

Successful treatment with weekly paclitaxel in a patient with recurrent endometrial cancer.

A case report

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Summary

The best treatment for recurrent endometrial cancer is still uncertain, although weekly paclitaxel has shown some promise in the management of this disease. In this report we present a patient with recurrent endometrial cancer treated with weekly paclitaxel. Serial power Doppler angiography was used to assess the effects of therapy. The response was good, suggesting that recurrent endometrial cancer may be successfully treated with weekly paclitaxel and effectively monitored with power Doppler angiography.

Key words: Recurrent endometrial cancer; Weekly paclitaxel.

Introduction

The prognosis for women with recurrent and/or advanced endometrial cancer is poor, with a median survival of less than one year [1]. In the past decade, several different types of systemic therapy have been tried in such cases but they have had limited efficacy. At present, there is no consensus on the best treatment for advanced endometrial cancer. We present a case of a patient with recurrent endometrial cancer treated with weekly paclitaxel. Serial power Doppler angiography was used to assess the effects of therapy.

Case Report

A 32-year-old female with endometrial cancer (endometrioid type, Stage 1B, grade 2) (Figure 1A) had had no adjuvant therapy following surgery that included total abdominal hysterectomy, bilateral salpingo-oophorectomy, and staging. Four months later, a pelvic mass was discovered; at exploration, there was malignant involvement of the small bowel mesentery. Debulking was attempted, but it was suboptimal because of uncontrollable bleeding despite bilateral hypogastric artery ligation. Therefore, a 3 to 4 cm tumor remained. Pathology of the surgical specimen showed poorly differentiated endometrial adenocarcinoma (Figure 1B). Despite chemoradiation with cisplatin and ifosfamide and 5040 cGy to the pelvis, the pelvic mass on CT scan increased to 8 to 9 cm in diameter. The patient was then treated with weekly paclitaxel at 60 mg/m² in a 1-hour infusion for a total of 22 weeks. She was premedicated each time with dexamethasone 20 mg, cimetidine 300 mg, and diphenhydramine 50 mg IV. After the 15th course, abdominal CT showed that the tumor had increased to 9 to 10 cm and had central necrosis. Power Doppler angiography showed only one vessel going

into the mass (Figure 2A). The patient had grade 2 cardiac dysrhythmias, alopecia, and grade 1 peripheral neuropathy as side-effects. After completing 22 courses of paclitaxel, the tumor was unchanged in size on CT, but there was massive central necrosis. No tumor vessel signal was seen on Doppler angiography (Figure 2B). Extensive, multiple transvaginal biopsies of the mass revealed only ischemic infarcted tissue (Figure 1C). CA125 was uninformative. She was alive and well four months following the completion of 22 courses of weekly paclitaxel.

Discussion

Weekly paclitaxel has been used successfully in the treatment of breast cancer and other gynecological malignancies [2, 3]. The clinical effects of the drug may vary with the duration of the infusion, dosing interval, and differing schedules [4, 5]. In one reported trial, weekly administration appeared to produce tumor regression in patients previously treated with paclitaxel every three weeks without success [6].

In our patient, power Doppler angiography demonstrated disappearance of the blood vessel entering the tumor mass sometime between the 15th and 22nd course of treatment. This may indicate that power Doppler angiography is a good way to monitor the effects of weekly paclitaxel, regardless of the drug's mechanism of action. The toxicity in our patient was mild and manageable.

Clearly this patient will need to be followed longer to ascertain the long-term results of the treatment. However, she had an impressive response, suggesting that weekly paclitaxel may be effective in patients with recurrent endometrial cancer. Further studies of this regimen are indicated, as well as of the value of serial power Doppler angiography in assessing the effects of therapy.

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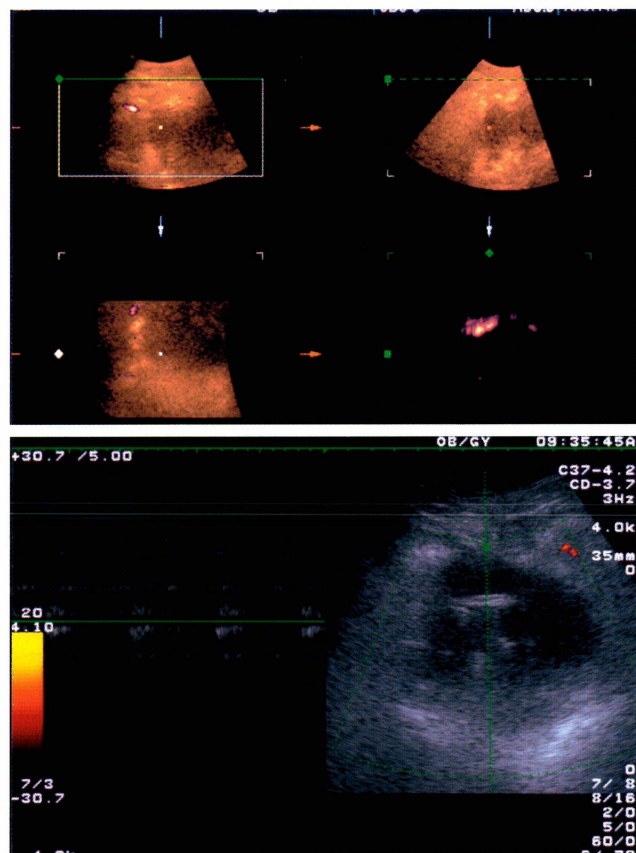
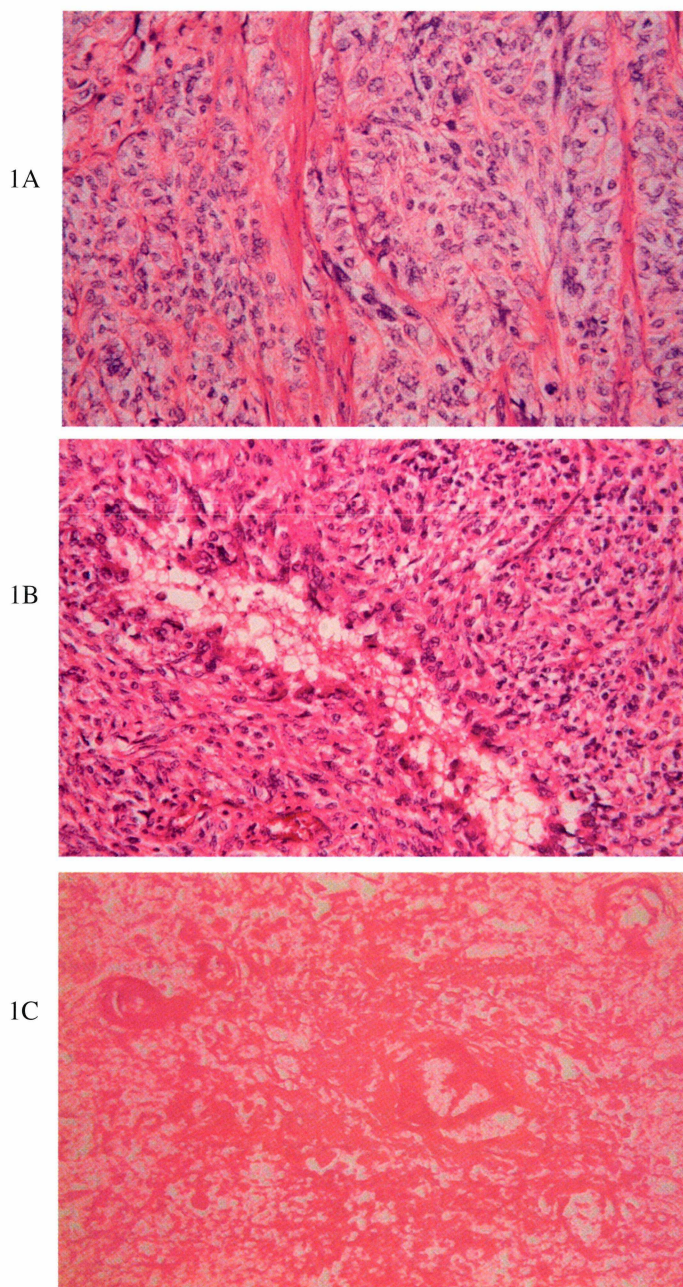


Figure 1. — 1A: Tissue from the first surgery, showing endometrioid adenocarcinoma with moderate differentiation. 1B: Tissue from the second surgery, showing poorly differentiated endometrioid adenocarcinoma. 1C: Ischemic infarcted tissue from biopsy after 22 courses of paclitaxel.

Figure 2. — Power Doppler angiography. 2A: After 15 cycles of paclitaxel. 2B: After 22 cycles of paclitaxel.

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