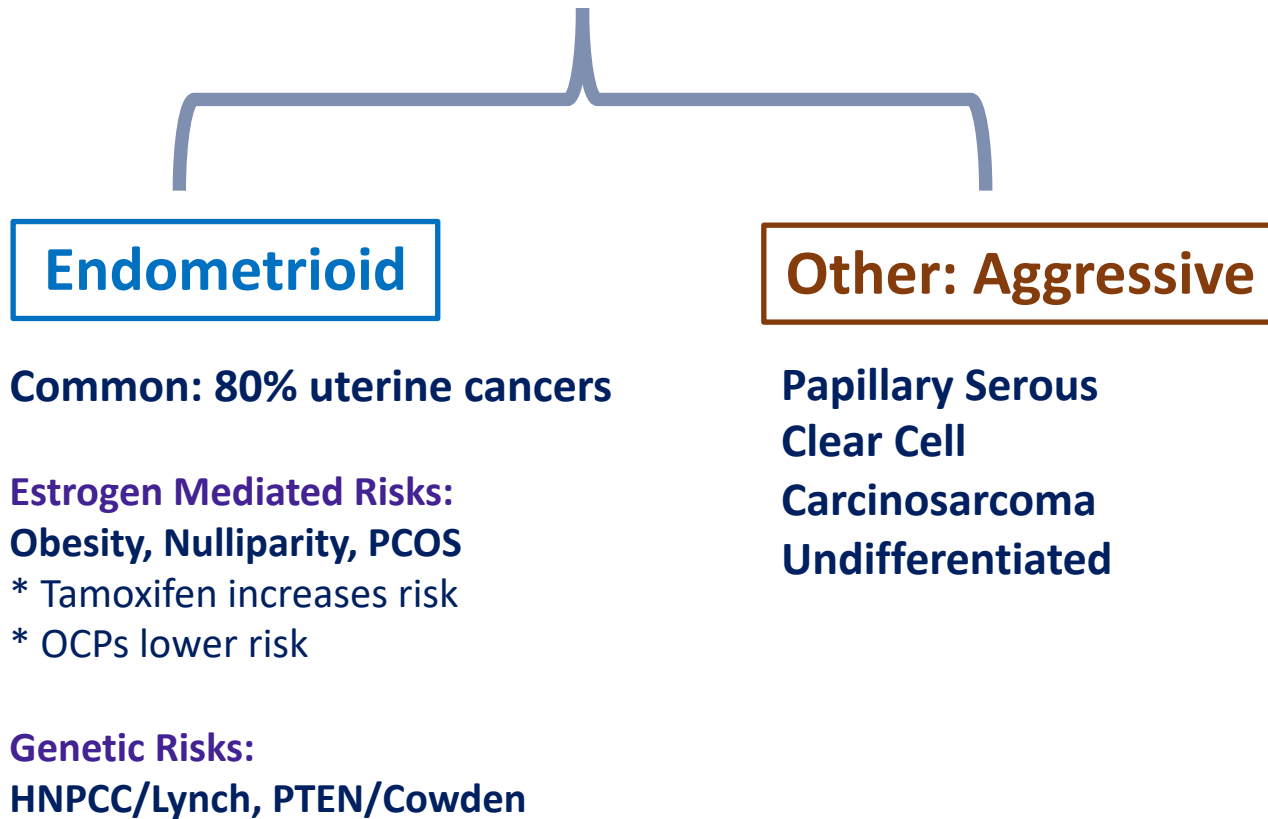


Uterine Cancer

Uterine Cancer

Histology



Staging:

Stage I

Intrauterine

Myometrial invasion unaggressive histology

Stage II Local Spread

Cervical invasion

Substantial LVI

Myometrial invasion aggressive histology

Stage III Regional Spread

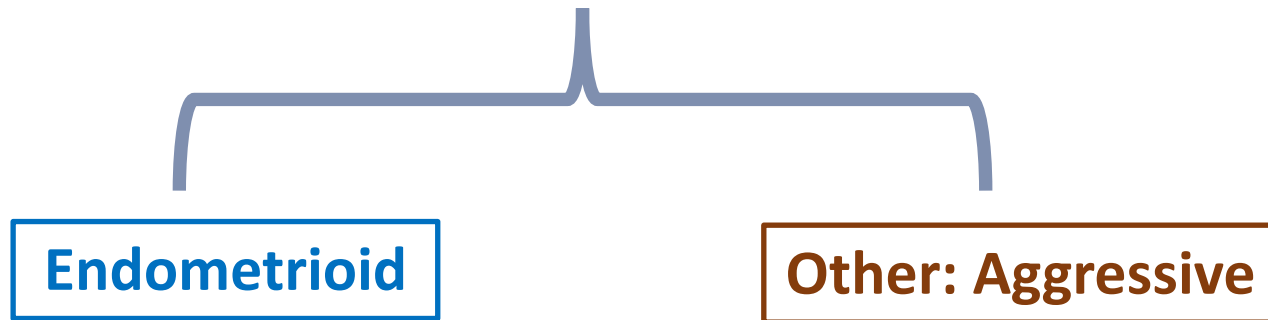
Involves serosa, adnexa, vagina, parametrium, pelvic and para-aortic LN

Stage IV Distant Spread

Invades rectal or urothelial mucosa, inguinal LN, peritoneum, distant organs (lung, liver, bones)

Uterine Cancer

Histology



Common: 80% uterine cancers

Estrogen Mediated Risks:

Obesity, Nulliparity, PCOS

* Tamoxifen increases risk

* OCPs lower risk

Genetic Risks:

HNPCC/Lynch, PTEN/Cowden

Other: Aggressive

Papillary Serous

Clear Cell

Carcinosarcoma

Undifferentiated

Work Up:

Imaging

CT Torso

Labs

CA-125 sometimes elevated

Biopsy (IHC)

MMR/Lynch

ER in Endometrioid

HER2 in Serous

Genetics

Germline for Lynch, BRCA

TMB/MSI

Stage I

Non-Aggressive Histologies:

- Low grade (G1-G2) Endometrioid

Extent of Disease:

- Endometrial disease only
- Myometrial invasion non-aggressive histology
- No/focal LSVI

Surgery



+/- EBRT

Stage II

Aggressive Histologies:

- High grade (G3) Endometrioid
- Papillary Serous
- Clear Cell
- Carcinosarcoma
- Undifferentiated

Extent of Disease:

- Cervical invasion
- Myometrial invasion aggressive histology
- Substantial LSVI

Surgery



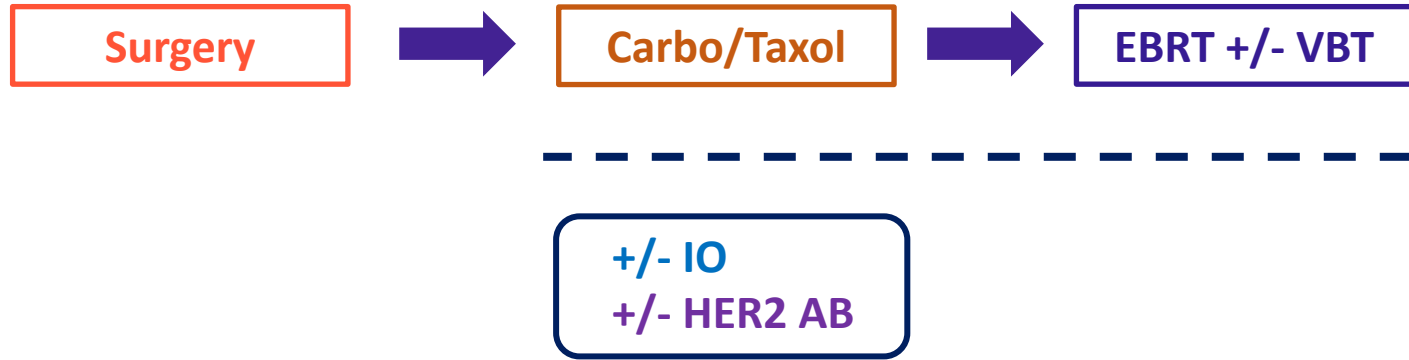
Carbo/Taxol



EBRT +/- VBT

Resectable

III, some IVA

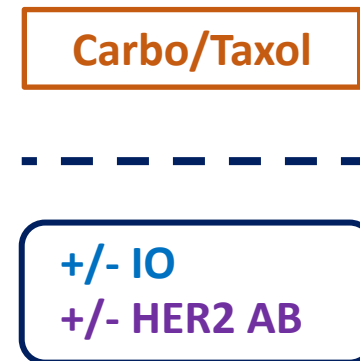


Unresectable

IVB, some IVA

Systemic Therapy Only

- * Can consider NAC rarely
- * Can consider LRT for oligometastatic disease



Stage III-IV: Systemic Therapy

Chemotherapy
Carbo/Taxol

+/- IO
+/- HER2 AB

IO or HER2 AB therapy given in **conjunction** with chemotherapy and after as **maintenance**

Immunotherapy

Dostarlimab or Pembrolizumab

Stage III if:

- Measurable disease
- Clear cell, carcinosarcoma, de-diff
- MSI-H
- Stage IV
- Recurrent
- Unresectable

HER2 Antibody Therapy

Trastuzumab

- Stage III-IV HER2+ serous

Endocrine Therapy

Aromatase Inhibitors

- Stage IV low-grade endometrioid monotherapy: as palliative or maintenance

Recurrent Disease

- Pembrolizumab +/- Lenvatinib
- Trastuzumab Deruxtecan *Enhertu* *Not FDA approved
- Chemotherapy
- Clinical Trial

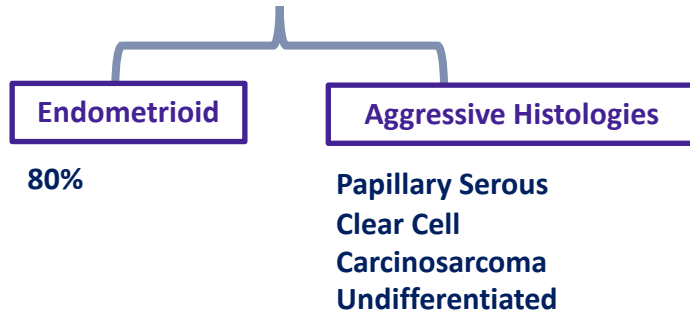
Important Side Effects:

Lenvatinib → Hypertension, rash, diarrhea

Enhertu → Pneumonitis (1% lethal), Cardiomyopathy, GI toxicity
Monitor with CT chest Q6 weeks + TTE

Uterine Cancer Reference Handout

Uterine Cancer Pathology



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peritoneum, distant organs (lung, liver, bones)

Uterine Cancer Treatment

Stage I

Surgery → EBRT

Stage II

Surgery → Carbo/Taxol → EBRT +/- VBT

Stage III-IV Resectable

Surgery → Systemic Tx → EBRT +/- VBT

Stage III-IV Unresectable

Systemic Tx → EBRT +/- VBT

Systemic Therapy

Carbo/Taxol +/- IO
+/- HER2 AB

+ Immunotherapy (Dostarlimab, Pembrolizumab)

- Stage III Measurable disease or MSI-H
- Stage IIIC1-IIIC2 aggressive histology
- Stage IV or unresectable

+/- HER2 AB

- Stage III-IV HER2+ Serous

Recurrent

- Pembrolizumab +/- Lenvatinib
- Trastuzumab Deruxtecan (Enhertu) Not FDA approved
- Clinical Trial
- Chemotherapy