Comparative Efficacy and Safety of Treatment Regimens for Advanced, Recurrent or Metastatic Endometrial Cancer: A Systematic Review

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BACKGROUND

With the growing incidence of Endometrial cancer (EC), it is important to understand the disease effects, patient's needs, therapies available, and what best can be done to improve the survival rates and quality of life of the patients.[1,2,3]

OBJECTIVE

This study aimed to systematically review the efficacy and safety of available treatment options in patients with advanced, recurrent, or metastatic endometrial cancer.

METHODS

PICOS

Population: Patients with advanced, metastatic endometrial cancer
Intervention/Comparator: Patients using either chemotherapy or targeted therapy
Outcomes: Progression-free survival, Overall survival, hematological or gastrointestinal adverse events.
Settings: Randomized Controlled Trials

Search Strategy

A comprehensive search strategy was developed using MeSH terms and run through databases. Articles were identified from inception to 28 Jan 2021 in PubMed, Embase, Cochrane databases.

Study Quality

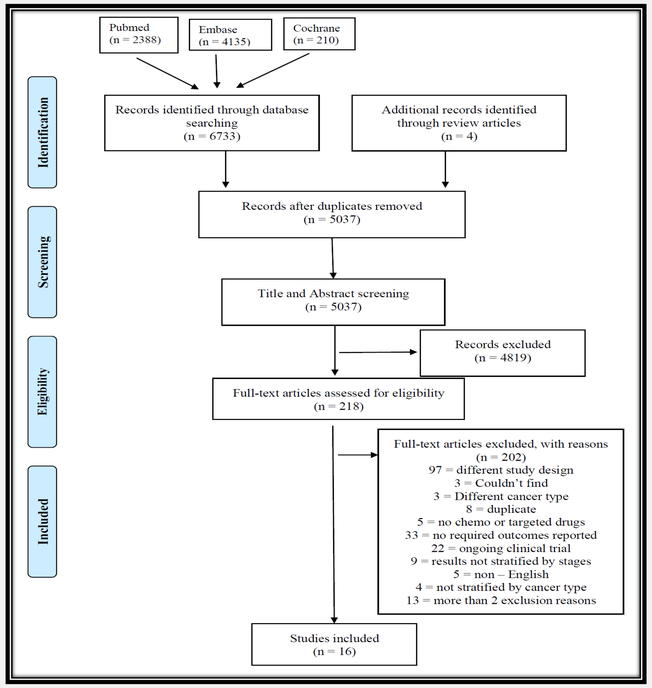
Cochrane risk of bias tool (v1) was used to assess study quality

Screening

All levels of screening are performed by two reviewers independently, conflicts were resolved by the third reviewer. PRISMA chart summarizes the total number of articles retrieved after duplication and screening.

RESULTS

Fig: The PRISMA chart



A total of 16 articles were included and analyzed for this review. The median age of endometrial cancer patients was 60 years ± 6years while the median follow-up time largely varied from 6 months to 7 years. The elderly population and post-menopausal women are most affected by endometrial cancer. Targeted therapy given in combination with chemotherapy was shown better survival rates (OS, PFS). Nausea, vomiting, and diarrhea are commonly observed gastrointestinal side effects. Anemia, Leukopenia, and Neutropenia are widely noticed hematological adverse events affecting the patient's quality of life. Paclitaxel and Carboplatin were commonly used doublet chemotherapy regimens across the 16 RCTs, this regimen was as effective and safe compared to triplet treatment regimens.

CONCLUSIONS

Conventional chemotherapy drug regimens, double or triple-drug combinations are broadly used in advanced cases. The combination of targeted and chemotherapy may have promising results and it must be supported with future research.

REFERENCES

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