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Fertility sparing approach in young patients with early stages of endometrial cancer

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Endometrial cancer is the most common cancer of the female genital tract and female patient less than 40 years may account for 3-14% of all endometrial cancers. The promising fact is that in women <45 years, the tumor is mostly low grade disease localized to the endometrium, whereas survival is almost about 100%. An individualized and multidisciplinary approach is to each patient, intense follow-up, respecting the current recommendations' for fertility sparing. Conservative approaches of early-stage endometrial carcinoma includes hormonal therapy in selected group of young patients with endometrial carcinoma age less than 45 years and wishes fertility, showing low grade 1 endometrioid adenocarcinomas (by 2 gynecology pathologists review) is requested limited to the endometrium with MRI excluded myometrial invasion without evidence of lymphovascular space involvement or extrauterine disease. Carefully and accurately pretreatment assessment of patients considering conservative therapy includes radiologic imaging, hysteroscopy preferably but also contrast-enhanced radiologic imaging-MRI imaging of the ovary (5% of patients with endometrial cancer have synchronous primary tumors). Repeating endometrial biopsies by hysteroscopy every 6 months has been recommended, until there is a complete response or achieving pregnancy. Surgery is recommended if there is no response after 6 months of medicational treatment. Hormonal therapy that could be applied is progestin inhibits the estrogenic effect and suppresses cell proliferation (medroxyprogesterone acetate, megestrol acetate), GnRh analogues, but also local gestagens (IUD), oral natural progestogens, aromatase inhibitors, even three step endoscopic (hysteroscopic) resection-remove tumor, surrounding endometrium, myometrium. Fertility after treatment is not guaranteed, even there had been recorded reduced fertility of those treated and there is a significant need ART (18-60%).

Biography

Katarina Jeremic has completed her PhD from University of Belgrade, Serbia. She is the Chief of Gynecologic Oncology Department of Clinic of Ob/Gyn, Clinical Center of Serbia and Member of many scientific projects such as cancer and pregnancy. She is currently working at the Medical School, University Belgrade as a Lecturer/Associate Professor of Gynecology and Obstetrics. She has about 50 publications in CC/SCI expanded and JCR indexed and is an active participant of more than 50 international congresses with total number of publication about 150.

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