Does lymph node dissection impact adjuvant treatment or survival outcomes in high-risk endometrial cancers?

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Abstract

Objectives

Lymphadenectomy does not improve overall survival outcomes in patients with low-risk endometrial cancers. Sentinel node mapping has a high detection rate and accuracy; however, its prognostic implications have not been well explored. We evaluated the overall survival and therapies received by patients undergoing varied lymph node dissection approaches for high-risk endometrial cancers.

Methods

Retrospective review of grade 3 endometrioid and high-grade non-endometrioid cancers at one institution over ten years. Patients who received neoadjuvant therapy and/or debulking of only grossly abnormal lymph nodes were excluded. Data were abstracted from electronic medical records. Chi squared tests and survival analyses were used to compare groups.

Results

153 patients with grade 3 endometrioid, serous, clear cell, carcinosarcoma, or mixed high-grade on final pathology were identified; 16 had no lymph node dissection, 26 had sentinel lymph nodes, and 111 had complete lymph node dissection. Patients with open surgery were more likely to have complete nodes than sentinel nodes when compared

to a minimally invasive approach ($p<0.001$). Sentinel nodal dissection significantly impacted the utilization of, or modality choice, in adjuvant therapy ($p = 0.051$). Recurrence free survival and cancer-specific overall survival were not significantly different across the three nodal-assessment groups.

Conclusions

Sentinel lymph node dissection in high-risk endometrial cancers led to no significant differences in recurrence free survival or cancer-specific overall. While limited by sample size and its retrospective nature, results from this single-institution study are hypothesis-generating and prompt consideration of non-inferiority trials. Performing the least invasive surgery possible can lead to fewer complications while maintaining overall survival outcomes.