

**TITLE:** Recurrent disease and survival in patients with type II Endometrial carcinoma confined to a polyp after surgical staging with no adjuvant therapy.

**FACULTY:** JOEL CARDENAS. Joelcardenas@ufl.edu 614-301-6997

**FACULTY MENTOR DEPARTMENT:** Division of Gynecologic Oncology, Department of Obstetrics and Gynecology

**RESEARCH PROJECT DESCRIPTION:** Endometrial cancer is the most common gynecologic cancer. It is estimated 61,380 new cases and 10,920 deaths in 2017(1). The dualistic classification of endometrial cancers is type I (hormone receptor expression positive: Endometrioid type, good prognosis) and Type II (hormone receptor expression negative: Serous, clear cell carcinoma, poor prognosis) (2). Standard treatment of endometrial carcinoma is hysterectomy, bilateral salpingo-oophorectomy and lymph node dissection. Staging and adjuvant therapy is indicated base on final pathology. Most patient are stage I endometrioid carcinoma and about 15% may need adjuvant radiation and 5-10% chemotherapy plus radiation. Type II endometrial carcinoma is aggressive and require multimodality treatment in stages I to IV, except for those patient with no residual disease in final specimen (hysterectomy) [3]. It appears to be controversial the management of type II endometrial carcinoma confined to an endometrial polyp. Base on small number of cases, single institution experience some experts recommend adjuvant therapy with chemotherapy plus vaginal cuff radiation (4-6). However, some data suggest that there is not role such aggressive treatment and recommend observation. Unfortunately, such data may have type II error due to small cases (7-8). Clinical trial results are pending to assess the benefit of chemotherapy and radiation for early high risk endometrial cancer (9). The objective of our project is to identify recurrent of disease and overall survival in patient with type 2 endometrial cancer confined to a polyp that did not receive adjuvant treatment at UF/Shands Hospital in the last 20 years.

Type of study: retrospective. Chart Review.

Role of Medical student: Abstract data (Pathology and clinical data) from medical records from January 1997 to December 2016.

**Reference:**

1. Siegel RL<sup>1</sup>, Miller KD<sup>2</sup>, Jemal A<sup>3</sup>. Cancer Statistics, 2017. CA Cancer J Clin. 2017 Jan;67(1):7-30.

2. Morice P, Leary A, Creutzberg C, Abu-Rustum, Darai E. Lancet. 2016, 387:1094-108
3. NCCN Guidelines version 1.2017 endometrial carcinoma. Endo-11. Page 21. MS20, Page62.
4. Kelly MG<sup>1</sup>, O'malley DM, Hui P, McAlpine J, Yu H, Rutherford TJ, Azodi M, Schwartz PE.. Improved Survival in surgical stage I patients with uterine papillary serous carcinoma (UPSC) treated with adjuvant platinum-based chemotherapy. Gynecol oncol 2005, 98:353-359.
5. Olawaiye AB<sup>1</sup>, Boruta DM 2nd. Management of women with clear cell endometrial cancer. A Society of Gynecologic Oncology (SGO) review. Gynecol oncol 2009; 113:277-283.
6. Boruta DM 2nd<sup>1</sup>, Gehrig PA, Fader AN, Olawaiye AB. Management of women with uterine papillary serous cancer: A Society of Gynecologic Oncology (SGO) review. Gynecol oncol 2009; 115:142-153.
7. Liang LW<sup>1</sup>, Perez AR, Cangemi NA, Zhou Q, Iasonos A, Abu-Rustum N, Alektiar KM, Makker V. An Assessment of Prognostic Factors, Adjuvant Treatment, and Outcomes of Stage IA Polyp-Limited Versus Endometrium-Limited Type II Endometrial Carcinoma. Int J Gynecol Cancer. 2016 Mar;26(3):497-504
8. Chang-Halpenny CN, Natarajan S, Hwang-Graziano J. Early stage papillary serous or clear cell carcinoma confined to or involving an endometrial polyp: outcomes with and without adjuvant therapy. Gynecol Oncol 2013. 131; 598-603.
9. Clinical trial GOG 249: A randomized phase III trial of pelvic radiation therapy (PXRT) versus vaginal cuff brachytherapy followed by paclitaxel/carboplatin chemotherapy (VCB/C) in patients with high risk (HR), early stage endometrial cancer (EC).