There is a lack of good evidence regarding the value of cytoreductive surgery in AEC;

Unclear the impact of histological subtype (type I vs Type II) and endometrioid molecular subtypes in the potential resectability and the outcome after complete resection;

PS and clinical situation of the patient, surgical risks and skills, make wide the range of feasibility;

GCIG is an excellent network for leading a surgical trial in advanced endometrial cancer;
TRIAL SETTING: Primary Advanced Endometrial Cancer (all histotypes)

(FIGO Stage: IIIA bulky*; IIIB; IIC bulky*; IVA; IVB intra-abdominal)
treated during the period 2005-2015;

* diagnosed by pre-operative imaging techniques or intraoperatively

STUDY DESIGN: Multicentric (Oncology Referral Centres, ORC) retrospective;

SPONSOR(S): MITO, AGO

PLANNED NO. OF PATIENTS: 500-1000
New study proposal
Advanced Endometrial Cancer -
Study on Cytoreductive Surgery
Stefano Greggi (MITO)
Sven Mahner (AGO)

OBJECTIVES

The study is aimed to:
- Document the treatment strategy adopted in ORC for pts with primary Advanced Endometrial Cancer (AEC);
- Identify the predictors of survival;
- Formulate a hypothesis for selection criteria/predictive factors for successful cytoreductive surgery in AEC;
- Explore the feasibility of a biomolecular TGCA grouping analysis (potential subsequent prospective phase to validate).
If successful cytoreductive surgery is confirmed as the most potent prognosticator after appropriate analysis:

Potential subsequent prospective phase to validate / define a score predicting RT 0 – 1 (including biomolecular grouping)
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An appropriate data-base has been designed and will be available online to participating centres

Centralised analysis c/o NCI – Naples Data Center
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CONTACT INFORMATION

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