

Abstract IGCS 2019 Authors :

May Thit Lwin: maythit.lwin@porthosp.nhs.uk

Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Phone +44 7903082063

Joni Howells: Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Maja Uherek: Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Dirk Brinkman: Obs and Gynae Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Francis Gardner: Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Natalia Povolotskaya: Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Chit Cheng Yeoh: Oncology Department, Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

Title

Retrospective study of early stage endometrial cancer in Portsmouth Hospital NHS Trust, UK

An audit on adherence of United Kingdom Guidelines and overall Survival

Introduction

We audited the management of early stage (Stage 1) endometrial cancer in our institution adhered with British Gynaecological Cancer Society (BGCS) guidelines.

The guidelines stated, 1) Hysterectomy and bilateral salpingo-oophorectomy is recommended for grade 1 and 2 disease. Lymph adenectomy is not recommended in low risk cases. 2) Low risk disease does not require adjuvant treatment, 3) For intermediate risk, adjuvant vaginal vault brachytherapy is recommended. 4) For high intermediate risk to consider external beam radiotherapy if nodal status unknown and to consider vaginal brachytherapy if node negative. 5) For high risk to consider EBRT vs vaginal brachytherapy.

Methods

The list of all stage I endometrial cancer patients registered to our institution from June 2015 to March 2018 were selected from database. Electronic record of case notes, histology, blood results, imaging results and multi-disciplinary team meeting outcomes were retrospectively reviewed .

Results

Total 120 patients, age 32-88 years (median age 65 years). 113 patients underwent surgery (87 had TH + BSO and 26 had TH+BSO +lymph adenectomy). 7 patients were not fit for surgery and treated with hormone. Post op histology showed 76 patients G1, 20 patients G2 and 17 patients G3. 111 patients had FIGO IA and 2 patients had IB. 26 patients were given adjuvant radiotherapy (3 EBRT and 23 Barchytherapy).

Conclusion

Rate of adherence with BGSC guidelines for surgery and adjuvant radiotherapy in our centre were 90% and 88.5% respectively. Some grade changes between Pre and post op histology, findings in clinical examination and imaging were attributed to the management decision to treat outside BGCS guidelines. Recurrent rate was 2.5%.