

Experts Meeting on

# Gynecologic Oncology

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

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Endometrial cancer is the most common cancer of the female genital tract and female patient 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, intense follow-up, respecting 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) is requested limited to the endometrium with MRI excluded myometrial invasion, without evidence of lymphovascular space involvement or extra uterine disease. Carefully and accurately 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 inhibits the estrogenic effect and suppresses cell proliferation (medroxy progesterone acetate, megestrol acetate), GnRh analogues, but also local gestagens (IUD), oral natural progestogens, aromatase inhibitors, even three step endoscopic (hysteroscopic) resection - remove tumour, surrounding endometrium, myometrium. Fertility after treatment is not guaranteed, even there had been recorded reduced fertility of those treated, and there is a significant need ART (18-60%).

### Biography

Katarina Jeremić finished Medical School University of Belgrade (1996), MD (2000), PhD (2006), and academic special studies gynecology and obstetrics (2001), with 20 years of clinical experiences, working at Clinic for Gynecology & Obstetrics Clinical Centre of Serbia, which is the biggest one in whole region. She worked as a gynecologist for 18 years. Her present position at the Clinic is Head of gynecologic oncology department, and also she is the member of many scientific projects such as Cancer and Pregnancy. At the Medical Faculty, University Belgrade, she works as a lecturer - Associate Professor of gynecology and obstetrics. Her representative publications are about 50 publications in CC/SCI expanded and JCR indexed, and she is an active participant on more than 50 international congresses, with total number of publication about 150.

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