Treatment and fertility: perspectives on future pregnancy in early-stage endometrial cancer.

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Introduction

Endometrial cancer is the most common gynecologic malignancy affecting women of reproductive age. Early-stage diagnosis offers favorable prognoses, but the impact on fertility preservation remains a critical concern. This article explores current perspectives and practices regarding future pregnancy in patients with early-stage endometrial cancer, surveyed among gynecologic oncologists and Reproductive Endocrinology And Infertility (REI) specialists [1]. By examining the latest research, treatment protocols, and patient outcomes, this article aims to provide a comprehensive overview of the strategies employed to balance cancer treatment efficacy with fertility preservation goals, highlighting the importance of interdisciplinary collaboration in optimizing patient care [2].

Early-stage endometrial cancer typically presents with favorable outcomes, characterized by confined disease within the uterus (stage I). The rising incidence among younger women underscores the importance of fertility-sparing approaches in management [3].

The shift towards preserving fertility in endometrial cancer management involves various strategies, including hormonal therapy and conservative surgical interventions. Guidelines from organizations such as the Society of Gynecologic Oncology (SGO) and European Society of Gynaecological Oncology (ESGO) provide frameworks for safe and effective fertility-sparing treatments [4].

A survey was conducted among gynecologic oncologists and REI specialists to assess current practices and attitudes towards fertility preservation in early-stage endometrial cancer. Participants included specialists from diverse geographical regions, providing a comprehensive global perspective [5].

Survey results indicated varying approaches to counseling and treatment among respondents:

Hormonal Therapy Commonly utilized to induce remission and preserve fertility [6]. Surgical Interventions Laparoscopic procedures and hysteroscopic resections are preferred methods for localized disease. Patient Counseling Importance placed on informed decision-making regarding risks, benefits, and alternatives [7].

Oncologic Safety: Balancing fertility preservation with oncologic outcomes. Patient Selection: Criteria for identifying suitable candidates for fertility-sparing treatments. Long-Term Outcomes: Limited data on reproductive outcomes post-treatment [8].

The role of collaborative care between gynecologic oncologists and REI specialists is pivotal in optimizing patient-centered outcomes. Multidisciplinary tumor boards facilitate individualized treatment plans that prioritize both oncologic and reproductive goals [9].

Clinical trials investigating novel therapies and predictive biomarkers. Patient Registries Longitudinal studies to evaluate fertility outcomes and quality of life post-treatment. Patient Education Empowering patients with comprehensive information to facilitate shared decision-making [10].

Conclusion

Early-stage endometrial cancer poses unique challenges and opportunities regarding fertility preservation. Collaboration between gynecologic oncologists and REI specialists is essential in navigating treatment decisions that align with patient preferences and prognostic outcomes. Continued research and multidisciplinary efforts will further advance care for women seeking future pregnancies after a cancer diagnosis.

References

1. Eggink FA, Mom CH, Boll D, et al. Compliance with adjuvant treatment guidelines in endometrial cancer: room for improvement in high risk patients. Gynecol Oncol. 2017;146(2):380-5.
2. Colombo N, Creutzberg C, Amant F, Bosse T, et al. ESMO-ESGO-ESTRO consensus conference on endometrial cancer: diagnosis, treatment and follow-up. Int J Gynecol Cancer. 2016;26(1).
3. Morańska K, Englert-Golon M, Durda-Masny M, et al. Why Does Your Uterus Become Malignant? The Impact of the Microbiome on Endometrial Carcinogenesis. Life. 2023;13(12):2269.
4. Shah CA, Beck T, Liao JB, et al. Surgical and oncologic outcomes after robotic radical hysterectomy as compared to open radical hysterectomy in the treatment of early cervical cancer. J. Gynecol. Oncol. 2017;28(6).

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5. Barnea ER, Kirk D, Ramu S, et al. PreImplantation Factor (PIF) orchestrates systemic antiinflammatory response by immune cells: effect on peripheral blood mononuclear cells. Am J Obstet Gynecol. 2012;207(4):313-e1..
6. Alonso S, Castellanos T, Lapuente F, et al. Hysteroscopic surgery for conservative management in endometrial cancer: a review of the literature. ecancerms. 2015;9.
7. Thomson HJ, Winters ZE, Brandberg Y, et al. The early development phases of a European Organisation for Research and Treatment of Cancer (EORTC) module to assess patient reported outcomes (PROs) in women undergoing breast reconstruction. Eur J Cancer. 2013;49(5):1018-26.
8. Koh WJ, Abu-Rustum NR, Bean S, et al. Uterine neoplasms, version 1.2018, NCCN clinical practice guidelines in oncology. J NATL COMPR CANC NE. 201;16(2):170-99.
9. Schover LR. Methodological issues for behavioral and psychosocial research submissions to Fertility and Sterility. Fertil Steril. 2014;101(3):629.
10. Park JY, Seong SJ, Kim TJ, et al. Pregnancy outcomes after fertility-sparing management in young women with early endometrial cancer. Obstet Gynecol. 2013;121(1):136-42..

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