

MRI ACCURACY OF STAGING ENDOMETRIAL CANCERS: POSSIBLE IMPACT OF LOSING REGULAR RADIOLOGIST

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Objective:

Due to staffing challenges, the Gynae-oncology MDT meetings (Jan 2023–Jan 2024) lacked regular radiologist representation, relying on ad hoc staff. This audit compares MRI-predicted staging vs. final histology of endometrial cancers over this period (Cohort A) with a prior stable-radiologist period (Cohort B, 2019–2020).

Design

Retrospective audit comparing MRI staging accuracy to postoperative histological staging for early endometrioid endometrial cancers.

Method

Cohort A (2023–2024): 32 patients; 27 had surgery.

Cohort B (2019–2020): 23 patients; 19 had surgery.

Focused on grade 1–2 endometrioid histology.

Data obtained from MDT records at Manor Hospital.

Conclusion

The American College of Radiology sets an 84% MRI staging accuracy target¹. Cohort B met this; Cohort A did not. MRI staging accuracy influences surgical decision-making: Stage 1A patients are operated at the unit, while higher stages are referred. The loss of a regular radiologist likely contributed to decreased accuracy in Cohort A. Now that radiology staffing is restored, a re-audit is planned. Figure 1.

Takeaway

🧠 Stable radiological input in MDTs is vital for accurate cancer staging and optimal patient care.

Figure 1: Comparison of the findings of Two Cohorts

Metric	Cohort A (2023–24)	Cohort B (2019–20)
Surgical patients	27	19
MRI staging matched histology	59.25% (16/27)	84% (16/19)
Overestimation of stage	22.22% (6/27)	10.52% (2/19)
Underestimation of stage	18.51% (5/27)	5.26% (1/19)