International Seminar : Oncology

2) Targeting Treatment Failure in Endometrial Cancer with Enhanced Staging : Sentinel Lymph Node Mapping and Infra–renal Aortic Lymphadenectomy

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Traditional pelvic and aortic lymphadenectomy for staging endometrial cancer provides prognostic information that also guides use of adjuvant therapies. Nevertheless, two separate phase III clinical trials in Europe failed to show a survival advantage for patients who underwent staging lymphadenectomies1,2. Furthermore, analysis of patterns of recurrence in surgically staged patients reveals that about one third of recurrences were retroperitoneal or systemic with retroperitoneal, suggesting the possibility of “staging failures”3.

Sentinel lymph node (SLN) mapping has been increasingly reported in endometrial cancer and is now listed as an acceptable practice in the NCCN guidelines4. SLN mapping is proposed as a staging method that may reduce morbidity, primarily lymphedema and nerve injury. Through enhanced pathology techniques of ultra-staging and immune–histochemical stains, more low–volume micrometastases (MM) and isolated tumor cell (ITC) metastases have been detected5. Isolated infra–renal lymph node metastasis occurs in 1% to 3% of cases, and infra–renal lymphadenectomy has been accomplished in the majority of cases, despite obesity6.

Our data on SLN mapping and infra–renal lymphadenectomy in selected high risk cases indicates an upstaging of 16% clinical stage I cases due to low–volume metastasis (MM, ITC), and a doubling of the overall lymph node metastasis rate compared to standard lymphadenectomy. When pelvic nodes are positive, and aortic nodes are negative below the inferior mesenteric artery, there is still a 17% chance that infra–renal nodes have metastatic disease. Enhanced surgical staging and pathology may lead to appropriate use of adjuvant therapies that could improve survival in patients with endometrial cancer.

References :
