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# STUDENTŲ MOKSLINĖS VEIKLOS TINKLO LXXVIII KONFERENCIJA



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**PRANEŠIMŲ TEZĖS**

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## TAMOXIFEN USE IN BREAST CARCINOMA AND THE RISK OF ENDOMETRIAL CANCER: A NARRATIVE REVIEW

**Author.** Kimberley Mvetimbo TAMBO, 5<sup>th</sup> year.

**Supervisor.** Dr. Diana BUZINSKIENE, Vilnius university, Faculty of Medicine, Clinic of Obstetrics and Gynecology.

**Aim.** To review and critically interpret current evidence regarding the association between tamoxifen therapy for breast carcinoma and the risk of endometrial cancer, with emphasis on risk factors, surveillance strategies, and preventive approaches within the field of Obstetrics and Gynecology.

**Methods.** A comprehensive review of recent and clinically relevant scientific literature was conducted. The analysis included systematic reviews, meta-analyses, prospective and retrospective cohort studies, and selected illustrative clinical case reports. Publications were selected based on relevance, scientific quality, and recency. Additionally, current clinical recommendations and guidelines from the Royal College of Obstetricians and Gynecologists (RCOG), the American College of Obstetricians and Gynecologists (ACOG), and the National Comprehensive Cancer Network (NCCN) were reviewed and incorporated into the analysis.

**Results.** The literature demonstrates a clinically significant association between tamoxifen use and increased risk of endometrial cancer. Risk variation is observed between premenopausal and postmenopausal women, with postmenopausal women exhibiting a higher relative risk. Evidence also suggests an elevated risk of secondary primary malignancies in long-term tamoxifen users. Women presenting with features of metabolic syndrome appear to have an additionally heightened susceptibility to tamoxifen-associated endometrial pathology. Current evidence supports the importance of individualized gynecological surveillance and early diagnostic evaluation in symptomatic patients. Emerging data indicate that adjunctive therapies, including metformin, may potentially mitigate tamoxifen-related endometrial risk, although further investigation is required.

**Conclusions.** Tamoxifen therapy for breast carcinoma is associated with an increased risk of endometrial cancer, particularly in postmenopausal women and those with metabolic risk factors. Appropriate gynecological monitoring and adherence to established clinical guidelines are essential for early detection and risk reduction. Further research is warranted to clarify preventive strategies and optimize long-term management.

**Keywords.** Tamoxifen; breast carcinoma; endometrial cancer; metabolic syndrome; gynecological surveillance; secondary malignancy risk.