Self-Assessment Module
2017 ASTRO Annual Meeting

Advances in Endometrial Cancer-EDU18

Julie Schwarz, MD, PhD and Kaled Alektiar, MD, FASTRO

Please use this template to submit your Live SA-CME session learning objectives and to create your Live SA-CME assessment. Once you have finished, please email this to **Heather.Ranels@astro.org**.

Use the area directly below this paragraph to write two to five learning objectives.

Learning Objectives:

1. Understand recommendations for adjuvant treatment after surgery for Stage I-II endometrial cancer
2. Understand the role of chemotherapy and radiation for Stage III/IV endometrial cancer
3. Describe treatment recommendations for patients with medically inoperable disease

The following is an overview of how to write your SEVEN assessment questions and supporting information.

- **Questions**
  - All questions must be in multiple choice format.
  - Your questions should address your learning objectives.
  - It is highly suggested that you use a case-based scenario for one of your questions if possible. This is not a requirement, but it helps the learner to show a change in competency, not just knowledge.
  - True/false questions are not acceptable.
- **Answers**
  - Each question must include FOUR answer choices.
  - There can only be ONE correct answer; avoid questions that have multiple interpretations.
  - Statements such as “All of the above” or “None of the above” should be used sparingly.
- **Feedback**
  - One to three sentences of feedback is required for each of the seven questions.
  - Your feedback should tell the learner why the correct answer is the only answer to the question you asked.
  - If desired, you may also include a sentence as to why the remaining four options are incorrect.
- **Location**
  - Please state on which slide(s) your answer can be found in your presentation.
- **References**
  - List at least one cited reference that supports the answer to this question.

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Question 1:

A 52 year old woman presents after total abdominal hysterectomy, bilateral salpingo-oophorectomy and pelvic cytology for a grade 1 endometrial cancer. Surgical pathology shows less than 50% myometrial invasion and no lymphovascular invasion with negative cytology. What is the most appropriate treatment?

a. Observation
b. Brachytherapy alone
c. Pelvic radiation
d. Pelvic Radiation plus brachytherapy

Answer:
A

Feedback:
A randomized study by Sorbe et al published in 2009 directly compared observation versus radiation for 645 patients after surgery with less than 50% myometrial invasion and grade 1 or 2 cancers. Rates of vaginal recurrence (3.1% and 1.2%) and pelvic recurrence (0.9% and 0.3%) were extraordinarily low in both arms, supporting observation for these patients.

Location:
Slides 25-27.

Reference:
Sorbe B et al IJGC 2009

- - - End of Question 1 - - -

Question 2:
A 70 year old presents 6 weeks after hysterectomy for a grade 2 endometrial cancer with greater than 50% myometrial invasion and no lymphovascular invasion. She has recovered well from her surgery. The most appropriate next step is:

a. observation
b. Pelvic radiation
c. Brachytherapy alone
d. Pelvic radiation plus a brachytherapy boost

Answer:
C

Feedback:
The patient described would be eligible for PORTEC 2. This study reported similar rates of vaginal recurrence, overall, and disease free survival but lower treatment related toxicities with brachytherapy alone versus whole pelvis radiation.

Location:
Slides 25-31, 53-54

Reference: Nout, RA et al, Lancet 2010 375: 816-23.

- - - End of Question 2 - - -

Question 3:
For advanced stage (FIGO III and IV) endometrial cancer, randomized trials consistently show improvement in which end-point when comparing adjuvant chemotherapy versus radiation?

a. Overall survival
b. Disease free survival
c. Distant metastasis-free survival
d. None of the above

Answer:
D

Feedback:
Multiple randomized studies have compared adjuvant radiation alone to adjuvant chemotherapy or combined chemoradiation after surgical resection for advanced stage endometrial cancer. Results have been mixed, with no clear improvement in the endpoints listed above across trials. The NSGO study showed an improvement in progression free survival with chemotherapy.

Location:
Slide #67

Reference:
Hogberg T et al ASCO 2007

- - - End of Question 3 - - -

Question 4:

A 65 year old woman with a BMI of 50 and a new diagnosis of Grade 1 endometrial cancer is referred to your office by a local surgeon who is concerned about her ability to tolerate surgery. Her MRI shows no involved lymph nodes and no deep myometrial invasion. Which treatment is the most appropriate?

a. Radical hysterectomy and a lymph node dissection
b. 6 cycles of carboplatin and paclitaxel
c. Intracavitary brachytherapy alone
d. External beam radiation with a brachytherapy boost

Answer:
C

Feedback:
Medically inoperable patients with Stage I endometrial cancer and an MRI that is negative for lymph nodes and deep myometrial invasion can be successfully treated with brachytherapy alone.

Location:
Slide 118

Reference:
Schwarz JK et al Brachytherapy 2015

- - - End of Question 4 - - -

Question 5:
GOG 258 study compared chemoradiation versus chemotherapy in the adjuvant setting for Stage III/IVA endometrial cancer. Initial results of the study show which of the following results:

a. Improved overall survival with chemoradiation
b. Improved recurrence-free survival with chemoradiation
c. Improved local control with chemoradiation
d. Increased toxicity with chemoradiation

Answer:
C
Feedback:
Initial results of GOG 258 reported at ASCO 2017 show no difference in recurrence free survival. Follow up time is insufficient for overall survival comparison. Chemoradiation reduced the incidence of vaginal (3% vs. 7%, HR = 0.36, CI 0.16 to 0.82), pelvic and paraaortic recurrences (10% vs. 21%, HR=0.43, CI 02.8 to 0.66), but distant recurrences were more common (28% vs. 21%, HR 1.36, CI 1 to 1.86). There were 201 (58%) > grade 3 toxicity events in the chemoradiation arm and 227 (63%) in the chemotherapy arm.

Location:
Slide number, paragraph, figure, table, etc.

Reference:
Matei D et al J Clin Oncol 35, 2017 (suppl; abstr 5505)

- - - End of Question 5 - - -