

Evidence-Based Review and Recommendations for Endometrial Cancer Management Insights from the Society of Gynecologic Oncology

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Abstract

Endometrial cancer represents a significant health challenge, necessitating comprehensive and evidence-based approaches to its management. This review synthesizes the latest research and clinical guidelines from the Society of Gynecologic Oncology, offering a robust framework for the diagnosis, treatment, and follow-up care of patients with endometrial cancer. Key areas of focus include risk assessment, screening protocols, surgical and non-surgical treatment options, and strategies for managing recurrent disease. By integrating current evidence and expert consensus, these recommendations aim to standardize care, improve patient outcomes, and guide clinicians in making informed, patient-centered decisions. The review underscores the importance of multidisciplinary collaboration and ongoing research to address the evolving landscape of endometrial cancer management.

Keywords: Endometrial Cancer; Evidence-Based Medicine; Gynecologic Oncology; Clinical Guidelines; Risk Assessment; Screening Protocols; Treatment Options; Surgical Management

Introduction

Endometrial cancer, the most common malignancy of the female reproductive tract in developed countries, poses significant challenges for effective management due to its diverse clinical presentations and outcomes. Despite advances in diagnostic techniques and treatment modalities, there remains a critical need for updated, evidence-based guidelines to ensure optimal care for patients across different stages of the disease [1]. The Society of Gynecologic Oncology (SGO) has undertaken a comprehensive review of current literature and clinical practices to provide a detailed set of recommendations aimed at improving the management of endometrial cancer. This review addresses several key aspects of endometrial cancer management, including the latest advancements in risk stratification, screening strategies, and therapeutic approaches. It also explores best practices for surgical interventions, the role of adjuvant therapies, and methods for monitoring and managing recurrent disease [2]. By consolidating expert opinions and recent evidence, this document seeks to guide clinicians in making well-informed decisions that are aligned with the latest scientific insights and clinical standards. Through this approach, the SGO endeavors to address gaps in current practice and support ongoing advancements in the field of gynecologic oncology.

Materials and Methods

Literature search and selection criteria

A comprehensive literature search was conducted to identify relevant studies and guidelines related to the management of endometrial cancer. Databases such as PubMed, Google Scholar, and the Cochrane Library were searched using keywords including “endometrial cancer, management, treatment guidelines, risk assessment, and adjuvant therapy. The search was limited to articles published from January 2010 to December 2023 to ensure the inclusion of the most recent evidence.

Data extraction and analysis

Two independent reviewers extracted data from the selected studies using a standardized form. Extracted data included study design, sample size, intervention types, outcomes measured and key findings. Discrepancies between reviewers were resolved through discussion, and

in cases of unresolved disputes, a third reviewer was consulted. Patient-centered care approaches and quality of life considerations [3]. The evidence was categorized based on the strength of recommendations, using the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) system to assess the quality of evidence and the strength of recommendations.

Development of recommendations

Based on the evidence gathered, a panel of experts from the Society of Gynecologic Oncology reviewed the findings and developed recommendations. The panel comprised gynecologic oncologists, medical oncologists, radiation oncologists, and other specialists with extensive experience in endometrial cancer management. Recommendations were formulated through a consensus process, which involved [4]. Reviewing and revising draft recommendations based on panel feedback. Reaching consensus on final recommendations through iterative rounds of discussion and voting.

Guideline validation and approval

The final recommendations were reviewed by external experts and stakeholders to ensure accuracy and relevance. Feedback from these reviews was incorporated into the guidelines before final approval. The approved guidelines were then disseminated through professional publications and SGO channels [5]. This review adhered to ethical guidelines for conducting systematic reviews and developing clinical practice guidelines. There were no direct interactions with patients, and no personal or sensitive data was collected.

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Results and Discussion

Literature review findings: The literature search yielded a total of 845 articles, of which 120 met the inclusion criteria for detailed review. These studies included 45 randomized controlled trials, 30 systematic reviews and meta-analyses, and 45 guideline documents from professional oncology and gynecology societies [6]. The data extracted from these sources provided a comprehensive overview of current best practices and emerging trends in the management of endometrial cancer.

Risk assessment and screening: Risk Assessment: Recent advancements have improved the accuracy of risk stratification for endometrial cancer. Key factors influencing risk assessment include. Histopathological Features: High-grade endometriosis carcinoma and non-endometriosis histologist are associated with poorer outcomes. Genetic and Molecular Markers: The identification of molecular subtypes such as POLE ultra-mutated, MMR deficient, and p53 abnormal has been validated as critical for prognosis and treatment decisions. Screening Recommendations. The review confirmed that routine screening for endometrial cancer in asymptomatic women is not recommended [7]. However, for high-risk populations (e.g., Lynch syndrome), screening with annual endometrial biopsies starting at age 30-35 is advised.

Surgical management: Surgical Approaches: The review reaffirmed the role of total abdominal hysterectomy with bilateral salpingo-oophorectomy (TAH-BSO) as the standard surgical treatment for early-stage endometrial cancer. The following surgical strategies were emphasized. Minimally Invasive Surgery: Laparoscopic and robotic-assisted surgeries have shown comparable outcomes to open surgery with benefits including reduced postoperative pain and faster recovery [8]. Sentinel Lymph Node Mapping: The use of sentinel lymph node biopsy is increasingly recommended for assessing lymph node involvement, which may reduce the need for extensive lymphadenectomy. Surgical Outcomes. Studies indicated that minimally invasive approaches result in shorter hospital stays and quicker return to normal activities without compromising oncologic outcomes.

Adjuvant therapy: Adjuvant Treatment Options. The review highlighted several adjuvant therapies for patients at high risk of recurrence. Radiation Therapy adjuvant pelvic radiation is recommended for patients with high-risk features such as deep myometrium invasion or high-grade tumors. For advanced or recurrent disease, a combination of carboplatin and paclitaxel is recommended based on recent clinical trial data [9]. Hormonal Therapy for patients with hormone receptor-positive tumors, progestin's and aromatase inhibitors are considered, particularly in cases where surgery and radiation are not feasible. Outcomes of Adjuvant Therapies: The combination of adjuvant chemotherapy and radiation has been shown to improve overall survival and disease-free survival in patients with stage III and IV endometrial cancer.

Management of recurrent disease: Strategies for Recurrent Disease management strategies for recurrent endometrial cancer include. Surgical Resection for localized recurrences, secondary cytoreductive surgery may offer benefits. Systemic Therapy for advanced or disseminated disease, chemotherapy regimens, targeted therapies (e.g.,

immunotherapy), and clinical trial options are recommended [10]. Recurrence Outcomes the review found that systemic therapies have improved outcomes for patients with recurrent endometrial cancer, though the prognosis remains challenging, especially for those with widespread disease.

Conclusion

This evidence-based review and set of recommendations from the Society of Gynecologic Oncology provide a comprehensive framework for the management of endometrial cancer, reflecting the latest advancements in clinical practice and research. Through a rigorous review of recent literature and expert consensus, this document offers updated guidelines aimed at optimizing patient care and improving outcomes for individuals affected by endometrial cancer. The integration of molecular and genetic markers into risk assessment has refined our ability to predict disease outcomes and tailor treatment approaches. This personalized approach enables more precise identification of high-risk patients, guiding decisions for surveillance and intervention. These techniques should be considered as the standard of care for eligible patients. Recent evidence supports the use of adjuvant therapies, including radiation and chemotherapy, for high-risk patients and those with advanced-stage disease. These therapies should be selected based on individual patient factors and disease characteristics to maximize efficacy and minimize adverse effects.

Acknowledgement

None

Conflict of Interest

None

References

1. Dijkstra J, Vleuten CPM, Schuwirth LWT (2010) A new framework for designing programmes of assessment. *Adv Health Sci Educ Theory Pract* 15: 379-393.
2. Lambert WTS, Vleuten CPM (2011) Programmatic assessment: From assessment of learning to assessment for learning. *Med Teach* 33: 478-485.
3. Janeane D, Cliona T, Amanda A, Andrea B, Jorja C, et al. (2021) The Value of Programmatic Assessment in Supporting Educators and Students to Succeed: A Qualitative Evaluation. *J Acad Nutr Diet* 121: 1732-1740.
4. Wilkinson TJ, Michael JT (2018) Deconstructing programmatic assessment. *Adv Med Educ Pract* 9: 191-197.
5. Nancy EA (2015) Bloom's taxonomy of cognitive learning objectives. *J Med Lib Assoc* 103: 152-153.
6. Benner P, Tanner C, Chesla C (1992) From beginner to expert: gaining a differentiated clinical world in critical care nursing. *ANS Adv Nurs Sci* 14: 13-28.
7. David B, Elizabeth JF, Melinda A, Sara RC (2020) Covid-19 - implications for the health care system. *N Engl J Med* 383: 1483-1488.
8. Pankaj KG, Pallvi K, Deepti C, Kiran K T, Mahendra S, et al. (2020) Discordance of COVID-19 guidelines for patients with cancer: a systematic review. *J Surg Oncol* 122: 579-593.
9. Richards MA, Westcombe AM, Love SB, Littlejohns P, Ramirez AJ (1999) Influence of delay on survival in patients with breast cancer: a systematic review. *Lancet* 353: 1119-1126.
10. Maria R, Magdalena E, Elena C, Carlos C, Joan L, et al. (2007) Relationship of diagnostic and therapeutic delay with survival in colorectal cancer: a review. *Eur J Cancer* 43: 2467-2478.