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Tailoring therapy in endometrial and cervical cancer

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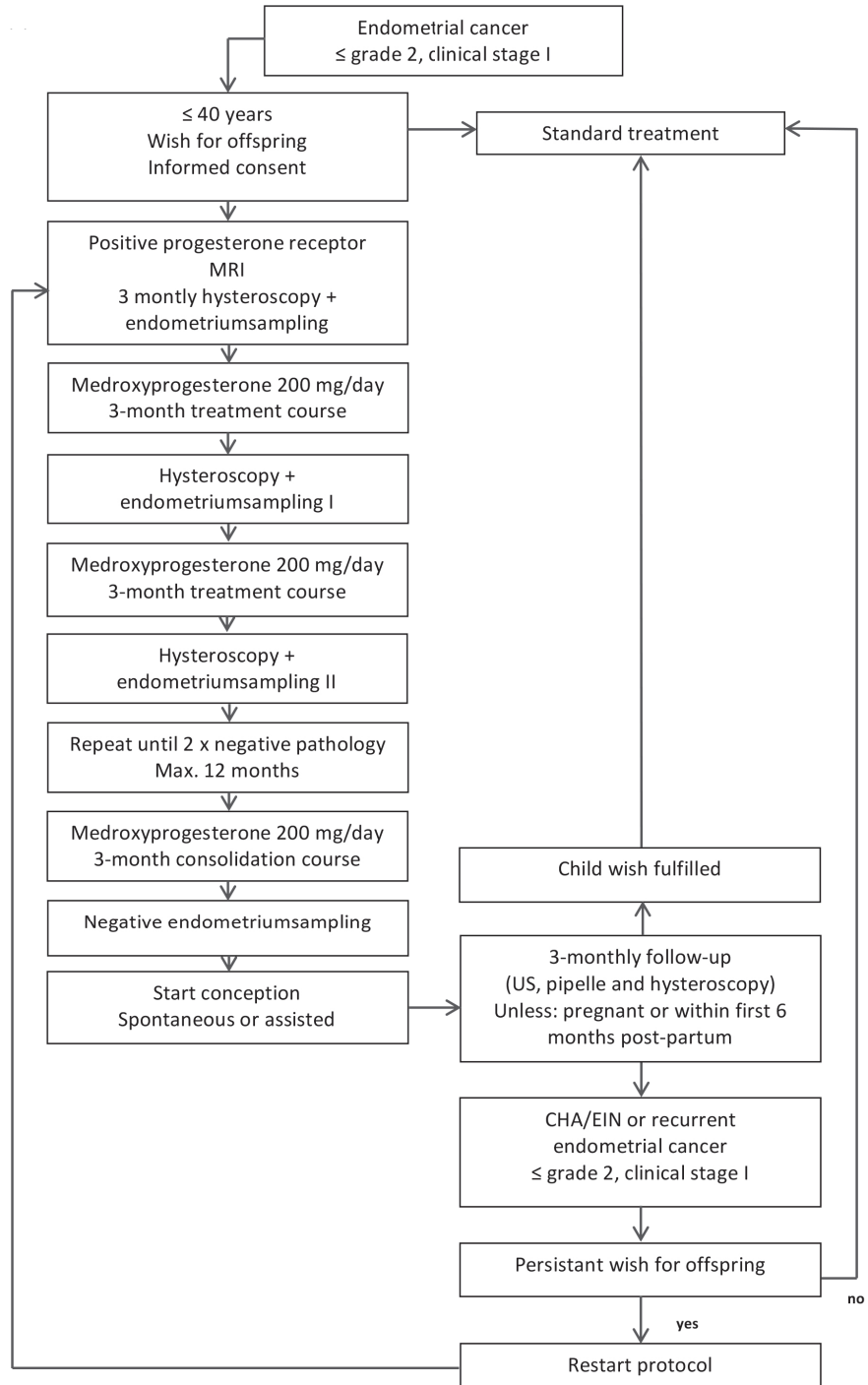
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APPENDIX 1. FLOWCHART





APPENDIX 2.

Part 1a. Results of 33 patients with EIN or LG EEC treated with progesterones in order to preserve fertility

Treated according to protocol	Pts (n = 33)	Age at Dx	BMI	Reason for analysis	GxPx pre-Tx	MRI	PA	PR	ER	Tx
NO	a	33	28.7	F	G1P0	-	LG EEC	+	+	MPA other
NO	b	21	38.8	P	G0	Normal	LG EEC	+	uk	MPA other (12 mo) + LNG-IUD
NO	c	33	26.0	F	G0	<50 % MI	LG EEC	+	+	MPA other
NO	d	29	28.0	F & P	G.P1	Normal	LG EEC	+	+	MPA 200mg/d + LNG-IUD
NO	e	30	38.2	F & P	G0	0 % MI	LG EEC	uk	uk	MPA other
NO	f	37	30.0	P	G0	Normal	LG EEC	+	uk	MPA 200mg/d
NO	g	36	33.2	F & P	G0	-	LG EEC	uk	uk	MPA other + LNG-IUD
NO	h	40	24.0	P	G0	> 50% MI	LG EEC	+	+	MPA 200mg/d
NO	i	32	23.7	P	G0	<50 % MI	LG EEC	+	+	MPA 200mg/d
NO	j	27	31.1	F	G1P1	Normal	LG EEC	+	+	MPA 200mg/d
NO	k	38	23.2	F	G3P0	0 % MI	LG EEC	+	+	Prog. other
NO	l	28	32.9	F & P	G.P1	-	EIN	uk	uk	MPA other
YES	m	33	-	P	G0	-	EIN	+	+	MPA 200mg/d
YES	n	37	28.0	P	G1P0	-	EIN	+	+	Endometrium resection + MPA 200mg/d

Duration Course 1	FR after	CR after	Time to recurrence after end Tx	No of Hx	Fertility after course 1	Duration Course 2	FR after	CR after	Time to recurrence after end Tx	No of Hx
11 mo	5 mo	11 mo	-	9	1 x term, 1 x MC	-	-	-	-	-
24 mo	10 mo	24 mo	-	8	0	-	-	-	-	-
8 mo	4 mo	8 mo	16 mo	3	0 (2 x IVF/ ICSI)	4 mo	1 mo	4 mo	-	6
12 mo +	?	?	-	5 +	1	-	-	-	-	-
10 mo	9 mo	-	21 mo	3	1 x MC	4 mo	3 mo	-	-	2
19 mo	16 mo	19 mo	7 mo	8	0	-	-	-	-	-
17 mo	17 mo	-	5 mo	7	0	-	-	-	-	-
25 mo	17 mo	-	-	6	0	-	-	-	-	-
3 mo	-	-	-	3	0	-	-	-	-	-
12 mo	5 mo	8 mo	3 mo	4	0	22 mo ?	19 mo	22 mo	43 mo	6
10 mo	6 mo	-	-	5	0	-	-	-	-	-
8 mo	5 mo	8 mo	20 mo	6	0	14 mo	5 mo	22 mo	15 mo	7
11 mo	4 mo	7 mo	-	6	1 x AD 25 wk	-	-	-	-	-
8 mo	3 mo	8 mo	-	-	-	-	-	-	-	-

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Part 1 a. Continued

Treated according to protocol	Pts (n = 33)	Age at Dx	BMI	Reason for analysis	GxPx pre-Tx	MRI	PA	PR	ER	Tx
YES	o	35	20.8	F	G0	Normal	LG EEC	+	+	MPA 200mg/d
YES	p	37	23.0	F	G0	Normal	LG EEC	+	+	MPA 200mg/d
YES	q	39	-	P	G0	Normal	LG EEC	+		MPA 200mg/d + LNG-IUD
YES	r	31	20.2	P	G0	0 % MI	LG EEC	+	+	MPA 200mg/d
YES	s	36	23.0	F	G0	-	EIN	-	+	MPA 200mg/d
YES	t	36	36.9	F	G1P0	-	EIN	+	+	MPA 200mg/d
YES	u	29	22.0	F	G0	0 % MI	LG EEC	+	+	MPA other
YES	v	34	27.7	P	G0	-	LG EEC	+	+	Prog. other
YES	w	37	48.0	uk	G0	-	LG EEC	+	+	MPA 200mg/d
YES	x	32	30.1	F & P	G0	Normal	LG EEC	+	+	MPA 200mg/d + LNG-IUD
YES	y	37	25.6	P	G0	0 % MI	LG EEC	+	+	MPA 200mg/d
YES	z	27	35.0	P	G0	<50 % MI	LG EEC	+	uk	MPA 200mg/d
YES	aa	35	20.0	F	G0	0 % MI	LG EEC	+	uk	MPA 200mg/d
YES	bb	31	23.9	P	G0	0 % MI	LG EEC	+	+	MPA 200mg/d
YES	cc	25	29.0	P	G0	-	LG EEC	+		MPA 200mg/d + LNG-IUD
YES	dd	28	23.9	P	G0	Normal	LG EEC	+	+	MPA 200mg/d

Duration Course 1	FR after	CR after	Time to recurrence after end Tx	No of Hx	Fertility after course 1	Duration Course 2	FR after	CR after	Time to recurrence after end Tx	No of Hx
9 mo	6 mo	9 mo	23 mo	6	0	6 mo	3 mo	6 mo	-	3+
6 mo	3 mo	6 mo	-	9	2 (1 x IUFD AD 16 wk, 1 x term)	-	-	-	-	-
11 mo	7 mo	11 mo	-	5	0	-	-	-	-	-
10 mo	4 mo	7 mo	-	6	-	-	-	-	-	-
7 mo	2 mo	6 mo	-	-	-	-	-	-	-	-
10 mo	7 mo	10 mo	-	-	-	-	-	-	-	-
10 mo	5 mo	8 mo	-	-	1 x term	-	-	-	-	-
11 mo	3 mo	-	-	5	0	-	-	-	-	-
6 mo	3 mo	6 mo	-	3	0	-	-	-	-	-
4 mo	-	-	-	2	0	-	-	-	-	-
11 mo	-	-	-	5	0	-	-	-	-	-
6 mo	3 mo	6 mo	13 mo	6	0	-	-	-	-	-
14 mo	10 mo	14 mo	8 mo	6	0	6 mo	3 mo	6 mo	12 mo	3
11 mo	4 mo	7 mo	11 mo	7	0	-	-	-	-	-
34 mo	5 mo	8 mo	5 mo	7	0	3 mo +	-	-	-	-
6 mo	3 mo	6 mo	6 mo	4	0	12 mo	4 mo	-	-	-

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Part 1a. Continued

Treated according to protocol	Pts (n = 33)	Age at Dx	BMI	Reason for analysis	GxPx pre-Tx	MRI	PA	PR	ER	Tx
YES	ee	27	27.4	F	G0	Normal	LG EEC	+	+	MPA 200mg/d
YES/no [‡]	ff	38	22.8	F	G0	0 % MI	LG EEC	+	+	MPA other
YES/no [¶]	gg	31	22.0	P	G0	0 % MI	LG EEC			MPA 200mg/d

Legend: Dx: diagnosis, Tx: therapy, FR: first response, CR: complete response, Hx: hysteroscopy, FU: follow-up, LNG-IUD: levonogestrel releasing IUD, MPA: medroxyprogesterone, mo: months, F: fertility issues, P: period issues, ER: Estrogen receptor, PR: progesterone receptor, MI: myometrial involvement, MC: miscarriage, LG ECC: low-grade endometrial cancer, EIN: endometrioid intra-epithelial neoplasia, Hyst: hysterectomy, BSO: bilateral salpingo-oophorectomy, USO: unilateral salpingo-oophorectomy, NED: no evidence of disease, IUFD: intra-uterine fetal death, term: term delivery, GTD: Gestational Trophoblastic Disease, LTFU: lost to follow up.

Duration Course 1	FR after	CR after	Time to recurrence after end Tx	No of Hx	Fertility after course 1	Duration Course 2	FR after	CR after	Time to recurrence after end Tx	No of Hx
11 mo	3 mo	6 mo	36 mo	9	1 x term 1 x MC	6 mo	3 mo	6 mo	-	3
9 mo	9 mo	12 mo	-	5	0	-	-	-	-	-
9 mo	4 mo	7 mo	- 3 mo ##	5	1 x MC	-	-	-	-	-

Definitions: Negative pathology result: no abnormalities/hyperplasia without atypia/progesterone effect; Responder: 2 x negative pathology result

* Recurrence in remaining ovary. Laparoscopic resection, no other signs of disease, abdominal fluid negative. Adjuvant pelvic irradiation. Stage 3 EC.

** Advice: hysterectomy since no response after 12 months. Second opinion abroad: continued medication and resulted in response and pregnancy, therefore temporarily LTFU.

*** Temporarily refusal for definitive therapy

**** Progression after first 3 mo. Advice: hysterectomy, temporarily refusal by patient, 4 month delay until surgery.

Last therapy before Hysterectomy was endometrium resection

3 Months before stop progesterone: EIN

¥ Mostly but no because therapy was stopped after only one negative pathology report

¥¥ Mostly but no because therapy was stopped eventhough 3 months before pathology was reported as EIN

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Appendices

Part 1b. Results of 33 patients with EIN or LG EEC treated with progesterones in order to preserve fertility

Treated according to protocol	Pts (n = 33)	Fertility after course 2	Total FU	Status at last FU	Final treatment	PA final
NO	a	-	124 mo	NED	FU	-
NO	b	-	24 mo	NED	FU	-
NO	c	0 (IVF-ICSI attempt)	87 mo	NED	FU	-
NO	d	-	34 mo	NED	FU	-
NO	e	1 x MC 2 x Term	129 mo	NED	Hysterectomy	no cancer
NO	f	-	75 mo	NED	Hysterectomy	LG EEC
NO	g	-	33 mo	NED	Hysterectomy + BSO	LG EEC
NO	h	-	38 mo	NED	Hysterectomy + BSO	LG EEC
NO	i	-	23 mo	NED	Hysterectomy + BSO	LG EEC
NO	j	2 x MC	89 mo	NED	Hysterectomy + tubectomy	no cancer
NO	k	-	16 mo	LG EEC	Hysterectomy + tubectomy	no cancer #
NO	l	0	59 mo	EIN	Ongoing treatment	-
YES	m	-	19 mo	Pregnant AD 25	FU	-
YES	n	-	15 mo	NED	FU	-

Stage	Reason Hysterectomy	GxPx post-Tx	Fertility tx	Pregnancy outcome	Recurrence after hysterectomy	Other
-	-	G3P1	IVF	1 x term, 1 x MC	-	Temp. LTFU
-	-	G0	-	UK	-	FU elsewhere
-	-	G0	IVF/ICSI	-	-	LTFU gyn, GP: NED
-	-	-	-	Pre-term delivery AD 36.5	-	SO abroad**
-	Completed family	G4P2	IUI	2 x Term 2 x MC	no	2 Extra periods of LNG-IUD
1A	Inadequate response + recurrent disease	G0	IVF	-	no	-
1A	Recurrence	G0	none	-	-	After 10 mo + LNG-IUD
1A	Persistent disease	G0	-	-	no	Patient delay ***
3	Progressive disease	G0	-	-	no	Patient delay ****
-	doubt on IVF chances	G3P1	IVF	2 x MC	no	Course 3: CR after 6 months, 7 hysteroscopies
-	no response	G3P0	-	-	no	
-	-	-	-	-	-	-
-	-	G1 AD 25 wk	none	AD 25 wk	-	-
-	-	-	-	-	-	-

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Part 1b. Continued

Treated according to protocol	Pts (n = 33)	Fertility after course 2	Total FU	Status at last FU	Final treatment	PA final
YES	o	-	89 mo	NED	FU	-
YES	p	-	49 mo	NED	FU	-
YES	q	-	26 mo	NED	FU	-
YES	r	-	14 mo	NED	FU	-
YES	s	-	9 mo	NED	FU	-
YES	t	-	10 mo	NED	FU	-
YES	u	-	21 mo	post partum	FU	-
YES	v	-	46 mo	NED	Hysterectomy	no cancer
YES	w	-	33 mo	NED	Hysterectomy	LG EEC
YES	x	-	23 mo	NED	Hysterectomy + BSO	LG EEC
YES	y	-	23 mo	NED	Hysterectomy + BSO	LG EEC
YES	z	-	20 mo	NED	Hysterectomy + tubectomy	LG EEC
YES	aa	0	75 mo	NED	Hysterectomy + tubectomy	no cancer
YES	bb	-	62 mo	NED	Hysterectomy + USO	LG EEC
YES	cc	-	40 mo	EIN	Ongoing treatment	-
YES	dd	-	25 mo	NED	Ongoing treatment	-
YES	ee	1 x AD 32	67 mo	Pregnant AD 32	-	-

Stage	Reason Hysterectomy	GxPx post-Tx	Fertility tx	Pregnancy outcome	Recurrence after hysterectomy	Other
-	-	G0	IUI	-	-	-
-	-	G2P2-1	IVF	1 x IUFD 1 x term	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	IUI	-	-	-
-	-	-	-	-	-	-
-	-	G1 P1	IVF	1 x term	-	-
1A	no response	0	-	-	no	-
1A	no more wish to preserve fertility	0	-	-	no	-
1A	no more wish to preserve fertility	G0	-	-	no	-
1A	no response	G0	-	-	no	-
1A	recurrence	G0	clomid	-	no	-
-	recurrence	G0	none	-	no	Extra periods of LNG-IUD
1A	recurrence	G0	none	0	yes *	-
-	-	-	-	-	-	Repeated dislocation LNG-IUD
-	-	-	-	-	-	-
-	-	G3P1	IUI	1 x term, 1 x MC, 1 x AD 32 wkn	-	-



Part 1b. Continued

Treated according to protocol	Pts (n = 33)	Fertility after course 2	Total FU	Status at last FU	Final treatment	PA final
YES/no [¥]	ff	-	53 mo	NED	Hysterectomy	LG EEC
YES/no ^{¥¥}	gg	-	16 mo	GTD	-	-

Legend: Dx: diagnosis, Tx: therapy, FR: first response, CR: complete response, Hx: hysteroscopy, FU: follow-up, LNG-IUD: levonogestrel releasing IUD, MPA: medroxyprogesterone, mo: months, F: fertility issues, P: period issues, ER: Estrogen receptor, PR: progesterone receptor, MI: myocardial involvement, MC: miscarriage, LG ECC: low-grade endometrial cancer, EIN: endometrioid intra-epithelial neoplasia, Hyst: hysterectomy, BSO: bilateral salpingo-oophorectomy, USO: unilateral salpingo-oophorectomy, NED: no evidence of disease, IUFD: intra-uterine fetal death, term: term delivery, GTD: Gestational Trophoblastic Disease, LTFU: lost to follow up.

Stage	Reason Hysterectomy	GxPx post-Tx	Fertility tx	Pregnancy outcome	Recurrence after hysterectomy	Other
1A	Hyperplasia, no atypia, worries with doctor/pt	G0	none	-	no	-
-	-	1	-	1 x MC	-	-

Definitions: Negative pathology result: no abnormalities/hyperplasia without atypia/progesterone effect; Responder: 2 x negative pathology result

- * Recurrence in remaining ovary. Laparoscopic resection, no other signs of disease, abdominal fluid negative. Adjuvant pelvic irradiation. Stage 3 EC.
- ** Advice: hysterectomy since no response after 12 months. Second opinion abroad: continued medication and resulted in response and pregnancy, therefore temporarily LTFU.
- *** Temporarily refusal for definitive therapy
- **** Progression after first 3 mo. Advice: hysterectomy, temporarily refusal by patient, 4 month delay until surgery.
- # Last therapy before Hysterectomy was endometrium resection
- ## 3 Months before stop progesterone: EIN
- ¥ Mostly but no because therapy was stopped after only one negative pathology report
- ¥¥ Mostly but no because therapy was stopped even though 3 months before pathology was reported as EIN

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Part 2. Results of 33 patients with EIN or LG EEC treated with progesterones in order to preserve fertility

Age	mean/median	33
BMI	mean	28
	median	27.4
Follow-up (months)	mean	44.4
	median	33
CR course 1 (n)		61% (20/33)
Time to CR course 1 (months)	mean	8
	median	7.5
Recurrence after CR course 1 (n)		65% (13/20)
Time to recurrence after stop Tx course 1 (months)	mean	13.4
	median	11
CR course 2 after recurrence (9 attempts)		67% (6/9)
Time to CR course 2 (months)	mean	11
	median	6
Recurrence after CR course 2 (n)		50% (3/6)
Time to recurrence after stop Tx course 2 (months)	mean	23.3
	median	15
Pregnancies		17
Term delivery		6
Pre-term delivery (AD 36.5 wk)		1
Pregnant (AD 25 + 32 wk)		2
IUFD (16 wks)		1
Miscarriage		7
Hysterectomies		15
No malignancy		5
Grade 1		10
	Stage 1A	9
	Stage 3	1
Recurrence after hysterectomy + USO	Ovarian met.	1

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CURRICULUM VITAE

The author of this thesis was born in Veghel, the Netherlands, on September 14, 1980. She attended the public elementary school "De Uilenbrink" in Veghel and went subsequently to the pre-university school "Gymnasium Bernrode".

She started medical school at the University of Leiden in September 1998 and obtained her bachelor's degree in 1999. From 1999 until 2005 she studied medicine. During this time, she spent a month in Messina, Sicily, learning under Professor Maggazu' (paediatrics). After receiving a grant from the Dutch and the American Heart association, she worked during half a year, under Associate Professor Mary Etta King (paediatrics), as a researcher on extra corporeal membrane oxygenation (ECMO) at the department of paediatric cardiology of Harvard affiliated Massachusetts General Hospital, Boston, USA. Directly after finishing medical school she started working as a junior obstetrics and gynaecology resident at Haaglanden Medical Center (HMC), The Hague, previously known as Medical Center Haaglanden (MCH). She continued working there as a registrar from 2008 onwards (Prof. Dr. P.J. Dörr †, Dr. M.J. Kagie). The academic part of the training was performed at the Leiden University Medical Center (Prof. Dr. H.H.H. Kanhai, later Prof. Dr. J.M.M. van Lith), Leiden. She went to Perth, Australia to do her fourth year of training at the King Edward Memorial Hospital (Dr. Anne Karczub).

During her junior residency, she started the research on conservative management of endometrial cancer for women with the desire to preserve fertility. This developed into a PhD project including fertility-sparing and nerve-sparing surgery for cervical cancer. In 2014 she finished her training and became a consultant gynaecologist. She started her career as a gynaecologist at the HMC. In order to realize her future goal of becoming a gynaecologic oncologist, she started at the Antoni van Leeuwenhoek Hospital - Netherlands Cancer Institute in Amsterdam as a consultant. In 2016, she started her fellowship gynaecologic oncology at the Center of Gynaecologic Oncology Amsterdam.

Mignon is married to Sjoerd Meijer and they have 3 sons: Mats (2011), Joep (2013) and Wiebe (2014).



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-
Baptist, ik heb veel respect voor jouw chirurgische kunsten en ben vereerd nog "in het staartje" je promovendus te mogen zijn.

-
Cor, dank voor je positieve energie en je flexibiliteit, wat was het een project! Heel fijn hoe je me altijd weer wist te motiveren om door te gaan.

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Marjolein, vanaf dag één dat ik in het Westeinde binnenstapte was het goed en heb je me gestimuleerd onderzoek te doen en werk te maken van mijn carrière. Je hebt meermaals een cruciale rol gespeeld in deze, ik kan je daar niet genoeg voor bedanken.

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Gemma "G", jij hebt het stokje van Marjolein overgenomen. De sandwich op de IGCS was hilarisch, gelukkig hadden we publiek.

-
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Lieve Wiets, we hebben ieder duidelijk een andere weg gekozen maar blijven ongelofelijk veel overeenkomsten creëren. Ik vind dat mooi.

-

Lieve opa en oma van Gent, dank voor alles, u mag weer naar het academiegebouw!

-

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-

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-

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