ISP-6-8  The usefulness of hysteroscopic inspection with transcervical resection (TCR) for endometrial malignancy

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[Objective] The aim is to evaluate the diagnostic usefulness of transcervical resection (TCR) in patients with suspected endometrial cancer. [Methods] We reviewed the records of 69 patients who underwent TCR for suspected uterine malignancy from 2004 to 2015 in accordance with ethical guidelines at our hospital. We addressed correlation between hysteroscopic findings and the final diagnosis. We also compared the pathological diagnoses by TCR with those by fractional curettage. [Results] The distribution of diagnosis by TCR specimen was atypical endometrial hyperplasia complex (AEMHc) in 19 (28%), atypical polypoid adenomyoma (APAM) in 7 (10%), and endometrial carcinoma (EC) in 12 cases (17%). Evaluation of hysteroscopic inspection revealed that irregular vessels were found in 57% of the AEMHc cases, and in 78% of the EC cases. Notably, all resected specimens of white or desquamation lesions were diagnosed as endometrial cancer, even in cases with negative preoperative pathological findings. 72% of false negative cases (not diagnosed by fractional curettage) contained benign endometrial polyps and/or submucosal uterine fibroids, and TCR-targeted biopsy could give more accurate diagnosis. [Conclusion] The precise endometrial evaluation with TCR might be useful for improving the accuracy of diagnosis and subsequent appropriate treatment plan for early endometrial cancer.

ISP-6-9  A retrospective comparison of the safety of definitive radiotherapy in elderly and non-elderly women with uterine cancer

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[Objective] This study compared the safety of definitive radiotherapy (RT) in women >70 years old (elderly group: A) and women <70 years old (non-elderly group: B) with cervical cancer. [Methods] Forty-nine cases of cervical cancer (group A, 21; group B, 28) were treated during 2010-2014 using concurrent chemoradiotherapy (CCRT) or RT. The progressive stages I, II, III, IV for group A were 3, 6, 6, 6, and for group B were 1, 6, 14, 7, respectively. Acute and late toxicities (grade 3-4) were evaluated retrospectively. [Results] The median age in group A was 76 (range, 70-89) years and in group B was 53 (range, 27-69) years. CCRT was used in 14 cases in group A and 25 cases in group B. RT was used in 7 cases in group A and 3 cases in group B. Platinum was used in 10 cases in group A and 15 cases in group B. Taxane and platinum were used in 4 cases in group A and 10 cases in group B. Acute hematological toxicities in CCRT were 57% in group A and 48% in group B. Neutropenia was significantly different between groups (A vs. B: 57% vs. 24% p=0.03). In group A, 5 cases used G-CSF, and 2 needed blood transfusion. Acute and late non-hematological toxicities were not significantly different between groups. One case in each group could not complete RT due to toxicities. [Conclusion] Both group A and group B cases were treated using the same CCRT with appropriate treatment for the toxicities.

ISP-6-10  Combined large cell neuroendocrine carcinoma and endometrioid adenocarcinoma of the endometrium: A case report and survey of literature

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This report describes a case of primary large cell neuroendocrine carcinoma (LCNEC) of the endometrium combined with endometrioid adenocarcinoma. [Case] A 51-year-old woman was admitted because of suspected uterine tumor. An endometrial specimen collected by curettage showed adenocarcinoma. MRI and CT scan showed endometrial hypertrophy. There were no findings that suggested lymph node metastasis or distal metastasis. The patient underwent abdominal radical total hysterectomy, bilateral salpingo-oophorectomy, retroperitoneal lymphadenectomy, and subtotal omentectomy. Polypoid tumor was found in the endometrium. The histological examination showed LCNEC and endometrioid adenocarcinoma (GI) of the endometrium. The tumor metastasized to the right ovary. The patient was diagnosed as stage IIIA. The patient received monthly irinotecan/cisplatin therapy for 6 cycles. The patient has been well without evidence of disease for 20 months. [Conclusion] Primary LCNEC of the endometrium is rare and only 14 cases are reported. In view of the limited number of the cases, it is difficult to establish an evidence-based therapeutic regimen. At this point, the standard modality of treatment is similar to that of endometrial adenocarcinoma: surgical resection, radiotherapy, and chemotherapy. In most reported cases, regimens of chemotherapy designed for lung neuroendocrine carcinoma were selected.