

ENDOMETRIAL CARCINOMA TREATMENT REGIMENS (Part 1 of 2)

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are only provided to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Systemic Therapy for Recurrent, Metastatic, or High-risk Endometrial Carcinoma¹

Note: All recommendations are category 2A unless otherwise indicated.

Chemotherapy Regimens

REGIMEN	DOSING
Carboplatin + paclitaxel ^{2,3}	Day 1: Carboplatin AUC 5–6 IV over 1 hour + paclitaxel 175mg/m ² IV over 3 hours. Repeat cycle every 3 weeks for 6 to 9 cycles.
Cisplatin + doxorubicin ^{4,5*}	Day 1: Doxorubicin 60mg/m ² IV followed by cisplatin 50mg/m ² over 1 hour Day 2–11 (optional): Granulocyte colony-stimulating factor 5mcg/kg/day SQ. Repeat every 3 weeks for maximum of 7 cycles.
Cisplatin + doxorubicin + paclitaxel ^{4,5†}	Day 1: Doxorubicin 45mg/m ² IV + cisplatin 50mg/m ² IV Day 2: Paclitaxel 160mg/m ² IV over 3 hours Days 3–12: Filgrastim 5mcg/kg SQ (or pegfilgrastim 6mg on day 3 only). Repeat every 3 weeks for 6–7 cycles.
Carboplatin + docetaxel ^{6–8‡}	Day 1: Docetaxel 60–75mg/m ² IV over 1 hour; followed by carboplatin AUC 6 IV over 1 hour. Repeat every 3 weeks for 6 cycles.
Ifosfamide + paclitaxel (Category 1 for carcinosarcoma) ⁹	Day 1: Paclitaxel 135mg/m ² IV over 3 hours Days 1–3: Ifosfamide 1.6g/m ² /day IV (reduced to 1.2g/m ² /day if patient received prior radiation). Repeat cycle every 3 weeks for 8 cycles.
Cisplatin + ifosfamide (for carcinosarcoma) ¹⁰	Days 1–4: Cisplatin 20mg/m ² /day IV + ifosfamide 1.5g/m ² /day IV over 1 hour Day 1: Mesna 120mg/m ² IV bolus over 15 minutes (loading dose) Days 1–4: Mesna 1.5g/m ² /day continuous IV infusion. Repeat cycle every 3 weeks for 3 cycles.
Cisplatin ¹¹	Day 1: Cisplatin 50mg/m ² IV. Repeat cycle every 3 weeks.
Carboplatin ¹²	Day 1: Carboplatin 400mg/m ² IV. Repeat cycle every 3 weeks
Doxorubicin ¹³	Day 1: Doxorubicin 60mg/m ² IV. Repeat cycle every 3–4 weeks.
Liposomal doxorubicin ¹⁴	Day 1: Liposomal doxorubicin 50mg/m ² IV over 1 hour. Repeat cycle every 4 weeks.
Paclitaxel ¹⁵	Day 1: Paclitaxel 110–200mg/m ² IV. Repeat cycle every 3 weeks.
Topotecan ¹⁶	Days 1–5: Topotecan 1.2–1.5mg/m ² /day IV. Repeat cycle every 3 weeks.
Bevacizumab ¹⁷	Day 1: Bevacizumab 15mg/kg IV. Repeat cycle every 3 weeks.
Temsirolimus ¹⁸	Temsirolimus 25mg IV weekly. Repeat cycle every 4 weeks.
Docetaxel (Category 2B) ¹⁹	Days 1, 8, and 15: Docetaxel 36mg/m ² IV over 1 hour. Repeat cycle every 4 weeks.
Ifosfamide (for carcinosarcoma) ⁹	Days 1–3: Ifosfamide 2g/m ² /day IV + mesna 2g IV beginning 15 minutes before ifosfamide infusion. Repeat cycle every 3 weeks.

continued

ENDOMETRIAL CARCINOMA TREATMENT REGIMENS (Part 2 of 2)

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Hormonal Therapy¹

REGIMEN	DOSING
Medroxyprogesterone acetate ²⁰	Medroxyprogesterone acetate 200mg PO once daily.
Tamoxifen ²¹	Tamoxifen 20mg PO twice daily.
Anastrozole ^{22S}	Anastrozole 1mg/day PO for at least 28 days.
Tamoxifen + medroxyprogesterone acetate ²³	Medroxyprogesterone acetate 80mg PO twice daily for 3 weeks alternating with tamoxifen 20mg orally twice daily. Repeat cycle every 3 weeks.

General treatment notes:

- Participation in clinical trial is strongly recommended.
- Cisplatin, carboplatin, liposomal doxorubicin, paclitaxel, and docetaxel may cause drug reactions. Chemotherapy regimens can be used for all carcinoma histologies.
- Carcinosarcomas are now considered and treated as high-grade carcinomas. However, ifosfamide based regimens were previously used for carcinosarcomas.

* Patients who have received prior pelvic RT or who are older than 65 years should receive a reduction in the starting dose of doxorubicin, to 45mg/m².

† The cisplatin/doxorubicin/paclitaxel regimen is not widely used because of concerns about toxicity.

‡ Docetaxel may be considered for patients in whom paclitaxel is contraindicated.

§ Hormonal therapy is for endometrioid histologies only (i.e., not for serous adenocarcinoma, clear cell adenocarcinoma, or carcinosarcoma).

¶ Anastrozole has minimal activity in an unselected population of patients with recurrent endometrial cancer.

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