Practice patterns for the postoperative management of endometrial cancer: JGOG 2044s
A survey of the Japanese Gynecologic Oncology Group

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Endometrial cancer (EMCA) is the 2nd most common gynecological malignancy in Japan

- Incidence is increasing
- Primary therapy needs to be improved.

We are planning a new RCT to determine the most effective postoperative adjuvant therapy

Adjuvant chemotherapy appears more beneficial (vs. radiation) in advanced stage disease

- GOG 122 & JGOG 2033
- Optimal modality still remains under debate
- Optimal regimen and patient selection undefined
OBJECTIVES

- To survey the current practice patterns related to the postoperative management of EMCA in Japan.

- To yield a logical rationale to determine the eligibility criteria and protocol therapies for a new JGOG RCT.
METHODS

Mailed survey Questions (all JGOG institutions):

- How many cases of EMCA underwent surgery in 2004?
- How many patients received postoperative therapy?
- If chemotherapy was indicated, what regimen was used?
- Under what circumstances would you recommend adjuvant chemotherapy or radiotherapy?
Of the 229 institutions that received this mailed survey, 202 responded (88%).
  - Analysis from 199 institutions, excluding 3 duplicates

Surgical cases in 2004 (199 institutions): 4,090 patients
  - More than 70% of all estimated cases in Japan
Postoperative management preferences

- Postoperative modalities -

Patients

- Chemotherapy: 1,675 pts. (41.4%)
- Radiotherapy: 273 pts. (6.7%)
- Hormonal Tx: 152 pts.
- No Tx: 1,990 pts. (48.6%)

n=4,090
**Postoperative management preferences**

- Chemotherapeutic regimens -

- **Paclitaxel/platinum (1,008 Pts)**: 60%
- **Docetaxel/platinum (109 Pts)**: 6.5%
- **Anthracycline/platinum (395 Pts)**: 24%
- **T-Triplet (94 Pts)**: 6%
- **Others (69 Pts)**: 4%

$n=1,675$
### IGCS 2006

**Adjuvant chemotherapy by pathological findings**

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LVSI: lymphovascular space involvement
UPSC: Uterine papillary serous and clear cell

- < 10% inst.
- 10~50% inst.
- 50~90% inst.
- ≥ 90%
**IGCS 2006**

**Adjuvant radiotherapy by pathological findings**

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LVSI: lymphovascular space involvement
UPSC: Uterine papillary serous and clear cell

0~5% inst. 5~10% inst. 10~15% 15~21%
CONCLUSIONS

- Survey retrieved data from 88% JGOG institutions
  - 4,090 surgical cases; more than 70% of incident cases
- At most Japanese institutions, chemotherapy is preferred to radiotherapy as adjuvant therapy
  - Taxane/platinum combinations are widely used
  - Unclear whether these combinations have greater efficacy and less toxicity than anthracycline/platinum
- Adjuvant chemotherapy is recommended for surgical stage III/IV or stage I/II with high-grade histology and deep myometrial invasion
Primary surgery: TAH + BSO + LN Dx

Endometrial Cancer
Stage I / II (MI > ½ and high-grade) or Optimal stage III / IV

Randomization

Arm A: AP
ADR 60mg/m²
CDDP 50mg/m²
Q 3weeks x 6 course

Arm B: TC
PTX 180mg/m²
CBDCA AUC 6
Q 3weeks x 6 course

Arm C: DP
DTX 70mg/m²
CDDP 60mg/m²
Q 3weeks x 6 course

Primary endpoint: Progression-free survival
Secondary endpoint: Overall survival, toxicity, tolerability