



Management of endometrial cancer: current insights and future directions

Endometrial cancer rate is increasing worldwide during the last decades (1). In most of the cases, endometrial cancer has a well or moderately differentiated endometrioid histotype at early-stage with a good prognosis. Nevertheless, the evaluation of lymph node status through pelvic and selective para-aortic node dissection (2,3) is an invaluable prognostic factor for targeted adjuvant treatment (4,5). In this scenario, novel strategies are arising in order to make diagnosis as earlier as possible (6), and provide appropriate management for these patients, taking into account the possibility of tailored treatment, even by minimally invasive approach (7). Indeed, the preoperative assessment (8,9) with imaging techniques (10) and endometrial biopsy (11) allows the definition of endometrial cancer stage and grade and its appropriate management (12), especially taking into account potential risk factors (13-15). In this regard, the current role of hysteroscopy for targeted endometrial biopsy (16) is pivotal to minimize misdiagnosis of endometrial cancer and erroneous tumor grading classification (17).

Endometrial cancer may occur in reproductive age, and fertility preservation approaches are mandatory in this population (18) and represent a current challenge (19). This element is of paramount importance, since the surgical treatment, as well as adjuvant strategies, may play all a detrimental role on psychological condition of the woman (20) and should be balanced between radicality and preservation of fertility potential. In addition, the search for novel and cost-effective biomarkers (21) are shedding new lights on the topic (22), aiming to identify patients with high-risk of recurrence (23) after radical treatment.

In this scenario, the articles published in this special series can be considered a significant step forward in our knowledge about endometrial cancer and stimulate further discussion among the readers. In particular, the novel pieces of information contained in these articles may lead to important changes in the clinical practice and potential paradigm shifts in the future management of endometrial cancer.

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