

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/clinical-outcomes-of-radiation-vs-chemoradiation-in-recurrent-endometrial-cancer/37231/>

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Clinical Outcomes of Radiation vs. Chemoradiation in Recurrent Endometrial Cancer

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You're listening to *Advances in Women's Health* on ReachMD. On this episode, we'll hear from Dr. Ann Klopp, who's a Professor of Radiation Oncology, the Director of Brachytherapy, and the leader of the gynecologic section in the Department of Radiation Oncology at The University of Texas MD Anderson Cancer Center in Houston. She'll be discussing a multi-center clinical trial on the management of local recurrences of endometrial cancer.

Here's Dr. Klopp now.

Dr. Klopp:

This study that we're talking about today, also called NRG0238, was a randomized study for patients with localized recurrences of endometrial cancer. And the goal there is to cure, so the treatment regimen is designed to be completely eliminating the endometrial cancer, which is different from a lot of scenarios in metastatic disease, where we're looking to improve the number of months that a patient is surviving. And the question the trial was asking was, does the addition of chemotherapy to radiation therapy improve outcomes? And we have demonstrated in lots of different settings, including cervical cancer and head and neck cancer, that adding chemotherapy to radiation is very beneficial. So the two arms were chemotherapy and radiation together or radiation only.

So the patients who were enrolled all had this feature of having had a recurrence of their endometrial cancer in the pelvis. That could be in the top of the vagina, or that could be in the lymph nodes, or it could be both. What we found was that most of the patients who were enrolled in the study were on the lower end of that risk spectrum, so most of them had grade one or two endometrioid cancers, and most of them had cancer limited to the top of the vagina less than 2 centimeters in size.

What we found in terms of side effects was very predictable. We know very well what the side effects of cisplatin given weekly are. They increase the acute side effects of treatment, so patients typically get nausea, blood counts can go down, it can impact the kidneys, and patients oftentimes feel fatigued. We saw that there were more of those side effects in the patients that received chemotherapy, so very much what one would expect.

The side effects of the radiation treatment were also seen in both arms because patients received radiation in both arms, but they were also very well-established side effects. The big thing that patients get from receiving radiation therapy to the pelvis is bowel irritation and diarrhea, and so that was observed. Fairly infrequent serious complications. Most of the side effects from treatment were things that were seen during the treatment itself and then were over once treatment was done.

In terms of the outcomes, what we found was that in both arms, patients did quite well. So the survival rate was about 80 percent, which is quite good for patients with recurrent cancer, and that survival rate was stable after a couple of years after they completed treatment, suggesting that they really were cured of their recurrent endometrial cancer. The chemotherapy did not improve the outcomes, and we were initially a little surprised about that given that it has been shown to be helpful in other cancers, but we didn't see that in this setting. We think that that may be because the patients that were enrolled were pretty low risk, so their histology was endometrioid low grade, which tends to be a slower growing type of endometrial cancer.

A lot of people ourselves included had more often given chemotherapy for patients with recurrent endometrial cancer. But now, with the results of this study, if patients have early stage and early recurrences of endometrial cancer with these low-grade features, we will recommend radiation only. So I think that's one immediate effect of the study results on treatment for women with endometrial cancer that's recurrent in the pelvis.

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That was Dr. Ann Klopp talking about her research on radiation and chemoradiation in patients with local recurrences of endometrial cancer. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!