



# The routine use of progestins might be a good choice for patients with recurrent low-grade endometrial stromal sarcoma after definite surgery

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We read the current topic entitled “Hormone therapy following surgery in low-grade endometrial stromal sarcoma: Is it related to a decrease in recurrence rate?” with interest.<sup>1</sup> We have a little concern about the authors’ conclusion: hormone therapy after surgery should be considered a viable option to decrease the recurrent rate of low-grade endometrial stromal sarcoma (LG-ESS) in women. The excellent therapeutic outcome of the authors’ institute is worthy of applause. We would like to ask the authors to provide much more information about the current study and hope to provide a better care for the similar patients in the future.

According to the results from the authors, the disease limited to the uterus was 75.7% (28/37), and the rate of lymph node metastases was 8.1% (3/37), suggesting that the majority of the patients in the current study belonged to the FIGO 1 stage. The tumors were completely resected (en-block surgery, including at least total hysterectomy and bilateral salpingo-oophorectomy) in all patients. All hinted us that no residual tumor was found in all patients in the current study. However, there were 62.2% of patients (23/37) who had received different kinds of postoperative adjuvant therapy, including radiotherapy (n = 3), chemotherapy (n = 7), hormone therapy (n = 12), and combination of chemotherapy and hormone therapy (n = 1). We are wondering why so many patients needed postoperative adjuvant therapy. In addition, could the authors kindly provide the detailed information about the background of these 23 patients? Could they also tell us about the information of individual who was treated with radiotherapy, chemotherapy, hormone therapy, or combination?

In the text, there were 10 patients (27%) having recurrence.<sup>1</sup> The authors also provided clinical data about these patients,

including surgery plus chemotherapy (n = 2), surgery plus combination of chemotherapy and hormone therapy (n = 2), surgery plus combination of radiotherapy and hormone therapy (n = 2), surgery plus hormone therapy (n = 2), hormone therapy alone (n = 1), and lost (n = 1). The complete response rate of these recurrences was amazing up to 80% (8/10). We found that therapy containing at least hormone therapy or surgery was 70% and 80%, respectively. Therapy containing at least two components, surgery and hormone therapy, was 60%. It is interesting to find that one patient died after starting therapy. Based on the above-mentioned findings, could we have a suggestion that hormone therapy after surgery might be a viable option for women with recurrent LG-ESS?

Finally, is there any difference of recurrence pattern between women treated with and without lymphadenectomy? Although the current concept seems to be negative for the routine use of lymphadenectomy in the management of women with LG-ESS or FIGO 1A grade 1 endometrioid-type endometrial cancer,<sup>2-5</sup> the authors’ data seemed to show the marginal benefits of lymphadenectomy on the decrease of recurrent rate of these patients (14.3% vs 46.7% in patients with and without lymphadenectomy, respectively,  $p = 0.058$ ).<sup>1</sup>

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