

## RADIOTHERAPY

## Avoiding EBRT for those without high-risk endometrial cancer

Although external-beam radiation therapy (EBRT) improves local control in patients with intermediate-risk endometrial cancer, no survival advantage has been demonstrated. Furthermore, EBRT is associated with significant adverse effects, which limits its use in low and intermediate-risk patients. The quality of life results of the PORTEC-2 trial showed, after a median follow up of 24 months, that EBRT significantly increased bowel symptoms in patients with endometrial cancer. Few studies have reported on long-term outcomes and those that have were based on data from nonrandomized trials. Remi Nout and his team, therefore, investigated the long-term quality of life outcomes for survivors in the PORTEC-1 study to assess whether bowel symptoms would resolve and to compare patients treated with and without EBRT.

Nout describes the background to the study, “investigating the long-term quality of life of PORTEC-1 survivors was the ideal setting to answer these questions since patients were randomized between EBRT and no additional treatment after surgery”. The trial assessed 714 patients and the median follow up was 13.3 years. Locoregional recurrence was significantly greater in the group who received no radiotherapy compared with those treated with EBRT (15.5% versus 5.8%). However, EBRT was associated with long-term urinary and bowel symptoms



resulting in reduced physical functioning even 15 years after treatment. As Nout explains, “patients treated with EBRT more often reported increased urinary and bowel symptoms than patients treated with surgery alone. The results of the impact on physical functioning are new”. It is important to note that the results from this trial were obtained with older techniques and newer techniques could improve normal organ sparing. “The most important implication of the PORTEC-1 study is to avoid EBRT in patients with low and low–intermediate risk endometrial cancer, since these patients have no benefit from EBRT and, therefore, the risk of added treatment-related toxicity is not justified,” concludes Nout.

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