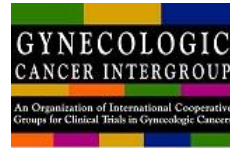




New study proposal  
**Advanced Endometrial Cancer -  
*Study on Cytoreductive Surgery***

Stefano Greggi (MITO)  
Sven Mahner (AGO)

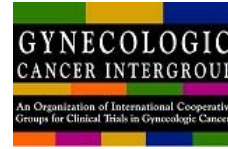


- There is a lack of good evidence regarding the value of cytoreductive surgery in AEC;
- Unclear the impact of histological subtype (type I vs Type II) and endometrioid molecular subtypes in the potential resectability and the outcome after complete resection;
- PS and clinical situation of the patient, surgical risks and skills, make wide the range of feasibility;
- GCIIG is an excellent network for leading a surgical trial in advanced endometrial cancer;



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**TRIAL SETTING:** Primary Advanced Endometrial Cancer (all histotypes)

(FIGO Stage: IIIA bulky\*; IIIB; IIIC 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;

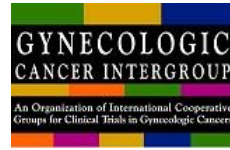
**SPONSOR(S):** MITO, AGO

**PLANNED NO. OF PATIENTS:** 500-1000



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## OBJECTIVES

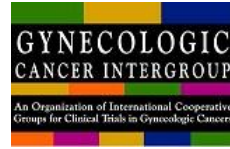
The study is aimed to:

- 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).



New study proposal  
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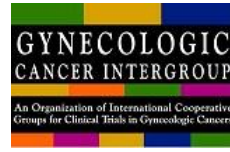
**If successful cytoreductive surgery is confirmed as the most potent prognosticator after appropriate analysis:**

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

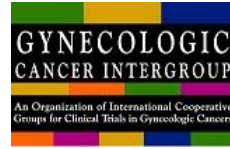


Centralised analysis c/o NCI – Naples Data Center



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CONTACT INFORMATION

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