

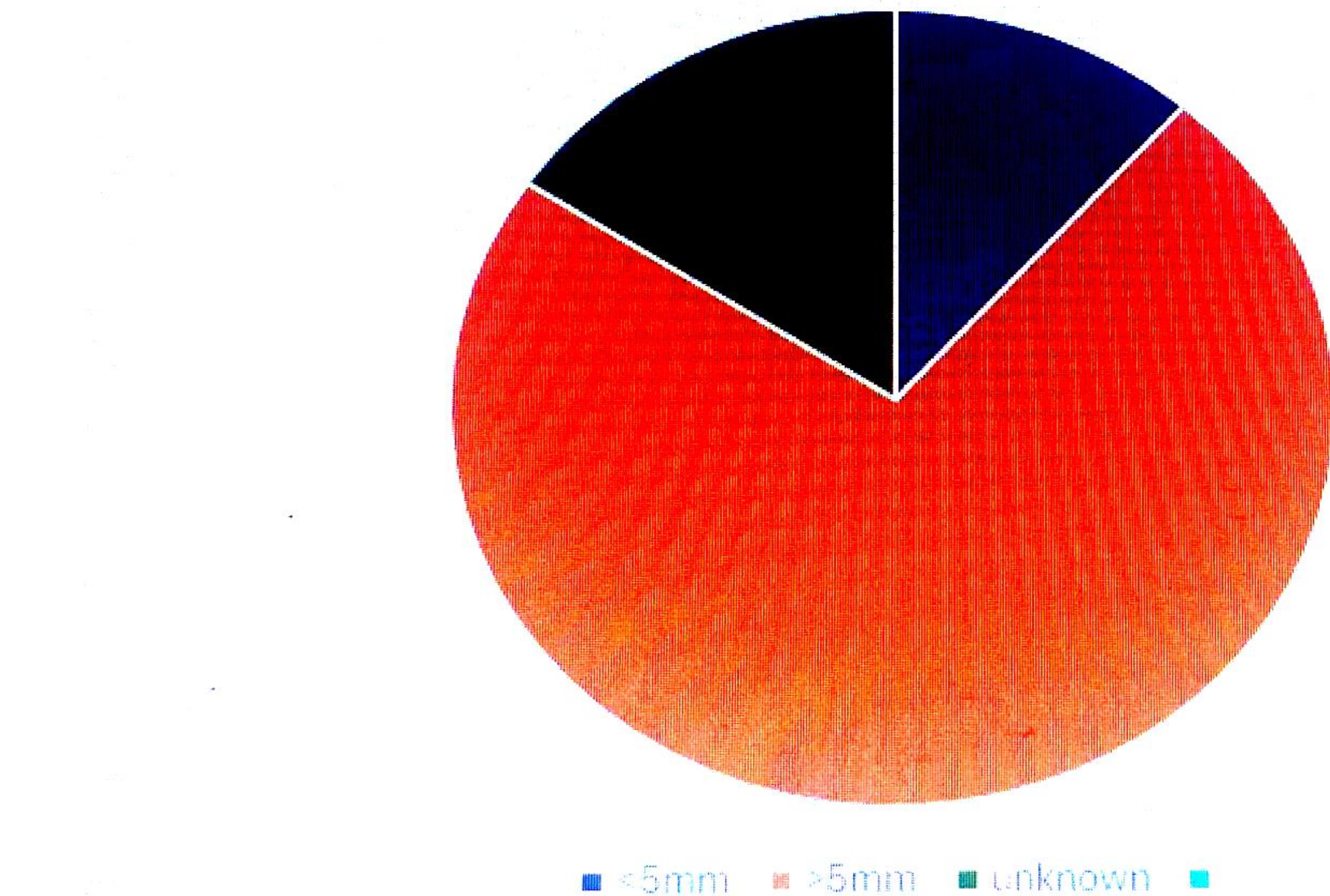
OBJECTIVES

To review endometrial cancer cases over 5 years in university hospital of north tees

Endometrial cancer is the most common gynaecological cancer in high income countries and its incidence is rising globally. Although an ageing population and fewer benign hysterectomies have contributed to this trend, the growing prevalence of obesity is the major underlying cause. Obesity poses challenges for diagnosis and treatment. Mostly occurs in postmenopusal women, however can occur in perimenopausal age as well

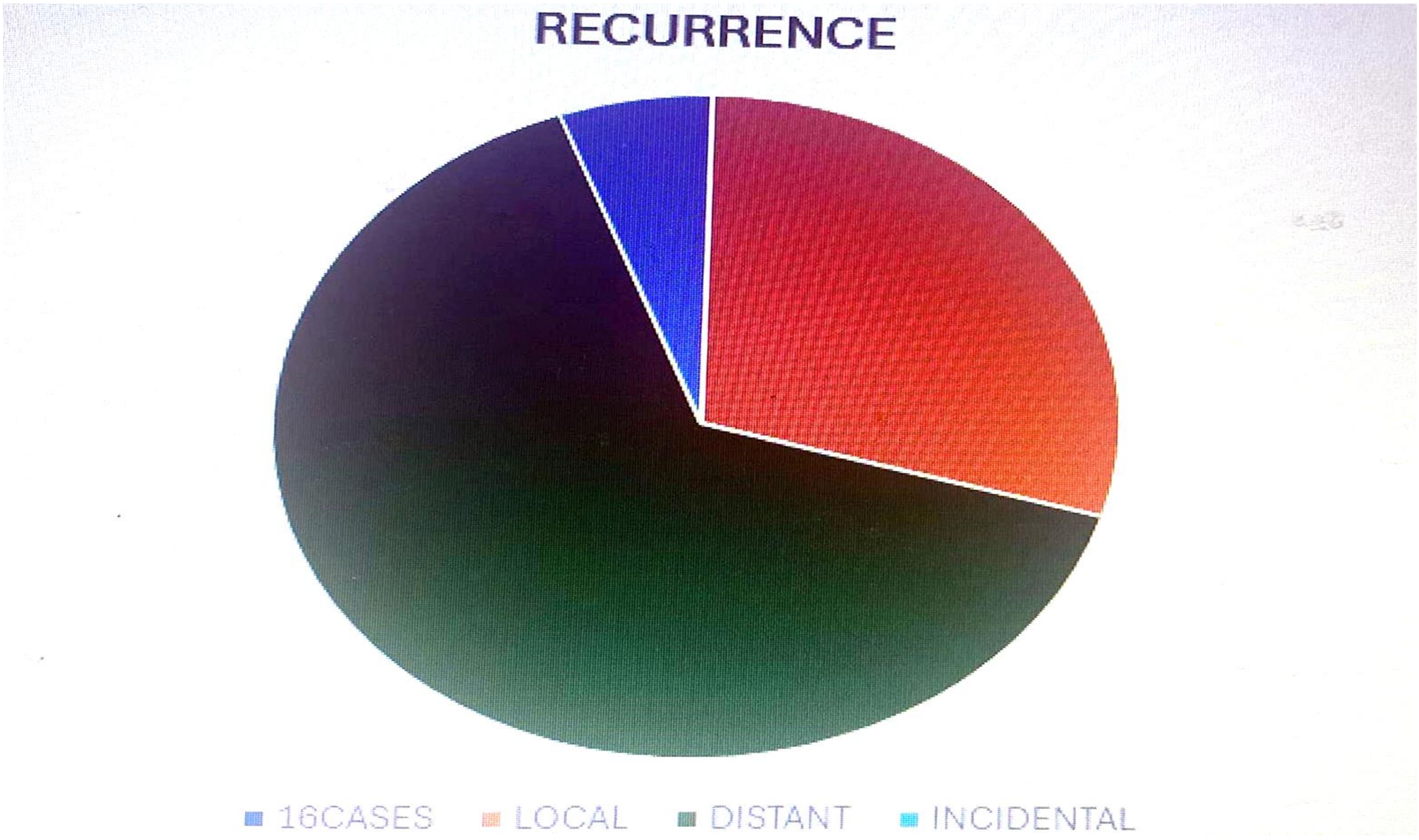


ENDOMETRIAL THICKNESS



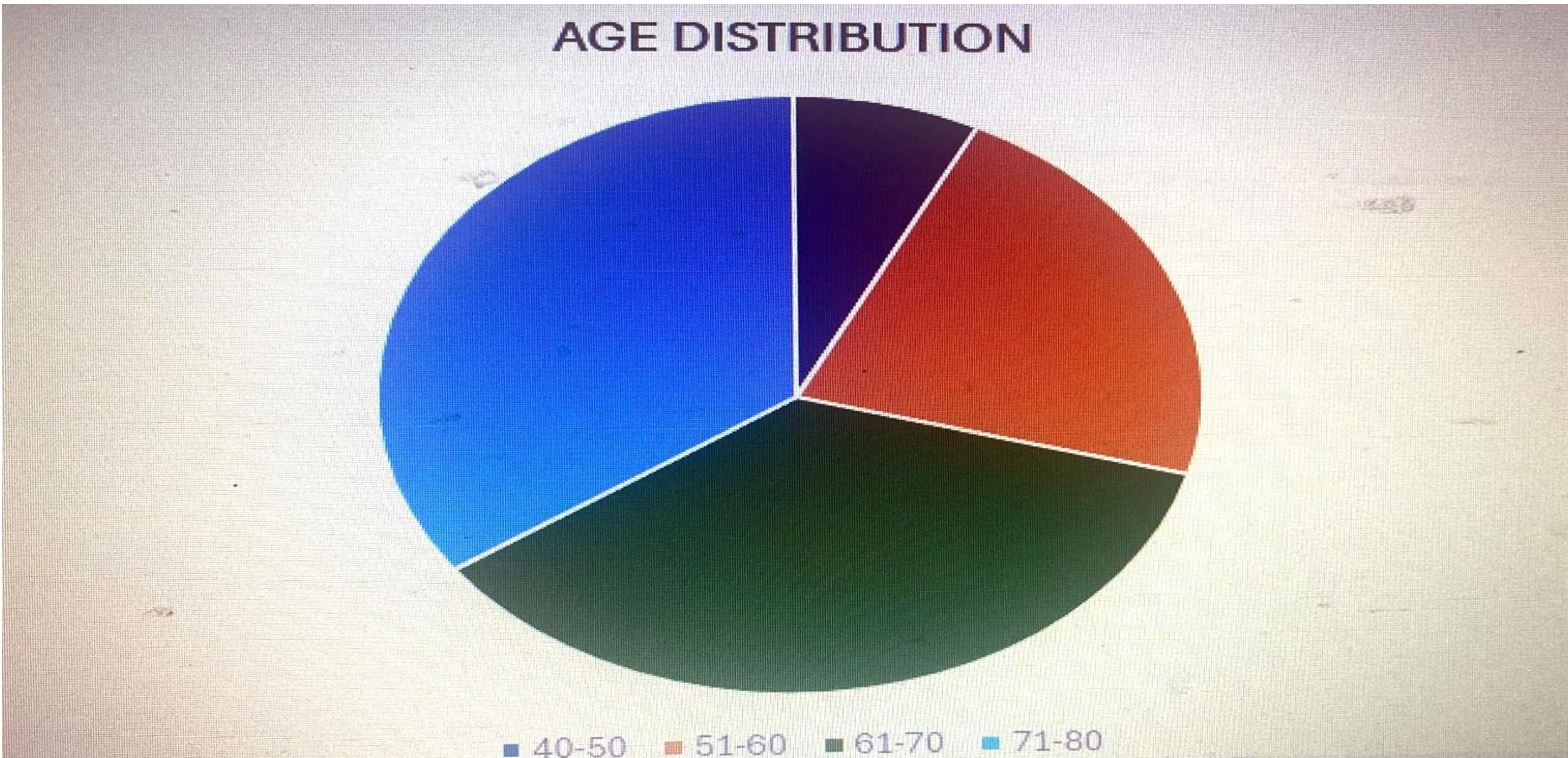
DESIGN

Retrospective study using Somerset oncology database



METHOD

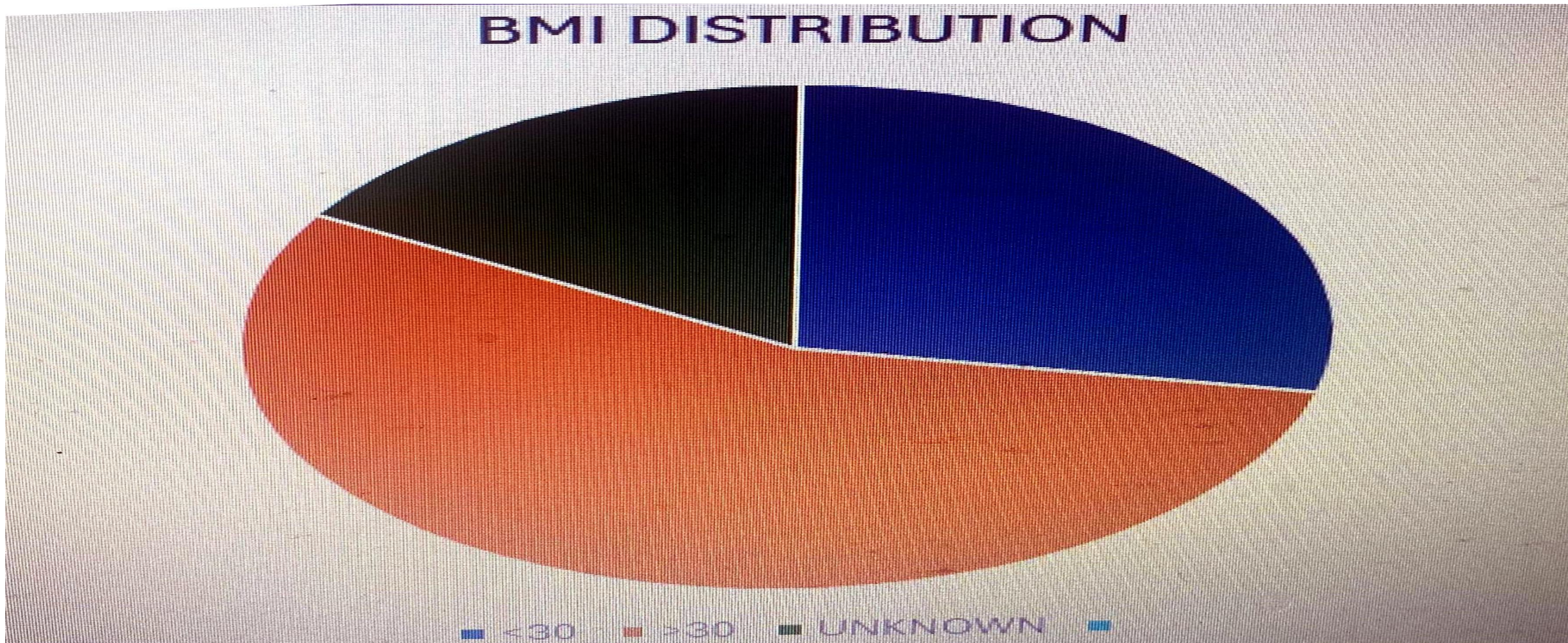
This study involved all the endometrial cancer cases in past 5 years., a total of 167 patients. Data was collected by gynae oncology nurses using somerset oncology database



RESULT

A total of 167 patients with endometrial cancer were included in the study, with a mean age at diagnosis of 65 years. On analysis more than half were having BMI>30. Almost all patients were symptomatic with the exception of only 2% diagnosed incidentally. In symptomatic cases 74.8% were having ET >4mm with only 8% having ET <4mm, in few cases ET was not measured Incidental cases were diagnosed on basis of increased ET>10mm. The majority of the patients presented with stage 1 disease and the most mon histological subtype was endometrioid common adenocarcinoma(70%) and was of low grade with no lymphovascular space invasion.CT scan was done for all high grade cases and MRI staging was performed for all low grade cases.MRI staging and surgical staging results almost correlate in low grade cases (93vs 95%) Majority of patients were treated by surgery. Overall survival was 70%.

Recurrence occurred in 16 cases, 11 were distant and 5 local and 1 incidental. Rate of recurrence was high in cases who receive radio/brachytherapy after surgery. A high-grade tumor was associated with a significantly increased risk of recurrence compared to low grade. Recurrent cases were treated with chemotherapy .



CONCLUSION

In symptomatic postmenopausal women endometrial biopsy should be taken if ET is 4mm or more.In a postmenopausal women without vaginal bleeding if endometrium measures more than 10mm biopsy should be taken. Raised BMI is associated with increased risk of endometrial cancer. MRI has a high accuracy in the diagnosis, evaluation of myometrial and cervical invasion depth, and peroperative staging of endometrial carcinoma. Accurate staging is necessary to decide either to operate in cancer unit or cancer center and has great impact on survival rate. High grade is associated with high distant recurrence

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