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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 localized to the endometrium, whereas survival is almost about 100%. An individualized and multidisciplinary approach to each patient is important with 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 gyn-oncology pathologists review) is requested limited to the endometrium with MRI excluded myometrial invasion, without evidence of lymphovascular space involvement or extrauterine 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 primary tumors). Repeating endometrial biopsies by hysteroscopy every 6 months has been recommended, until there is a complete response or pregnancy. Surgery is recommended if there is no response after 6 months of medication treatment. Hormonal therapy like progestins inhibits the estrogenic effect and suppresses cell proliferation (medroxy progesterone acetate, megestrol acetate), GnRh analogues, but also local gestagens (IUD), oral natural progesterons, aromatase inhibitors, even three step endoscopic (hysteroscopic) resection removal of tumor, 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 of ART (18-60%).

Biography

Katarina Jeremic has completed her Bachelor's at Medical School University of Belgrade (1996), MD (2000), PhD (2006) and academic special studies in Gynecology and Obstetrics (2001). She has an overall 20 years of clinical experience, working as Gynecologist at Clinic for Gynecology & Obstetrics Clinical Centre of Serbia. Presently she is the Head of Gynecologic Oncology Department, also Member of many scientific projects related to Cancer and Pregnancy. At the Medical Faculty, University Belgrade, she works as an Associate Professor of Gynecology and Obstetrics. She has about 50 representative publications in CC/SCI expanded and JCR indexed journals and is an active participant in more than 50 international congresses with total number of publications about 150.

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