Clinical profile and treatment outcomes of Malignant Mixed Mullerian tumour of uterus
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INTRODUCTION
- Malignant mixed mullerian tumor (MMMT) also known as Carcinosarcoma is a rare malignancy commonly seen in the uterine corpus. [1]
- Due to rarity of the disease there are no randomized trials and consensus to decide the right treatment.
- Surgery remains the mainstay of treatment.
- Adjuvant therapy like radiation and chemotherapy have been tried to improve the survival.
- Despite all these efforts they have a poor outcome.

OBJECTIVE
- We performed this study to analyze the clinical profile and identify the factors affecting the treatment outcome of patients with MMMT of uterine corpus treated in our center

METHODOLOGY
- The study sample was drawn from a database of patients treated at the Department of Medical Oncology, Madras Medical College between January 2015 and December 2019.

RESULTS
- A total of 29 non metastatic patients were included in the study.
  - The diagnosis of MMMT was confirmed by pre-op biopsy specimen or endometrial curettage.
  - Information regarding patient, tumor characteristics, details of the surgery, adjuvant therapy and the follow-up details were collected retrospectively.
  - Disease-free survival and Overall survival were plotted using the Kaplan-Meier method and the log-rank test was used to identify any significant prognostic factor.
  - Statistical analyses were performed using SPSS software version 21.

- The mean age of the study population was 60 years (IQR: 52-65).
- The homologous type was the most common pathology seen in 21 patients.
- The median size of the tumor was 7 cm. (IQR: 6 – 10).
- The median DFS was 12 months (95% C.I 7.7 – 16.2).
- Paclitaxel and carboplatin based adjuvant chemotherapy was used in 60 % of the patients.
- During the follow-up, 17 patients developed recurrence and almost 90% were distant recurrences.

- The median Overall Survival was 26 months (95% C.I 10.6 – 41.3).
- The 3-year overall survival rate was 42 %.
- Patients with age >60 years had a median overall survival of 11 months vs 37 months for patients < 60 years (p=0.026).
- The median overall survival of patients with tumor size >10 cm was 12.5 months and 35 months for tumor size < 10 cm (p=0.03).
- Patients receiving RT had an improved survival (39 months) than those who did not receive RT (12.5 months) P=0.046.

- The median overall survival for patients after the recurrence was 12 months.

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- Surgery remains the mainstay of treatment.
- Adjuvant therapy like radiation and chemotherapy have been tried to improve the survival.
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DISCUSSION
- As expected the survival rates of the MMMT patients were poor with the 3 year overall survival was 42%.
- Adjuvant chemotherapy in addition to RT did not improve the survival.
- In our study the tumor size more than 10 cm was found to have poor prognosis.
- We also found positive peritoneal cytology and depth of myometrium invasion to have a poor prognosis as seen in other studies. [2]
- As most patients were elderly and had a poor performance status during the relapse, only a few patients were fit for subsequent lines of chemotherapy.
- In our study 70 % underwent pelvic lymphadenectomy but only 28 % underwent para-aortic lymphadenectomy
- Only 60 % received adjuvant chemotherapy and this number was very few in the recurrence owing to the poor performance status, thereby reducing the survival.

CONCLUSION
- MMMT is an aggressive tumor of the uterine corpus with poor survival rates.
- Surgical resection still remains the main stay of treatment. Adjuvant radiation therapy improves the survival.
- Age of the patient, tumor size, myometrium invasion and positive peritoneal cytology were found to be prognostic factors.

REFERENCES

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