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.

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<th>Table 1: Selection Criteria</th>
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<td><strong>Population</strong></td>
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| **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 study\(^1\) 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 guideline\(^2\) 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


Guidelines and Recommendations


See: Therapy for Relapsed Patients

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APPENDIX – FURTHER INFORMATION:

Systematic Reviews – Recurrent or Metastatic Disease


Randomized Controlled Trials – Recurrent or Metastatic Disease


Guidelines – Methodology Not Specified


Review Articles


Recurrent or Metastatic Disease


Metastasis Not Mentioned in Abstract


Additional References – Metastasis Not Mentioned in Abstract