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SURVIVAL OUTCOMES OF ADJUVANT THERAPY IN UTERINE-CONFINED ENDOMETRIAL CANCER WHICH HAS SEROUS PAPILLARY AND CLEAR CELL HISTOLOGY: RADIOTHERAPY VERSUS CHEMOTHERAPY

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Objective: To evaluate the survival outcomes of adjuvant therapy in uterine-confined endometrial cancer with serous papillary and clear cell histology

Methods: Medical records of 80 women who underwent surgical staging including hysterectomy and bilateral salpingo-oophorectomy between Nov' 2004 and Dec' 2017 were retrospectively reviewed. All study population was pathologically diagnosed as serous papillary and clear cell endometrial carcinoma confined to uterus after surgery. Survival outcomes were calculated by Kaplan-Meier method and compared using log-rank test between the women received radiotherapy and chemotherapy.

Results: 54 (67.5%) and 26 (32.5%) women were confirmed as serous papillary and clear cell histology after surgery, respectively. Adjuvant therapy was performed in 59/80 (73.8%) women: 25 of radiotherapy and 34 of chemotherapy. High level of preoperative serum CA-125 (25.1±20.2 vs. 11.5±6.5 IU/mL, p<0.001), open surgery (42 (71.2%) vs. 6 (28.6%), p=0.001), myometrium invasion >1/2 (20 (33.9%) vs. 0, p=0.002) and lymphovascular space invasion (LVSI (lymphovascular space invasion), 17 (28.8%) vs. 1 (4.8%), p=0.023) were frequent in the women with adjuvant therapy. However, pathological results including histology type, myometrial invasion ≥1/2 and LVSI were not different between the women received radiotherapy and chemotherapy. Five-year progression-free survival (78.9 vs. 80.1%, p>0.999) and overall survival (77.5 vs. 87.8%, p=0.373) were also similar in the two groups. Neither radiotherapy (Hazard ratio (HR) 1.810, 95% confidence interval (CI) 0.297-11.027; p=0.520) nor chemotherapy (HR 1.638, 95% CI 0.288-9.321; p=0.578) was independent associated factor for disease recurrence in multivariate analysis.

Conclusion: Our findings show that radiotherapy and chemotherapy have similar survival outcomes in uterine-confined endometrial cancer with serous papillary and clear cell histology. Further study with stratified analysis by myometrial invasion or LVSI was required.

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