

The management of endometrial cancer

Guest Editor(s)



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Dear Colleagues,

Endometrial cancer is the most common of gynecological cancers affecting women in developed countries with rates also fast rising in developing nations. The increasing incidence of endometrial cancer relate to both an aging population but also to the increasing rates of obesity- one of the well-recognized risks for endometrial cancer. In addition, hereditary conditions including Lynch and Cowden’s Syndrome also contribute to endometrial cancer risk. There are four molecularly distinct subtypes of endometrial cancer using the TCGA classification model- each with their own prognostic implications and therefore impacts on treatment decisions. While most patients are managed with surgery, with a high likelihood of cure, there are women with endometrial cancer for whom surgical decisions remain difficult- in particular around fertility preservation, lymph node assessment and surgical benefit in those with extensive nodal involvement, or in those where co-existent significant obesity adds to surgical risks. Similarly adjuvant treatment guidelines exist, but with increasing complexity in who could be managed without adjuvant therapy and what therapies are effective in reducing risk of recurrence. In the setting of advanced endometrial cancer, combination platinum based therapy remains the gold standard for first line systemic therapy- but the recent expansion of understanding of the benefit of immune therapy (single agent or in combination) will this current standard be challenged- particularly in those with mismatch repair deficient

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tumors where responses to immune checkpoint inhibitors are more likely. The use of endocrine therapy remains mixed despite a large proportion of tumors expressing estrogen receptors. The overall prognosis for women with advanced disease remains very poor and therefore the scope for expanded therapeutics is high.

The aim of this special edition is to focus on the management of endometrial cancer with the aim of improving outcomes for women with both early and advanced endometrial cancer.

Key Words: Endometrial Cancer; High-risk Factors; Adjuvant Treatment; Endocrine Therapy; Targeted Therapy

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