

Pelvic lymphadenectomy does not improve survival in early stage endometrial cancer

November 25 2008

Systematic use of pelvic lymphadenectomy (removal of the lymph nodes) does not improve disease-free or overall survival in women with early-stage endometrial cancer, according to a randomized trial published online November 25 in the *Journal of the National Cancer Institute*.

The first site of metastasis for endometrial cancer is often the pelvic lymph nodes. However, few prospective studies have examined whether systematic removal of the pelvic lymph nodes improves patient outcomes.

To find out, Pierluigi Benedetti Panici, M.D., of the La Sapienza University in Rome and colleagues conducted a randomized controlled trial in which women with stage I endometrial cancer were assigned to have a standard hysterectomy and ovary removal with or without lymphadenectomy.

With a median follow-up of four years, there was no difference in patient outcomes between the two arms. Thirty-four (12.9 percent) of the 264 patients in the lymphadenectomy group and 33 (13.2 percent) of the 250 patients in the control group had disease recurrence. The median time to disease recurrence was 14 months in the lymphadenectomy arm and 13 months in the control arm. Overall five-year survival estimates were 86 percent for the lymphadenectomy arm and 90 percent for the non-lymphadenectomy.

Surgical staging of the disease was improved with the systematic use of lymphadenectomy. A total of 13.3 percent of the women in the lymphadenectomy arm were found to have disease spread to pelvic lymph nodes, compared with 3.2 percent of the women in the control arm. The investigators found that although lymphadenectomy was not statistically significantly associated with improved survival, disease spread to the nodes was associated with poorer survival.

"Therefore, lymphadenectomy maintained its importance in determining a patient's prognosis and in tailoring adjuvant therapies," the authors conclude.

In an accompanying editorial, Christine Walsh, M.D., and Beth Karlan, M.D., of the Cedars-Sinai Medical Center in Los Angeles note that these new data are consistent with the one other randomized trial that examined the impact of lymphadenectomy on survival.

"These results bust the myth that is based on previous retrospective studies that lymphadenectomy, in and of itself, provides therapeutic benefit and survival advantage in endometrial cancer," the editorialists write. "Yet, this trial continues to support the notion that lymphadenectomy can provide important prognostic information and can help guide adjuvant treatment recommendations."

Source: Journal of the National Cancer Institute

Citation: Pelvic lymphadenectomy does not improve survival in early stage endometrial cancer (2008, November 25) retrieved 18 April 2024 from <https://medicalxpress.com/news/2008-11-pelvic-lymphadenectomy-survival-early-stage.html>

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