survival HR=1.35 (95% CI 1.06-1.73); p=0.017



Number at risk	0	1	2	3	4	5	6
Standard	704	591	469	304	204	115	31
Lymphadenectomy	704	597	462	303	200	107	

ASTEC 2008

Bejedetti Panici PL & al 2008

Outcome	Radiotherapy (n=354)			Control (n=360)		
	Number	5-year %	SE	Number	5-year %	SE
Locoregional relapse	11	4.2	1.3	40	13.7	2.1
Vaginal vault	5	1.6	0.7	19	6.4	1.4
Vagina	2	0.7	0.5	11	3.8	1.2
Pelvic	4	2.0	1.0	10	3.4	1.1
Distant metastasis	24	7.9	1.7	20	7.0	1.6
Death	57	19.3	2.7	48	14.9	2.2
Endometrial cancer	23	9.2	2.0	18	6.0	1.4
Locoregional relapse	3	2.0	1.1	4	1.1	0.6
Distant metastasis	18	6.4	1.6	13	4.5	1.3
Complications	2	0.8	0.6	1	0.3	0.3
Secondary cancer	11	3.4	1.2	8	1.9	0.8
Other causes	23	6.7	1.6	22	7.0	1.6
First failure type						
Locoregional relapse	11	3.9	1.2	40	13.1	2.0
Distant metastasis	19	5.5	1.3	11	4.1	1.3
Death without relapse	35	10.4	2.0	26	7.5	1.6
Secondary cancer	22	8.2	1.9	23	8.0	1.8
GI ^a tract	9	3.4	1.2	8	2.6	1.0
Breast	5	1.5	0.8	9	3.0	1.1
Other	8	3.3	1.4	6	2.4	1.1

GI-gastrointestinal.

Table 2: Outcome

	Locoregional relapse		Death due to endometrial cancer	
	Hazard ratio (95% CI)	p	Hazard ratio (95% CI)	p
Age ≥60	3.2 (1.3-7.5)	0.003	3.1 (1.2-8.0)	0.02
Invasion ≥50%	1.8 (0.9-3.8)	0.11	1.9 (0.8-4.4)	0.16
Grade 1	0.77 (0.4-1.6)	0.50	0.45 (0.2-1.3)	0.15
Grade 3	2.2 (0.8-5.8)	0.11	4.9 (1.9-12.5)	0.0008
No radiotherapy	3.9 (2.0-7.6)	<0.0001	0.76 (0.4-1.4)	0.37

Hazard ratio describes relative hazard of failure per unit time, for age ≥60 years compared with <60 years; for myometrial invasion ≥50% compared with <50%; for grade 1 and 3 compared with grade 2; for no radiotherapy compared with postoperative radiotherapy.

Table 3: Cox-regression analysis

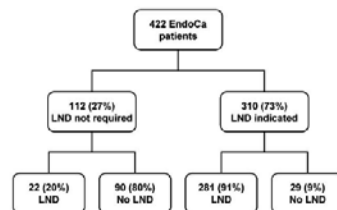


Fig. 1. Treatment distribution by defined surgical guidelines as detailed in Table 1 for patients with endometrial cancer (EndoCa) managed during the 36-month period between 2004 and 2006. LND indicates lymph node dissection (either pelvic, para-aortic, or both).

Table 3
Prevalence of lymphatic dissemination in patients with lymphadenectomy stratified by histologic subtype

Histologic subtype	Number of patients		
	Total (n=281)	Node-positive (n=63)	Prevalence, ^a
Endometrioid ^a	209	34	16
Nonendometrioid ^b	72	29	40

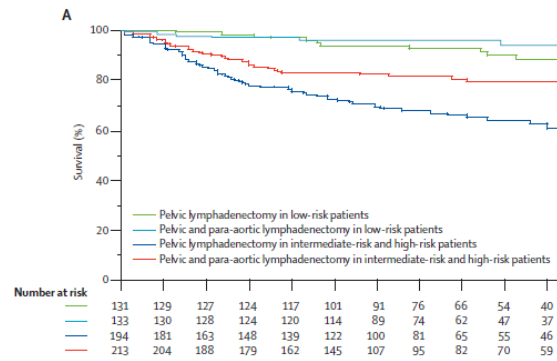
^a Includes mucinous.

^b Serous, clear cell, and undifferentiated.

Table 4
Frequency of observed metastases to pelvic or para-aortic or both node-bearing regions^a

Node site	Endometrioid, number (%) (n=32)	Nonendometrioid, number (%) (n=25)	Total, number (%) (n=57)
Pelvic only	12 (37)	7 (28)	19 (33)
Pelvic plus para-aortic	14 (44)	15 (60)	29 (51)
Para-aortic only	6 (19)	3 (12)	9 (16)

^aIn patients with lymphatic dissemination who underwent systematic pelvic and para-aortic lymphadenopathy.



Todo Y et al. 2010

- Stratégie adaptée au N
 - Désescalade chez les pN0
 - Critères qualité du curage
 - Curiethérapie
 - Radio et chimiothérapie chez les pN1
 - Concomitant ?
 - Champs ?

Ganglion sentinelle

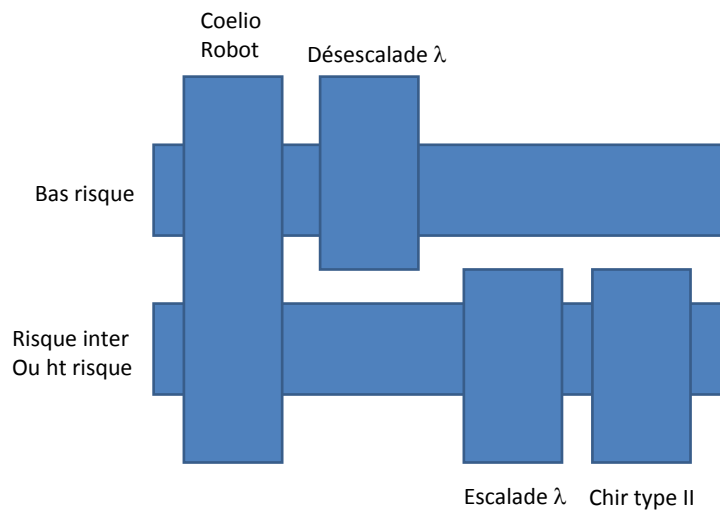
	No SLN detected, N	SLN detected, N	Positive SLNs, N (%)	Histological type (N)	Histological status of non-SLNs
Low-risk					
IA (grade 1 or 2)	4	57	6 (11%)	Endometrioid (6)	Negative
Intermediate-risk					
IA (grade 3)	2	10	2 (20%)	Endometrioid (1), other (1)	Negative
IB (grade 1 or 2)	2	23	3 (13%)	Endometrioid (3)	Negative

SLN=sentinel lymph node.

Table 4: Contribution of SLN procedure to detect metastases in patients with low-risk and intermediate-risk endometrial cancer

Risque Élevé : 8/16 (50%) dont les 3 FN (type2, >50% myomètre)

Ballester M et al. 2011



En pratique

- OMS, IMC, ATCD
- Type histologique. Re-biopsie. Curetage ?
- Type I
 - IRM abdomino-pelvienne / ex extemporané.
 - HTNC + GS coelio ou robot
 - HTNC + curage pelvien & aortique coelio ou robot
- Type II
 - Coelio si stade I, sinon laparotomie

Questions

- Préservation fertilité
- Préservation ovarienne
- Traitement concomitant de l'obésité

