# 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 Carcinoma[1]

### Chemotherapy and other Treatment Regimens

| REGIMEN | DOSING |
|---|---|
| **Carboplatin + paclitaxel**[2,3] | **Day 1:** Carboplatin AUC 5–6* IV over 1 hour **plus** paclitaxel 175mg/m² IV over 3 hours.<br>Repeat cycle every 3 weeks for 6 to 9 cycles. |
| **Cisplatin + doxorubicin**[4,5] | **Day 1:** Doxorubicin† 60mg/m² **followed by** cisplatin 50mg/m² over 1 hour.‡<br>**Day 2–11 (optional):** Granulocyte colony-stimulating factor 5mcg/kg/day SQ§<br>Repeat every 3 weeks for maximum of 7 cycles. |
| **Cisplatin + doxorubicin + paclitaxel**[4,5,‖] | **Day 1:** Doxorubicin 45mg/m² IV **plus** cisplatin 50mg/m².‡<br>**Day 2:** Paclitaxel 160mg/m² IV over 3 hours.‡<br>**Days 3–12:** Filgrastim 5mcg/kg SQ (or pegfilgrastim 6mg **on day 3 only**)<br>Repeat every 3 weeks for 6–7 cycles. |
| **Carboplatin + docetaxel**[6–8,¶] | **Day 1:** Docetaxel 60–75mg/m² IV over 1 hour; **followed by** carboplatin AUC 6 IV over 1 hour.<br>Repeat every 3 weeks for 6 cycles. |
| **Ifosfamide + paclitaxel**[9] | **Day 1:** Paclitaxel 135mg/m² IV over 3 hours, **plus**<br>**Days 1–3:** Ifosfamide 1.6g/m²/day IV (reduced to 1.2g/m²/day if patient received prior radiation).<br>Repeat cycle every 3 weeks for 8 cycles. |
| **Cisplatin + ifosfamide (for carcinosarcoma)**[10] | **Days 1–4:** Cisplatin 20mg/m²/day IV; **followed by** ifosfamide 1.5g/m²/day IV over 1 hour.<br>**Day 1:** Mesna 120mg/m² IV bolus over 15 minutes (loading dose), **followed by**<br>**Days 1–4:** Mesna 1.5g/m²/day continuous IV infusion.<br>Repeat cycle every 3 weeks for 3 cycles. |

### Hormonal Regimens#

| | |
|---|---|
| **Medroxyprogesterone acetate**[11] | Medroxyprogesterone acetate 200mg PO once daily. |
| **Tamoxifen**[12] | Tamoxifen 20mg PO twice daily. |
| **Anastrozole**[13**] | Anastrozole 1mg/day PO for at least 28 days. |
| **Tamoxifen + medroxyprogesterone acetate**[14] | Medroxyprogesterone acetate 80mg PO twice daily for 3 weeks **alternating with** tamoxifen 20mg orally twice daily.<br>Repeat cycle every 3 weeks. |

### Single Agents

- Cisplatin
- Carboplatin
- Doxorubicin
- Bevacizumab††
- Liposomal doxorubicin
- Paclitaxel
- Topotecan
- Temsirolimus
- Docetaxel¶
- Ifosfamide (for carcinosarcoma)

*continued*

# ENDOMETRIAL CARCINOMA TREATMENT REGIMENS (Part 2 of 2)

**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.

* In 2008, initial doses of TC were reduced (135mg/m$^2$, AUC 5) for those with a history of pelvic/spine irradiation.

† 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/m$^2$.

‡ Maximum BSA of 2.0m$^2$ was used for dose calculations.

§ Following the expected chemotherapy induced neutrophil nadir, until ANC reaches 10,000/mm$^3$.

‖ 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.

†† Bevacizumab may be considered for use in patients who have progressed on prior cytotoxic chemotherapy.[15]

## References


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