



# Percorso diagnostico terapeutico del sanguinamento uterino anomalo

DALLA DIAGNOSI AL TRATTAMENTO

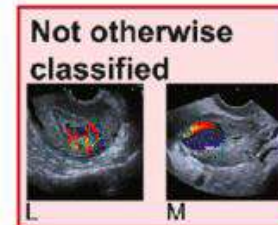
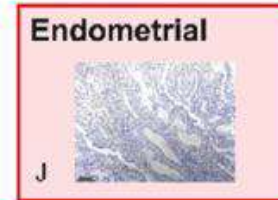
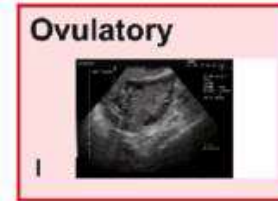
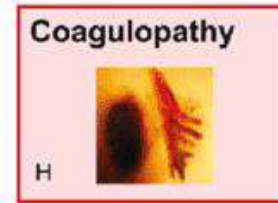
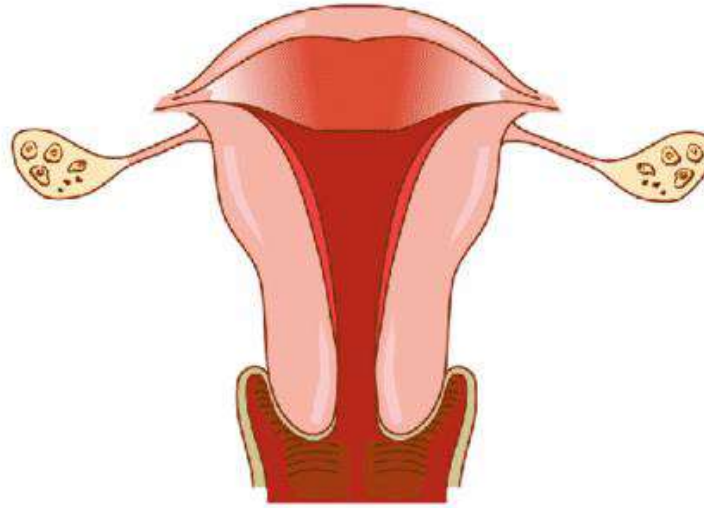
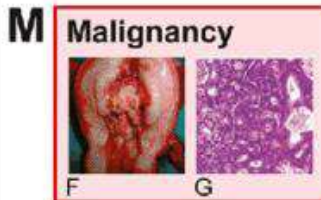
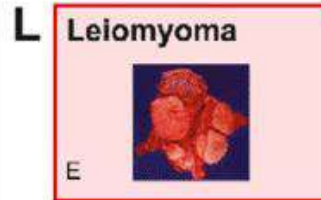
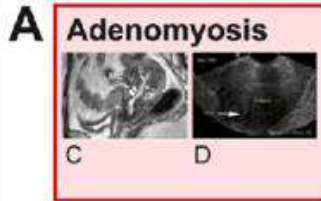
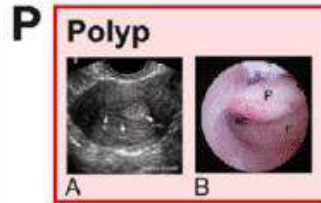
# Indicazioni a Isteroscopia

## ▶ **DONNA IN MENOPAUSA**

- Qualsiasi sanguinamento uterino

## ▶ **DONNA IN ETA' FERTILE**

- Irregolarità del ciclo mestruale oltre 6 mesi
- PALM COEN Figo classification 2013



- A: USS view of polyp
- B: Hysteroscopic view of polyp
- C: MRI of adenomyosis
- D: USS of adenomyosis
- E: Hysterectomy specimen containing fibroids
- F: Hysterectomy specimen containing endometrial cancer
- G: Histology of endometrioid carcinoma
- H: Excessive bruising
- I: USS of polycystic ovary
- J: Progesterone receptor localisation in secretory phase
- K: levonorgestrel-releasing intrauterine system (LNG-IUS)
- L: Doppler USS of AV malformation
- M: Doppler USS of endometrial pseudo-aneurysm

**C**

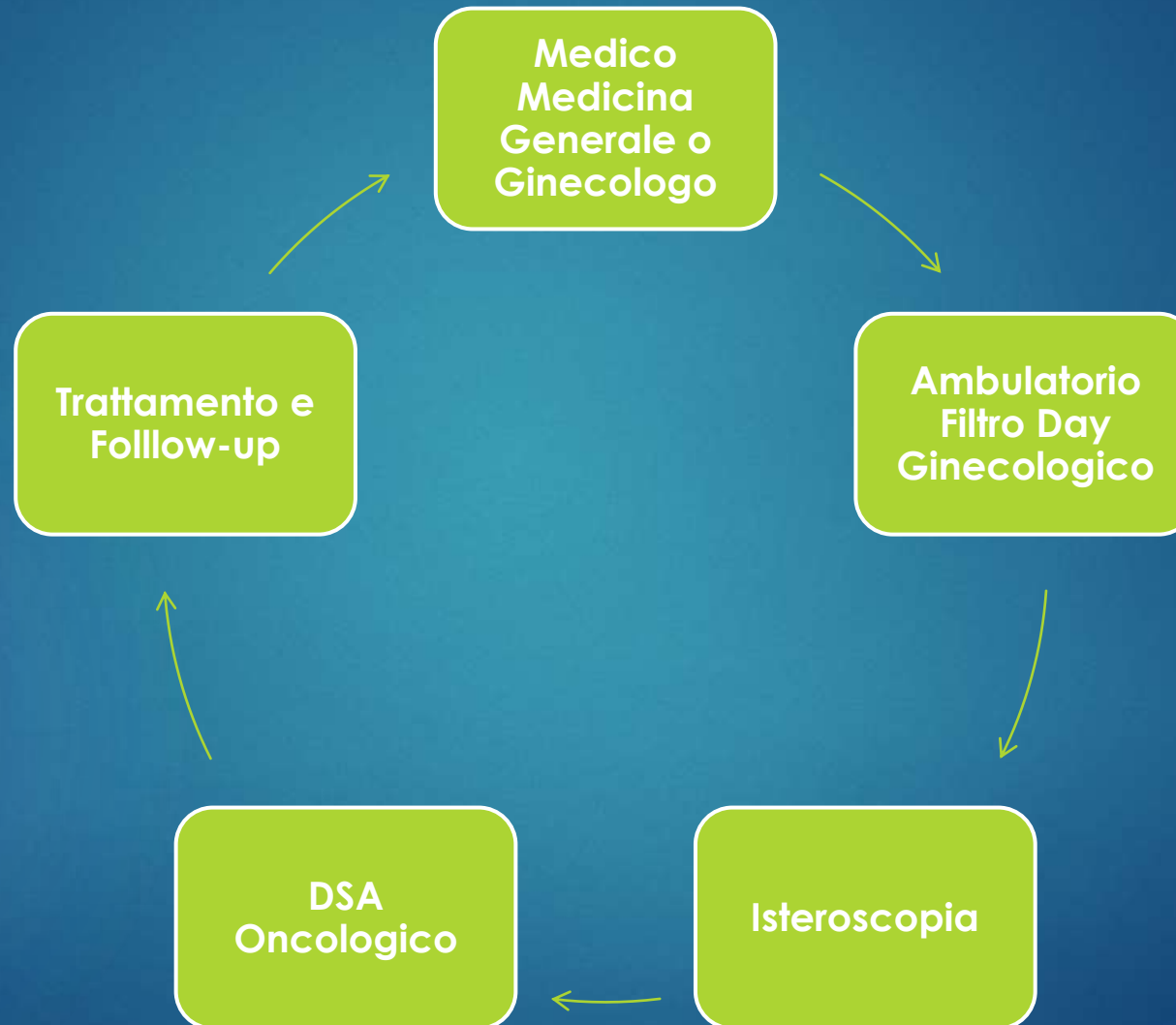
**O**

**E**

**I**

**N**

# Percorso



**0521702433**  
Lun-Ven 8:30-10:00

**0521703683**  
Lun-Ven 8:00-14:00  
[ginecologiaoncologicaparma@gmail.com](mailto:ginecologiaoncologicaparma@gmail.com)

# Pianificazione del trattamento

DSA Oncologico  
Urgenza A



# Pianificazione del trattamento

- ▶ K endometrio Early-Stage
  - Isterectomia
  - Annessiectomia bilaterale
  - Sentinel lymph Node / Lymphadenectomy
- ▶ K endometrio Advanced-Stage
  - ChtRt



# Importanza del sentinella

Assessment of Sentinel Lymph Node Biopsy vs Lymphadenectomy for Intermediate- and High-Grade Endometrial Cancer Staging **JAMA Surgery**

Sentinel Lymph Node in Aged Endometrial Cancer Patients "The SAGE Study": A Multicenter Experience

Sentinel node mapping in endometrial cancer: Tips and tricks to improve bilateral detection rate. The sentitricks study, a monocentric experience

Impact of Obesity on Sentinel Lymph Node Mapping in Patients with apparent Early-Stage Endometrial Cancer: The ObeLyX study

Long term complications following pelvic and para-aortic lymphadenectomy for endometrial cancer, incidence and potential risk factors: a single institution experience

A comparison of sentinel lymph node biopsy to lymphadenectomy for endometrial cancer staging (FIRES trial): a multicentre, prospective, cohort study

2017

THE LANCET Oncology  
FULL-TEXT ARTICLE

IJGC



# Complicanze post-linfadenectomia

Complicanze  
Vascolari



Complicanze  
Nervose

Complicanze  
Infettive



# Approccio chirurgico



# Meeting Multidisciplinare

- ▶ Ginecologo Oncologo
- ▶ Oncologo medico
- ▶ Anatomopatologo
- ▶ Radiologo
- ▶ Radioterapista
- ▶ Medico Nucleare
- ▶ Chirurgo Generale/Urologo/Genetista/Nutrizionista





# Terapia Adjuvante

2020 ESGO/ESTRO/ESP guidelines

POLE Mutation  
DNA polymerase ε

Risk Group	Molecular Classification Unknown	Molecular Classification Known <sup>Δ,*</sup>
<b>Low</b>	<ul style="list-style-type: none"> <li>• Stage IA endometrioid + low-grade** + LVSI negative or focal</li> </ul>	<ul style="list-style-type: none"> <li>• Stage I-II <b>POLEmut</b> endometrial carcinoma, no residual disease</li> <li>• Stage IA <b>MMRd/NSMP</b> endometrioid carcinoma + low-grade** + LVSI negative or focal</li> </ul>
<b>Intermediate</b>	<ul style="list-style-type: none"> <li>• Stage IB endometrioid + low-grade** + LVSI negative or focal</li> <li>• Stage IA endometrioid + high-grade** + LVSI negative or focal</li> <li>• Stage IA non-endometrioid (serous, clear cell, undifferentiated carcinoma, carcinosarcoma, mixed) without myometrial invasion</li> </ul>	<ul style="list-style-type: none"> <li>• Stage IB <b>MMRd/NSMP</b> endometrioid carcinoma + low-grade** + LVSI negative or focal</li> <li>• Stage IA <b>MMRd/NSMP</b> endometrioid carcinoma + high-grade** + LVSI negative or focal</li> <li>• Stage IA <b>p53abn</b> and/or non-endometrioid (serous, clear cell, undifferentiated carcinoma, carcinosarcoma, mixed) without myometrial invasion</li> </ul>
<b>High-intermediate</b>	<ul style="list-style-type: none"> <li>• Stage I endometrioid + substantial LVSI, regardless of grade and depth of invasion</li> <li>• Stage IB endometrioid high-grade**, regardless of LVSI status</li> <li>• Stage II</li> </ul>	<ul style="list-style-type: none"> <li>• Stage I <b>MMRd/NSMP</b> endometrioid carcinoma + substantial LVSI, regardless of grade and depth of invasion</li> <li>• Stage IB <b>MMRd/NSMP</b> endometrioid carcinoma high-grade**, regardless of LVSI status</li> <li>• Stage II <b>MMRd/NSMP</b> endometrioid carcinoma</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>• Stage III-IVA with no residual disease</li> <li>• Stage I-IVA non-endometrioid (serous, clear cell, undifferentiated carcinoma, carcinosarcoma, mixed) with myometrial invasion, and with no residual disease</li> </ul>	<ul style="list-style-type: none"> <li>• Stage III-IVA <b>MMRd/NSMP</b> endometrioid carcinoma with no residual disease</li> <li>• Stage I-IVA <b>p53abn</b> endometrial carcinoma with myometrial invasion, with no residual disease</li> <li>• Stage I-IVA <b>NSMP/MMRd</b> serous, undifferentiated carcinoma, carcinosarcoma with myometrial invasion, with no residual disease</li> </ul>
<b>Advanced Metastatic</b>	<ul style="list-style-type: none"> <li>• Stage III-IVA with residual disease</li> <li>• Stage IVB</li> </ul>	<ul style="list-style-type: none"> <li>• Stage III-IVA with residual disease of any molecular type</li> <li>• Stage IVB of any molecular type</li> </ul>

<sup>Δ</sup>For stage III-IVA **POLEmut** endometrial carcinoma, and stage I-IVA MMRd or NSMP clear cell carcinoma with myometrial invasion, insufficient data are available to allocate these patients to a prognostic risk-group in the molecular classification. Prospective registries are recommended

\* see text on how to assign double classifiers (e.g. patients with both **POLEmut** and **p53abn** should be managed as **POLEmut**)

\*\* according to the binary FIGO grading, grade 1 and grade 2 carcinomas are considered as low-grade, and grade 3 carcinomas are considered as high-grade.

p53abn: p53 abnormal, MMRd: Mismatch Repair Deficient, NSMP: nonspecific molecular profile, **POLEmut**: polymerase ε mutated

# Restituzione



# Take Home message

- ▶ In caso di sanguinamento uterino anomalo inviare la paziente c/o Ambulatorio Ginecologico (Filtro Day 0521702433) in caso di diagnosi di carcinoma endometriale inviare la paziente al DSA Oncologico Ginecologico (0521703683)
- ▶ Nella pianificazione del trattamento chirurgico il ruolo del linfonodo sentinella come chirurgia stadiante linfonodale è il gold standard
- ▶ Nella pazienti con obesità maggiore la chirurgia Robotica garantisce l'approccio mininvasivo
- ▶ Nella decisione della terapia adiuvante l'assetto molecolare rientra nelle linee guida internazionali e fa già parte della pratica clinica della clinica Ginecologica di Parma.



# Grazie per l'attenzione

## Responsabili:

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Scarpelli Elisa  
Scebba Davide

## Infermiere:

Santoro Carmela

