Abstract. Background: The optimal palliative chemotherapy in endometrial cancer is unknown. Case Report: A patient was diagnosed to have primary endometrioid endometrial cancer metastatic to the pelvic, paraaortic and right inguinal lymph nodes (FIGO IVb). After radical surgery, she received 6 adjuvant cycles of cisplatin and epirubicin. Twelve months later, she developed a pelvic recurrence and received second-line paclitaxel chemotherapy. Three months thereafter, computed tomography showed diffuse peritoneal carcinomatosis with lesions up to 2 cm in diameter. She received eighteen weekly cycles of topotecan which led to a complete clinical response confirmed by CT. Forty-three months after the start of third-line chemotherapy with topotecan, the patient is alive with no evidence of disease. Conclusion: Long-term survival with NED may be achievable by topotecan in selected patients with an initial diagnosis of extensive endometrial cancer despite repeated relapses and previous exposure to cisplatinum, an anthracycline and a taxane.

A previous publication described the early course of disease in a patient who was diagnosed with primary endometrial cancer after initially presenting with a positive inguinal lymph node (1). The further course, including her major response to third-line chemotherapy with topotecan, is now reported.

Case Report

The 53-year-old patient was diagnosed with right inguinal lymph node metastasis as the first clinical manifestation of a primary endometrial cancer. Histology showed an undifferentiated endometrioid adenocarcinoma metastatic to the pelvic, paraaortic and right inguinal lymph nodes (FIGO IVb). After radical pelvic surgery and right inguinal lymphadenectomy, she received 6 adjuvant cycles of cisplatin and the anthracycline epirubicin.

Twelve months after primary surgery, she developed a histologically verified central pelvic recurrence. As she refused radiotherapy, she received second-line chemotherapy with paclitaxel weekly for six months and showed a partial tumor remission.

Three months thereafter, the disease again progressed; computed tomography showed diffuse peritoneal carcinomatosis with lesions up to 2 cm in diameter. At that time, the patient had mild abdominal symptoms and a Karnofsky performance score of 90. The cancer antigen (CA) 125 level was 154.5 U/mL.

Eighteen weekly cycles of topotecan produced a complete clinical response confirmed by CT. The drug was well tolerated; the patient only experienced mild nausea, and had no signs of myelosuppression. Forty-three months after the start of third-line chemotherapy with topotecan, the patient is alive with no evidence of disease.

Discussion

The favourable course of a patient with late-stage endometrial cancer who developed diffuse abdominal carcinomatosis is described. Inguinal metastases at the time of diagnosis are uncommon (2, 3), they are usually manifestations of a lymphatic relapse (4, 5). The patient had previously received the most effective current chemotherapies to date including cisplatin, an anthracycline and paclitaxel (6, 7).

A phase II study showed that 5 days of topotecan in a 3-week cycle produced a remission rate of 20% in endometrial cancer (8). Toxicity, however, was significant including several incidences of sepsis and/or bleeding. Since weekly topotecan is increasingly used for patients with ovarian...
cancer and is associated with less toxicity, this regimen was chosen for the patient in case (9).

The patient experienced a major response with topotecan that had lasted for 43+ months of follow-up. It is concluded that this regimen might be of potential value in heavily pretreated patients with endometrial cancer.

In stage IVb residual disease, a low performance status, the presence of abdominal and vaginal metastases, parametrial invasion as well as older age have been identified as the most important unfavourable factors for survival (10-13). The patient had no residual disease, an excellent performance status, neither abdominal nor vaginal metastases, no parametrial invasion and was 53 years old at the time of primary diagnosis.

To the authors’ knowledge, the patient, initially presenting with inguinal metastasis, is the third to be reported to have experienced long-term survival following the diagnosis of FIGO stage IVb endometrial cancer (87 months after primary diagnosis). One other patient was reported to have survived for 120 months and another for 168 months after primary diagnosis. Both of these patients had received adjuvant radiotherapy (2).

It is concluded that long-term survival with no evidence of disease may be achievable in selected patients with an initial diagnosis of extensive endometrial cancer despite repeated relapses and previous exposure to cisplatin, an anthracycline and a taxane.

References

Received September 4, 2008
Revised December 17, 2008
Accepted January 14, 2009