



TITLE: Treatment for Recurrent Endometrial Cancer with Metastasis: Clinical Effectiveness and Guidelines

DATE: 08 September 2016

RESEARCH QUESTIONS

1. What is the comparative clinical effectiveness of chemotherapy versus hormonal therapy for patients with metastatic recurrent endometrial cancer?
2. What is the clinical evidence regarding the timing of treatment initiation for patients with metastatic recurrent endometrial cancer?
3. What are the evidence-based guidelines regarding treatment for metastatic recurrent endometrial cancer?

KEY FINDINGS

One non-randomized study and one evidence-based guideline were identified regarding treatment for metastatic recurrent endometrial cancer.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. To address research questions one and two, no filters were applied to limit the retrieval by study type. To address research question three, methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2011 and August 30, 2016. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

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SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Population	Patients with recurrent endometrial cancer with metastasis
Intervention	Q1: Any chemotherapy Q2: Treating with chemotherapy or hormonal therapy when the recurrence is first detected (any method of detection, e.g., imaging or blood tests)
Comparator	Q1: Any hormonal therapy Q2: Treating with chemotherapy or hormonal therapy when the patient is symptomatic
Outcomes	Q1: Clinical effectiveness (e.g., benefits and harms, mortality (e.g., time to mortality, life expectancy) Q2: Clinical evidence regarding optimal timing of treatment Q3: Guidelines and recommendations (e.g., treatment options, optimal timing of treatment)
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One non-randomized study and one evidence-based guideline were identified regarding treatment for metastatic recurrent endometrial cancer. No relevant health technology assessments, systematic reviews, meta-analyses, or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One non-randomized study¹ assessed the impact of intensive surveillance for recurrence on outcomes of patients with early stage endometrial cancer. The authors observed that patients who were symptomatic at the time when recurrence was diagnosed did not have significantly different outcomes when compared to patients whose disease recurrence was identified through surveillance.¹

One guideline² recommends that patients with recurrent endometrial cancer should consider enrolling in a clinical trial. Different treatment options are recommended depending on where the recurrence is located. Treatment options include: resection of the metastases with or without radiotherapy, chemotherapy with or without hormone therapy and with or without radiotherapy, and hormone therapy followed by chemotherapy.²

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

1. Kiran G, Kesterson JP, Ozerkan K, Kanis M, Groman A, Lele S. Evaluation of the outcome benefit conferred by intensive surveillance strategies in women with early-stage endometrial cancer. *Eur J Gynaecol Oncol.* 2013;34(6):522-6.
[PubMed: PM24601043](#)

Guidelines and Recommendations

2. National Guideline Clearinghouse [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [1997] - . Guideline summary: Endometrial cancer; 2013 [cited 2012 May 7]. Available from:
<https://www.guideline.gov/summaries/summary/47834/endometrial-cancer>
See: Therapy for Relapsed Patients
Full text available from: www.albertahealthservices.ca/assets/info/hp/cancer/if-hp-cancer-guide-gyne002-endometrial.pdf

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APPENDIX – FURTHER INFORMATION:

Systematic Reviews – Recurrent or Metastatic Disease

3. Vale CL, Tierney J, Bull SJ, Symonds PR. Chemotherapy for advanced, recurrent or metastatic endometrial carcinoma. *Cochrane Database Syst Rev.* 2012;(8):CD003915.
[PubMed: PM22895938](#)

Randomized Controlled Trials – Recurrent or Metastatic Disease

4. Oza AM, Pignata S, Poveda A, McCormack M, Clamp A, Schwartz B, et al. Randomized Phase II Trial of Ridaforolimus in Advanced Endometrial Carcinoma. *J Clin Oncol.* 2015 Nov 1;33(31):3576-82.
[PubMed: PM26077241](#)
5. Fleming GF, Filiaci VL, Marzullo B, Zaino RJ, Davidson SA, Pearl M, et al. Temsirolimus with or without megestrol acetate and tamoxifen for endometrial cancer: a gynecologic oncology group study. *Gynecol Oncol [Internet].* 2014 Mar [cited 2016 Sep 7];132(3):585-92. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4063288>
[PubMed: PM24456823](#)

Guidelines – Methodology Not Specified

6. Oaknin A, Rodriguez-Freixinos V, Diaz de Corcuera, I, Rivera F, del Campo JM, SEOM (Spanish Society of Clinical Oncology). SEOM guidelines for endometrial cancer. *Clin Transl Oncol.* 2012 Jul;14(7):512-5.
[PubMed: PM22721795](#)

Review Articles

7. Bie Y, Zhang Z, Wang X. Adjuvant chemo-radiotherapy in the "sandwich" method for high risk endometrial cancer--a review of literature. *BMC Womens Health [Internet].* 2015 [cited 2016 Sep 7];15:50. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4479067>
[PubMed: PM26104468](#)

Recurrent or Metastatic Disease

8. Sommeijer DW, Sjoquist KM, Friedlander M. Hormonal treatment in recurrent and metastatic gynaecological cancers: a review of the current literature. *Curr Oncol Rep.* 2013 Dec;15(6):541-8.
[PubMed: PM24097282](#)
9. Lee NK. Adjuvant treatment of advanced-stage endometrial cancer. *Clin Obstet Gynecol.* 2011 Jun;54(2):256-65.
[PubMed: PM21508695](#)

Metastasis Not Mentioned in Abstract

10. Longoria TC, Eskander RN. Immunotherapy in endometrial cancer - an evolving therapeutic paradigm. *Gynecol Oncol Res Pract* [Internet]. 2015 [cited 2016 Sep 7];2:11. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4881063>
[PubMed: PM27231571](#)
11. Bregar A, Robison K, Dizon DS. Update on the chemotherapeutic management of endometrial cancer. *Clin Adv Hematol Oncol*. 2014 Oct;12(10):659-65.
[PubMed: PM25658891](#)
12. Lee WL, Yen MS, Chao KC, Yuan CC, Ng HT, Chao HT, et al. Hormone therapy for patients with advanced or recurrent endometrial cancer. *J Chin Med Assoc*. 2014 May;77(5):221-6.
[PubMed: PM24694672](#)
13. Del Carmen MG, Boruta DM 2nd, Schorge JO. Recurrent endometrial cancer. *Clin Obstet Gynecol*. 2011 Jun;54(2):266-77.
[PubMed: PM21508696](#)

Additional References – Metastasis Not Mentioned in Abstract

14. Carlson MJ, Thiel KW, Leslie KK. Past, present, and future of hormonal therapy in recurrent endometrial cancer. *Int J Womens Health* [Internet]. 2014 [cited 2016 Sep 7];6:429-35. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4014387>
[PubMed: PM24833920](#)