



CANCERS DE L'ENDOMÈTRE : STRATIFIER LE RISQUE AVANT D'OPÉRER

Qui doit aller en centre expert ?

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01

Stratifier le risque : pourquoi ?



Adapter la chirurgie

GS / curages

Hystérectomie / cytoréduction

Coelioscopie / laparotomie

➤ Eviter de sur- / sous-traiter



02

Stratifier le risque : comment ?



Clinique

Âge physiologique >> âge civil

Évaluation oncogériatrique

Classification de Balducci

Balducci 1

- Patients en forme, vieillissement réussi, autonome, pas de facteur de fragilité
- Traitement oncologique identique à celui du patient jeune.

Balducci 2

- Patients ayant 1 ou 2 comorbidité, 1 syndrome gériatrique (chutes, troubles cognitifs, syndrome dépressif sévère, incontinence, troubles visuels)
- Traitement oncologique à adapter prise en charge oncogériatrique

Balducci 3

- Patients fragiles, ayant ≥ 1 dépendance (IADL), ≥ 3 comorbidités, ≥ 1 syndrome gériatrique
- Traitement palliatif



Imagerie pré-opératoire

Echo...

IRM pelvienne

Invasion myométriale, extension locorégionnale, N+

TDM TAP

TEP-TDM

Suspicion de M+, d'atteinte ganglionnaire en IRM, non endométriode ou haut grade



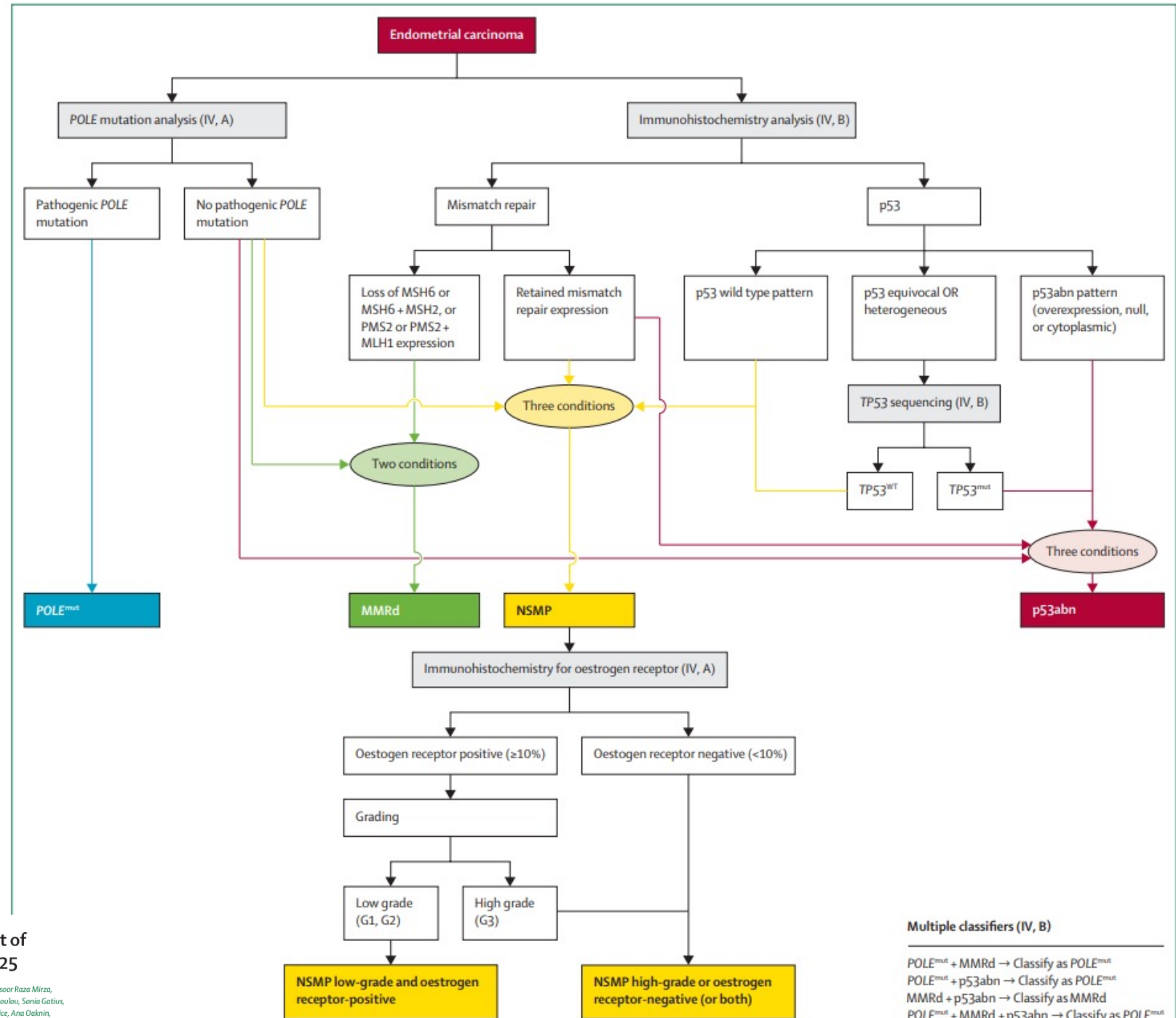
La biologie moléculaire guide la chirurgie

POLE

MMR

P53

NSMP



ESGO-ESTRO-ESP guidelines for the management of patients with endometrial carcinoma: update 2025

Nicole Concin, Xavier Matias-Guiu, David Cibula, Nicoletta Colombo, Carlen L. Creutzberg, Jonathan Ledermann, Mansoor Raza Mirza, Ignace Vergote, Nadeem R Abu-Rustum, Tjalling Bosse, Cyrus Changari, Sophie Espenel, Anna Fagotti, Christina Fotopoulou, Sonia Gatiusi, Antonio González-Martín, Sigurd Lax, Bar Levy, Domenica Lorusso, Gabriella Macchia, Christian Marth, Philippe Morice, Ana Oaknin, Maria Rosaria Raspollini, Richard Schwameis, Jalid Sehouli, Alina Sturtza, Alexandra Taylor, Anneke Westermann, Pauline Wimberger, François Planchamp, Remi A Nout

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2023 FIGO staging*			Molecular classification†				
			POLE ^{mut}	MMRd	NSMP low-grade and oestrogen receptor-positive	NSMP high-grade or oestrogen receptor-negative (or both)‡	p53abn
I	Confined to the uterine corpus						
IA	IA1	Low-grade endometrioid, confined to polyp or endometrium (no myoinvasion)	IAm POLE ^{mut}			‡	IICm p53abn
	IA2	Low-grade endometrioid, myoinvasion <50%, no or focal lymphovascular space invasion	IAm POLE ^{mut}			‡	IICm p53abn
	IA3	Low-grade endometrioid carcinoma of the endometrium and ovary§				‡	
IB		Low-grade endometrioid, myoinvasion ≥50%, no or focal lymphovascular space invasion	IAm POLE ^{mut}			‡	IICm p53abn
IC		High-grade histologies¶, limited to polyp or endometrium	IAm POLE ^{mut}		NA		
II	Confined to the uterus						
IIA		Low-grade endometrioid, invasion of the cervical stroma	IAm POLE ^{mut}			‡	IICm p53abn
IIB		Low-grade endometrioid, substantial lymphovascular space invasion	IAm POLE ^{mut}			‡	IICm p53abn
IIC		High-grade histologies¶, myoinvasion	IAm POLE ^{mut}	Myoinvasion <50%, no or focal lymphovascular space invasion	NA		IICm p53abn
			IAm POLE ^{mut}	Myoinvasion ≥50%, no or focal lymphovascular space invasion			
			IAm POLE ^{mut}	Cervical stromal invasion, no or focal lymphovascular space invasion			
			IAm POLE ^{mut}	Substantial lymphovascular space invasion			

IAm POLE^{mut}

IICm p53abn

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03

Quand opérer ?



Bas risque / haut risque

Opérer sans être agressif, ne pas sur/sous-traiter

Chirurgie mini-invasive

GS / abstention si échec

Surgical management in presumed stage I and II disease

Standard surgical procedures

Standard surgery for stage I and II endometrial carcinoma is total hysterectomy with bilateral salpingo-oophorectomy and lymph node staging (II, A for stage I and IV, B for stage II). Infracolic (total or partial) omentectomy should be done for clinical stage I and II serous endometrial carcinoma, carcinosarcoma, and undifferentiated carcinoma. Omentectomy is not necessary in other histological types (IV, B). For patients with stage II disease and cervical involvement, more extensive procedures should only be done if required to achieve free surgical margins (IV, B; appendix p 10).

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Dans les stades avancés

Chirurgie si résection macroscopiquement complète possible

Curages non systématiques : picking

Radiothérapie / chimiothérapie

Chirurgie de clôture +/-

Surgery for clinically overt stage III and IV disease

In patients with stage III and IV endometrial carcinoma (including carcinosarcoma), surgical cytoreduction—including resection of suspicious lymph nodes—should be considered when complete macroscopic resection is feasible with an acceptable morbidity and quality of life, following full pre-operative staging and discussion by a multidisciplinary team (IV, B). Systematic lymphadenectomy is not recommended; only suspicious lymph nodes should be resected as part of the cytoreductive procedure (IV, B; appendix p 12).

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04

La chirurgie mini-invasive



Chirurgie mini-invasive = standard

Survie =

Morbidité ↘↘

Récupération ↗↗

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Laparotomie : exception

Privilégier l'abord mini-invasif si accessible

Même pour les stades avancés si résection macroscopiquement complète envisageable

Carcinose / atteinte extra-utérine (sauf ganglions)



Cœlioscopie / robotique

Sur le plan oncologique : PFS / OS équivalentes

Mais avantages techniques majeurs

Obésité (sd métabolique ++)

Facilité d'exposition

Pertes sanguines ↘

***Dissections complexes, utérus cicatriciels, volumineux,
adhésiolyse***



Quid de l'accès au robot ?

Centres experts

+ performants, + attractifs

Mais concentration des cas : ↗ délai de PEC, ↗ distance géographique

Le robot facilite la chirurgie chez les patientes compliquées...

... Mais l'accès au robot est parfois compliqué



Le ganglion sentinelle pelvien

Stadification ganglionnaire à moindre morbidité

Absence d'intérêt curatif au curage

Vert d'indocyanine

Facilement accessible

Stades I-II FIGO (pas d'atteinte extra utérine)

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The Lancet Oncology
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Articles

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

Emma C Rossi MD ^a, Lynn D Kowalski MD ^c, Jennifer Scalici MD ^d, Leigh Cantrell MD ^e, Kevin Schuler MD ^f, Rabbie K Hanna MD ^g, Michael Method MD ^h, Melissa Ade ^h, Anastasia Ivanova PhD ^b, Prof John F Boggess MD ^a

04

Qu'est ce qu'un centre expert ?



D'après Google...

CLCC ?

CHU ?

Clinique ?



centre expert cancer de l'endomètre



Tous Images Vidéos Vidéos courtes Actualités Livres Web Plus ▾ Outils ▾



Gustave Roussy

<https://www.gustaveroussy.fr/cancer-de-lendometre>



Cancer de l'endomètre

Gustave Roussy assure le diagnostic et le traitement du cancer de l'endomètre, mais accueille également les patientes ayant déjà un diagnostic établi. Lors de ...



Institut Paoli-Calmettes

<https://www.institutpaolicalmettes.fr/cancer-corps-uter...>



Cancer du corps de l'utérus (Endomètre)

Découvrez l'annuaire de l'équipe médicale et des différents interlocuteurs en charge de cette pathologie à l'Institut Paoli-Calmettes (IPC).



AP-HP Assistance publique - Hôpitaux de Paris

<https://cancer-estparisien.aphp.fr/cancers-traites>



Cancers gynécologiques - Centre Expert

Cancérologie gynécologique (hebdomadaire) · Multidisciplinaire pour la pathologie grave de l'endométriase et pathologies malignes pelviennes complexes (bi- ...



IMAGYN

<https://www.imagyn.org/.../Tumeurs-rares>



Les centres experts

Les centres experts nationaux ont pour mission de mettre à disposition de tous, des aides à la décision pour la prise en charge des patientes.



Hôpital privé des Peupliers

<https://hopital-prive-des-peupliers-paris.ramsaysante.fr/...>



Le cancer de l'Endomètre - Hôpital privé des Peupliers

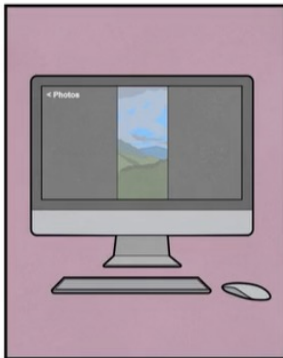
Diagnostic du Cancer de l'Endomètre · Consultation gynécologique avec examen clinique complet · Échographie pelvienne endovaginale · Biopsie d'endomètre (...
Termes manquants : expert | Afficher les résultats avec : expert

Des seuils d'activité

Mention A5 - Chirurgie oncologique gynécologique	Chirurgie d'exérèse de la tumeur	Interventions : 20
Mention B5 - Chirurgie oncologique gynécologique	Chirurgie d'exérèse de la tumeur	Interventions : 20
en sus, le cas échéant, la pratique thérapeutique spécifique de mention B5 de :		
Chirurgie oncologique de l'ovaire	Chirurgie de réduction complète du cancer avancé de l'ovaire	Interventions : 20
Mention A6 - Chirurgie oncologique mammaire	Chirurgie d'exérèse de la tumeur	Interventions : 70

Arrêté du 26 avril 2022 portant modification de l'arrêté du 29 mars 2007 fixant les seuils d'activité minimale annuelle applicables à l'activité de soins de traitement du cancer

Des seuils d'activité

	YES,	BUT		
Mention A5 - Chirurgie oncologique gynécologique			Interventions : 20	
Mention B5 - Chirurgie oncologique gynécologique			Interventions : 20	
en sus, le cas échéant, la prati			Centre autorisé ≠ Centre expert	
Chirurgie oncologique de l'ovaire			Chirurgie de réduction complète du cancer avancé de l'ovaire	Interventions : 20
Mention A6 - Chirurgie oncologique mammaire			Chirurgie d'exérèse de la tumeur	Interventions : 70

Arrêté du 26 avril 2022 portant modification de l'arrêté du 29 mars 2007 fixant les seuils d'activité minimale annuelle applicables à l'activité de soins de traitement du cancer

Volume et survie ?

Analyse multicentrique

Comparaison de centres à faible et fort volumes

Survie globale > dans les centres à plus fort volume



European Journal of Obstetrics &
Gynecology and Reproductive Biology

Volume 306, March 2025, Pages 194-198



Full length article

Association between treatment center volume and survival of endometrial cancer patients: A multicenter study: A Francogyn group study

Jerome Lorenzini^{a,b}, Flavie Arbion^c, Cyril Touboul^d, Yohann dabi^e, Yohan Kerbage^f,
Helene Costaz^g, Vincent Lavoué^{h,i}, Pierre-François Dupré^j, Cyrille Huchon^k,
Alexandre Bricou^l, Geoffroy Canlorbe^m, Emilie Raimondⁿ, Pauline Chauvet^o, Gilles
Body^{a,b}, Lobna Ouldamer^{a,b}  , FRANCOGYN Research Group



D'après l'ESGO

Des seuils minimaux pour l'établissement

> 50 nouveaux cancers de l'endomètre / an

> 50 chirurgies primaires / an

Des seuils minimaux pour le chirurgien

Chirurgien dont > 80% de l'activité concerne l'onco-gynéco

Discussion RCP de chaque dossier

Multidisciplinarité +++

Society statement



European Society of Gynaecological Oncology quality indicators for the surgical treatment of endometrial carcinoma

Nicole Concin^{1,2}, François Planchamp³, Nadeem R Abu-Rustum⁴, Beyhan Ataseven^{2,5},
David Cibula⁶, Anna Fagotti⁷, Christina Fotopoulou⁸, Pawel Knapp⁹, Christian Marth¹⁰,
Philippe Morice¹¹, Denis Querleu¹², 7,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000,1001,1002,1003,1004,1005,1006,1007,1008,1009,1010,1011,1012,1013,1014,1015,1016,1017,1018,1019,1020,1021,1022,1023,1024,1025,1026,1027,1028,1029,1030,1031,1032,1033,1034,1035,1036,1037,1038,1039,1040,1041,1042,1043,1044,1045,1046,1047,1048,1049,1050,1051,1052,1053,1054,1055,1056,1057,1058,1059,1060,1061,1062,1063,1064,1065,1066,1067,1068,1069,1070,1071,1072,1073,1074,1075,1076,1077,1078,1079,1080,1081,1082,1083,1084,1085,1086,1087,1088,1089,1090,1091,1092,1093,1094,1095,1096,1097,1098,1099,1100,1101,1102,1103,1104,1105,1106,1107,1108,1109,1110,1111,1112,1113,1114,1115,1116,1117,1118,1119,1120,1121,1122,1123,1124,1125,1126,1127,1128,1129,1130,1131,1132,1133,1134,1135,1136,1137,1138,1139,1140,1141,1142,1143,1144,1145,1146,1147,1148,1149,1150,1151,1152,1153,1154,1155,1156,1157,1158,1159,1160,1161,1162,1163,1164,1165,1166,1167,1168,1169,1170,1171,1172,1173,1174,1175,1176,1177,1178,1179,1180,1181,1182,1183,1184,1185,1186,1187,1188,1189,1190,1191,1192,1193,1194,1195,1196,1197,1198,1199,1200,1201,1202,1203,1204,1205,1206,1207,1208,1209,1210,1211,1212,1213,1214,1215,1216,1217,1218,1219,1220,1221,1222,1223,1224,1225,1226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D'après l'ESGO

Centres accrédités / Centres d'excellence

Score global

Volumes, résultats chirurgicaux, activité scientifique

Centers of Excellence : 2 en France (IPC, Marseille ; IGR, Paris)

Centres accrédités : IPC (Marseille), CLB (Lyon), COL (Lille), training centers

Society statement



European Society of Gynaecological Oncology quality indicators for the surgical treatment of endometrial carcinoma

Nicole Concin^{1,2}, François Planchamp³, Nadeem R Abu-Rustum⁴, Beyhan Ataseven^{2,5}, David Cibula⁶, Anna Fagotti⁷, Christina Fotopoulou⁸, Pawel Knapp⁹, Christian Marth¹⁰, Philippe Morice¹¹, Denis Querleu¹², Jalid Sehouli¹³, Artem Stepanyan¹⁴, Cagatay Taskiran^{15,16}, Ignace Vergote¹⁷, Pauline Wimberger^{18,19,20,21,22}, Ignacio Zapardiel²³, Jan Persson^{24,25}

04

Qui adresser en centre expert ?



Devrait-on tout centraliser ?

benefits of all options (V, A). Treatment should be undertaken in a specialised centre by a dedicated team of specialists in the diagnosis and management of gynaecological cancers, especially in high-risk disease, advanced stage disease, or both (V, A).

Volume // qualité chirurgicale

Mais un centre de haut volume n'est pas forcément expert

- Risque d'allongement des délais de PEC
 - Risque d'éloignement géographique
- Donc perte de chance pour certaines patientes

ESGO-ESTRO-ESP guidelines for the management of patients with endometrial carcinoma: update 2025

Nicole Concin, Xavier Matias-Guiu, David Cibula, Nicoletta Colombo, Carlen L. Creutzberg, Jonathan Ledermann, Mansoor Raza Mirza, Ignace Vergote, Nadeem R Abu-Rustum, Tjalling Bosse, Cyrus Chhugani, Sophie Espenel, Anna Fagotti, Christina Fotopoulou, Sonia Gattus, Antonio González-Martín, Sigurd Lax, Bar Levy, Domenica Lorusso, Gabriella Macchia, Christian Marth, Philippe Morice, Ana Oaknin, Maria Rosaria Raspollini, Richard Schwameis, Jalid Sehouli, Alina Sturdza, Alexandra Taylor, Anneke Westermann, Pauline Wimberger, François Planchamp, Remi A Nout

Qui adresser en centre expert ?

À quelles patientes va bénéficier une PEC en centre expert ?

Comorbidités >> âge

Obésité sévère (robot)

Antécédents chirurgicaux complexes

Histologie agressive ?

Maladie avancée (cytoréduction, centre B5)

RCP a minima





CANCER DE L'ENDOMÈTRE : STRATIFIER LE RISQUE AVANT D'OPÉRER

Qui doit aller en centre expert ?

Dr Estelle TURREL, PH, Chirurgie Onco-gynécologique, Sénologique et Reconstructrice, CAL / CH Draguignan