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Fertility sparing approach in young patients with early stages of endometrial cancer

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Endometrial cancer is the most common cancer of female genital tract and female patients less than 40 years may account for 3-14% of all endometrial cancers. The promising fact is that in women <45 years, the tumor is mostly low grade disease localised to the endometrium, whereas survival is almost about 100%. An individualized and multidisciplinary approach to each patient and intense follow-ups are the current recommendations for fertility sparing. Conservative approaches of early-stage endometrial carcinoma includes hormonal therapy in selected group of young patients with endometrial carcinoma, age less than 45 years and wishes fertility, showing low grade 1 endometrioid adenocarcinomas (by 2 gynecology pathologists review) limited to the endometrium with MRI excluded myometrial invasion, without evidence of lymphovascular space involvement or extra uterine disease. Careful and accurate pretreatment assessment of patients considering conservative therapy includes radiologic imaging, hysteroscopy preferably but also contrast-enhanced radiologic imaging -MRI imaging of the ovary (5% of patients with endometrial cancer have synchronous primaries tumors). Repeating endometrial biopsies by hysteroscopy every 6 months has been recommended, until there is a complete response or achieving pregnancy. Surgery is recommended if there is no response after 6 months of medicational treatment. Hormonal therapy that could be applied is progestins which inhibits the estrogenic effect and suppresses cell proliferation (medroxy progesterone acetate, megestrol acetate), GnRh analogues, local gestagens (IUD), oral natural progesterons, aromatase inhibitors, even three step endoscopic (hysteroscopic) resection - removing tumour surrounding endometrium and myometrium. Fertility after treatment is not guaranteed, even there had been recorded reduced fertility of those treated, and there is a significant need of ART (18-60%).

Biography

Katarina Jeremic has completed his PhD from University in Belgrade, Serbia, She is the Chief of Gynecologic Oncology Department at Clinic of Ob/Gyn, Clinical Center of Serbia and member of many scientific projects related to Cancer and Pregnancy. She works as a Lecturer/Associate Professor of Gynecology and Obstetrics at the Medical School, University Belgrade. She has 50 publications in CC/SCI expanded and JCR indexed. She is an active participant at more than 50 international congresses, with total number of publications about 150.

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