

学 位 論 文 の 要 約

三 重 大 学

所 属	乙 三重大学大学院医学系研究科 生命医科学専攻 臨床医学系講座 産科婦人科学分野	氏 名	ひらた とおる 平田 徹
-----	--	-----	-----------------

主論文の題名

Safety and efficacy of levonorgestrel-releasing intrauterine device in the treatment of atypical endometrial hyperplasia and early endometrial cancer

(子宮内膜異型増殖症及び早期子宮体癌治療における子宮内黄体ホルモン放出システムの安全性と効果についての検討)

Toru Hirata, Eiji Kondo, Shoichi Magawa, Michiko Kubo-Kaneda,
Masafumi Nii, Kenta Yoshida, Tadashi Maezawa, Tsutomu Tabata and
Tomoaki Ikeda

THE JOURNAL OF Obstetrics and Gynaecology Research

Published: 2022 August 29

doi: 10.1111/jog.15408

主論文の要約

Introduction: A total of 417 367 new endometrial cancer (EC) cases were reportedly diagnosed worldwide in 2020, with an estimated 97 370 cancer-related deaths. In recent years, the incidence of EC in patients under 40 years of age who receive fertility-sparing treatment has been increasing due to the increasing age of mothers during pregnancy and the prevalence of EC in young patients. The National Comprehensive Cancer Network guidelines recommend fertility-sparing treatment for atypical endometrial hyperplasia (AEH) or Grade-1 EC. In contrast, the International Federation of Gynecology and Obstetrics (FIGO2009) recommends fertility-sparing treatment only for Stage IA EC with no myometrial invasion.

Background: The standard treatment for preserving fertility in patients with AEH or EC is the administration of high-dose oral medroxyprogesterone acetate (MPA); however, the incidence of recurrence is high and sustainable complete response (CR) is achieved in only approximately 50% of patients. Furthermore, MPA cannot be used in patients who have comorbidities such as obesity or deep

vein thrombosis. In addition, due to the high recurrence rate, patients with a strong desire to bear children may be forced to undergo hysterectomy, and there is insufficient evidence for readministration of MPA.

Aim: To investigate the recurrence rate, live-birth rate, and treatment outcomes of levonorgestrel-releasing intrauterine device (LNG-IUD) for the management of AEH or EC in patients who desire fertility-sparing treatment and those seeking conservative treatment without fertility preservation.

Methods: We prospectively enrolled nine patients from a single institution between April 2009 and September 2013 who were followed up for 60 months after LNG-IUD insertion. We included patients who met the following criteria: women aged 20–39 years with histologically confirmed AEH or Grade-1 EC (according to FIGO2009), and no features suggestive of myometrial invasion on magnetic resonance imaging. A diagnostic biopsy for AEH or EC was performed using dilatation and curettage.

Results: The median patient age was 35 (range: 29–39) years. The overall recurrence rate was 56% (5/9). The median interval between removal of the LNG-IUD and recurrence was 20.5 (range: 2–30) months. Three of the nine patients had Grade-1 EC, and six had AEH. The response rates to the LNG-IUD in patients with Grade-1 EC and AEH were 66% and 100%, respectively. Four patients (three with AEH, one with Grade-1 EC) experienced recurrence 6 months after MPA treatment and all 4 (100%) had complete response. Eight patients desired fertility preservation, of which 37% (3/8) conceived after receiving fertility treatment and 25% (2/8) had a live birth; the remaining three had previously received MPA for 6 months and had a recurrence; of these, 1 had a live birth. The secondary endpoints were recurrence after LNG-IUD removal, OS, and adverse events. The follow-up duration was 60 months for all patients. The overall recurrence rate was 62% (5/8). The median interval between LNG-IUD removal and recurrence was 20.5 (range: 2–30) months. There were no serious adverse events after discontinuing the study. The LNG-IUD fell out in one patient and was reinserted, giving an IUD expulsion rate of 9%.

Consideration: LNG-IUD is effective for the management of AEH and EC in young patients who desire fertility-sparing treatment, including those ineligible for MPA owing to the presence of comorbidities and those with recurrence after MPA treatment (6-month treatment), and patients seeking conservative treatment without fertility preservation. The main limitation of this study is the small number of included cases.

Conclusion: Long-term use of LNG-IUD may be effective for treating young patients with AEH or EC. Further prospective studies are required to examine whether an LNG-IUD plus progestin is better for patients with AEC and EC.