

Submitted by:

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NCCN Guidelines Panel: Uterine Neoplasms

On behalf of Sarcoma unit of the Royal Marsden NHS Foundation Trust, we respectfully request the members of the NCCN Guidelines Panel for Uterine Neoplasms to review the enclosed data for hormone therapy of uterine sarcomas.

Specific Changes: Recommend the removal of tamoxifen from the hormone therapy list for ESS; state in the text that tamoxifen is contraindicated in women diagnosed with ESS or ER / PgR-positive uterine leiomyosarcomas.

Rationale: In a recent review, in which we have summarised all the available data regarding the hormonal therapies in uterine sarcomas, it has been clearly demonstrated the negative impact of the use of tamoxifen in both ESS and leiomyosarcomas (especially those, which are ER positive)¹. Tamoxifen, as a selective ER modulator, has an agonist effect on endometrial stromal cells and consequently might stimulate tumour growth. The data from the NSABP treatment trials for breast cancer and from the Breast Cancer Prevention Trial P-1 demonstrated an increase in the incidence of uterine sarcomas in women taking tamoxifen. Moreover, tamoxifen has been associated with earlier recurrence and disease progression in ESS.

The following articles are submitted in support of this proposed change.

References

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4. Bergman L, Beelen ML, Gallee MP, Hollema H, Benraadt J, van Leeuwen FE. Risk and prognosis of endometrial cancer after tamoxifen for breast cancer. *Comprehensive Cancer Centres' ALERT Group. Assessment of Liver and Endometrial cancer Risk following Tamoxifen. Lancet* 2000;356:881-7.
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6. Pink D, Lindner T, Mrozek A, et al. Harm or benefit of hormonal treatment in metastatic low-grade endometrial stromal sarcoma: single center experience with 10 cases and review of the literature. *Gynecol Oncol* 2006;101:464-9.
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Sincerely,

Dr Eirini Thanopoulou and Prof Judson