



program in
evidence-based care
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Evidence-based Series 4-14: Section 1

Adjuvant Hormonal Therapy for Stage I Endometrial Cancer: Recommendations

L. Gien, J. Kwon, T. Oliver, M. Fung-Kee-Fung, and the Gynecology Cancer Disease Site Group

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Developed by the Gynecology Cancer Disease Site Group

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The full Evidence-based Series #4-14 is comprised of 3 sections
and is available on the CCO website (<http://www.cancercare.on.ca>)

PEBC Gynecology Cancer DSG page at:

<http://www.cancercare.on.ca/toolbox/qualityguidelines/diseasesite/gyn-eps/>

Section 1: Recommendations

Section 2: Evidentiary Base

Section 3: Guideline Development and External Review—Methods and Results

QUESTIONS

What is the role of hormonal therapy as adjuvant therapy in patients with stage I endometrial cancer? Outcomes of interest include survival, recurrence rates, adverse events, and quality of life.

TARGET POPULATION

Women with newly diagnosed stage I endometrial cancer.

RECOMMENDATIONS

- The use of hormone therapy is not recommended as adjuvant treatment for patients with stage I endometrial cancer. The available evidence does not demonstrate any benefit with adjuvant hormone therapy.

KEY EVIDENCE

Nine randomized trials and one published data meta-analysis comparing adjuvant hormone therapy to no adjuvant therapy in women with stage I endometrial cancer comprised the evidence base.

- One of the nine trials reported a statistically significant survival benefit with adjuvant progestagen when compared with no further treatment. In that trial, the treatment group

had a higher number of patients with less myometrial invasion and a lower number of patients with advanced stage disease. These differences in baseline characteristics between randomized groups were considered to be clinically important. In addition, the results of that trial were not consistent with that of other the trials and the trial was the source of statistical heterogeneity when data were pooled across trials.

- Two of the nine randomized trials detected statistically significant recurrence-free benefits with adjuvant hormone therapy versus no further therapy. In one trial, the difference in rates of recurrence was 16%; however, the methodological concerns of that trial limit its relevance. In the other trial, the difference in rates of recurrence was 5%. In that trial, patients were at a high risk of recurrence. The remaining seven randomized trials did not report any significant differences in recurrence rates between treatment groups.
- The published data meta-analysis identified in the literature detected no statistically significant recurrence-free or overall survival benefits associated with adjuvant hormone therapy when compared to no adjuvant therapy (odds ratio [OR] = 1.05; 95% confidence interval [CI], 0.88-1.24). Those results are consistent with the results of the current published data meta-analysis with an additional two trials included (OR = 1.10; 95% CI, 0.91-1.34).

RELATED GUIDELINES

Program in Evidence-based Care Evidence-based Series:

- #4-9: Follow-up for Endometrial Cancer
- #4-10: Postoperative Radiation Therapy for Early Stage Endometrial Cancer

Contact Information

For further information about this series, please contact **Dr. Michael Fung Kee Fung**, Chair, Gynecology Cancer Disease Site Group; Ottawa General Hospital, 501 Smyth Road, Ottawa, Ontario; Telephone: 613-737-8560, FAX: 613-737-8828

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