Case presentation – Endometrial Cancer

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Conflicts of interest

I have no conflicts to declare
Presenting complaints and history

- 65-year old lady
- Post-menopausal bleeding with associated lower abdominal pain
- Onset/duration: 3 months
- PMHx, SGHx: unremarkable
- ObGynHx: Menarche at 13 yrs; Menopause at 55 yrs; Para 5
- FmHx: unremarkable
Initial clinical findings

- Performance status: ECOG I
- Obesity class II
- Review of systems: unremarkable
- Gynecological examination:
  - Bulky uterus; firm cervix;
  - Blood on glove;
  - No vaginal or parametrial involvement
  - No suspicion of invasion of adjacent organs
Investigations

- **CT scan chest, abdomen and pelvis:**
  - Diffuse enlarged uterus (7 x 8 x 13 cm) with hazy poorly enhanced hypodensity.
  - Enlarged cervix with central poorly enhanced area.
  - Peri-cervical abnormal density which encases bilateral distal ureters and causing mild bilateral hydronephrosis.
  - No LNs or metastases

- **Endometrial biopsy:** Features suggestive of papillary endometrial adenocarcinoma (FIGO grade I)
Management: TAH, BSO, LN sampling

Histopathology:
- Carcinosarcoma, epithelial component showed high grade serous (no proportions given)
- Tumour 3 x 3.5 x 5.6 cm; < 50% myometrial invasion
- LVSI emboli +
- PNI –
- Cervix not involved
- Vaginal cuff absent
- Ovaries free
- LNs free
- IHCs: WT1 +; p53 over expressed; p16\textsuperscript{INK4a} strongly +
Management: Adjuvant

- Chemotherapy
  - 6 cycles CarboTax

- Radiotherapy
  - EBRT:
    - 4 field box
    - Cover internal iliac, external iliac, obturator
  - No brachy
Discussion - How would you manage this patient?

- Was this an adequate surgical approach? If not would you go back in?

- What significance is attached to LVS emboli versus diffuse invasion in this case?

- Would you use Ifos/Pacli instead of CarboTax?

- How would the results of PORTEC 3 influence your management in this case?

- Do you consider our nodal coverage adequate?

- Would the presence of surrogate HPV markers change your management or follow up of this patient?