Authors' objectives
To assess the effectiveness of radiotherapy for uterine (endometrial) cancer.

Searching
MEDLINE was searched from 1983 to 1993, using 'radiotherapy' as the primary medical subject heading and 'randomized trial' as a subheading. The PDQ database and recent reference books were also examined for relevant studies.

Study selection
Study designs of evaluations included in the review
Two randomised controlled trials (n=645), 1 prospective study (n=133), 48 retrospective studies (n=12,239), 2 literature reviews and 2 textbook chapters (n=580).

Specific interventions included in the review
Radiotherapy: external beam or intracavitary, alone or in combination with surgery.

Participants included in the review
Women with cancer originating in the endometrium were included.

Outcomes assessed in the review
Survival, local tumour control and relapse were assessed.

How were decisions on the relevance of primary studies made?
Initial decisions were made by a primary reviewer and the text checked by a second reviewer. The draft was then rechecked by members of an international reference group.

Assessment of study quality
The studies were classified according to type (meta-analyses, phase III, I or retrospective studies, literature review, other) and weighted according to quality of evidence provided (high, moderate, low). The studies were classified and assessed by a primary reviewer, and any difficulties were resolved by group discussion.

Data extraction
The data were extracted by a single reviewer.

Methods of synthesis
How were the studies combined?
The studies were combined narratively.

How were differences between studies investigated?
There was little discussion on how differences between the studies were investigated.

Results of the review
Fifty-five studies (n=13,597) were included.
Endometrial cancer is radiosensitive and most patients can be cured by radiotherapy alone. For stage I cancers, better results are obtained when surgery is combined with radiotherapy, but it is unclear whether this is better given before or after surgery. Vaginal post-operative radiotherapy reduces the proportion of patients who develop vaginal metastases from greater than 7% (range: 7 - 20) to less than 1%, but it may not be beneficial for those with good prognostic factors, for whom the risk of metastasis is small. Radiotherapy improves outcomes for patients with poorly differentiated disease and is effective for palliation, and sometimes cure, in patients with advanced disease.

**Authors' conclusions**
It can be expected that most cases of endometrial cancer will continue to be referred for some form of radiotherapy.

**CRD commentary**
This is a very brief summary of information from a large number of sources, mostly retrospective studies. However, there appears to be consistency in the findings for all stages of endometrial cancer. Hence, the conclusion that radiotherapy is appropriate and effective for this disease seems secure.

**Bibliographic details**

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.