Lymphadenectomy in endometrial cancer

Lymphadenectomy for the management of endometrial cancer Cochrane Gynaecological Cancer Group. 2009

No evidence that lymphadenectomy decreases the risk of deathor disease recurrence

Effi cacy of systematic pelvic lymphadenectomy in endometrial cancer (MRC ASTEC trial): a randomised study *Lancet 2009*

- 85 centres in four countries
- 1408 women with endometrial carcinoma confined to the uterus
- Group 1 :hysterectomy and BSO, peritoneal washings, and palpation of para-aortic nodes
- Group 2:standard surgery plus
- Lymphadenectomy
- Primary outcome: overall survival
- No benefit of lymphadenectomy

Survival eff ect of para-aortic lymphadenectomy in endometrial cancer (SEPAL study): a retrospective cohort analysis

- 671 patients
- Group1 :systematic pelvic lymphadenectomy
- Group 2:systematic pelvic lymphadenectomy combined pelvic and para-aortic lymphadenectomy
- primary outcome :overall survival

Risk of recurrence

	Tumour type	Lymph-vascular space invasion
Low risk		
FIGO stage IA	Grade 1–2 endometrioid adenocarcinoma	Negative
FIGO stage IB	Grade 1–2 endometrioid adenocarcinoma	Negative
Intermediate risk		
FIGO stage IA	Grade 3 endometrioid adenocarcinoma; any grade of nonendometrioid carcinoma (serous adenocarcinoma, clear cell adenocarcinoma, or other type of carcinoma)	Any
FIGO stage IB	Grade 1–2 endometrioid adenocarcinoma	Positive
FIGO stage IB	Grade 3 endometrioid adenocarcinoma; any grade of non-endometrioid carcinoma (serous adenocarcinoma, clear cell adenocarcinoma, or other type of carcinoma)	Any
FIGO stage IC	Any	Any
FIGO stage II	Any	Any
High risk		
FIGO stage III	Any	Any
FIGO stage IV	Any	Any
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Outcomes of SEPAL study

- the survival effect of lymphadenectomy is restricted in low-risk patients
- patients of intermediate or high risk, complete, systematic lymphadenectomy in both the pelvic and para-aortic regions has substantial therapeutic effects.

ASTEC pitfalls

- follow-up period was short (median of 37 months, with 35·7% of surviving patients followed up for less than 3 years
- lymphadenectomy was selective rather than systematic. Nine or fewer lymph nodes were removed in 35% of patients in the lymphadenectomy group
- No para-aortic lymphadenectomy, which would have negated the therapeutic effect of lymphadenectomy because more than half of patients with pelvic lymph node metastasis have para-aortic node metastasis

Lymphadenectomy in Ovarian cancer

- **Systematic lymphadenectomy for survival in epithelial ovarian cancer: a meta-analysis.** Int J Gynecol Cancer. 2010 May;20(4):520-8.
- systematic lymphadenectomy increased overal survival in patients with all-stage disease who underwent optimal debulking surgery
- lack of RCTs

Lymphadenectomy in Ovarian cancer

- **The role of lymph node resection in ovarian cancer: analysis of the surveillance, epidemiology, and end results (SEER) database** BJOG. 2010 Jun 18. [Epub ahead of print]
- retrospective review of 49 783 patients
- beneficial effect of lymphadenectomy in epithelial ovarian tumours, regardless of the stage of disease and extent of surgery

Cervical cancer

- Primary surgery versus primary radiation therapy with or without chemotherapy for early adenocarcinoma of the uterine cervix Cochrane Gynaecological Cancer Group.

- one RCT recommend surgery for early stage Adenocarcinoma of the uterine cervix
- majority of operated patients required adjuvant radiotherapy
- Primary chemoradiation remains a second best alternative for patients unfit for surgery
- chemoradiation is probably first choice in patients with (MRI or PET-CT-suspected) positive lymph nodes.