Investigation of Adherence and Barriers for Posttreatment NCCN Surveillance Guidelines for Cervical Cancer

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Topic: Cervical

Objectives
There is limited data regarding surveillance adherence after cervical cancer (CC) treatment. The National Comprehensive Cancer Network (NCCN) recommends interval exams every 3-6 months during first 2 years, every 6-12 months for 3-5 years, and annually beyond 5 years. We hypothesize patients are discordant with adherence beyond the first year and aim to identify factors associated with adherence. We further seek to validate NCCN surveillance guidelines with recurrence detection.

Methods
We retrospectively identified patients treated for CC between 2011-2016. Baseline demographic, pathologic, treatment, surveillance, and recurrence data were collected. We examined concordant and total retention of posttreatment surveillance visits for patients with CC. NCCN-concordant retention was defined as completed sequential visits with a range from predicted date of less than half the greatest surveillance interval, bidirectionally.

Results
111 patients met criteria for review. Median age of treatment was 47. Most patients were white (77%), spoke English (99%), privately insured (72%), squamous histology predominated (72%), with most common stage being IB1 (37%). Average NCCN-concordant surveillance was 827 days, with a total average surveillance length of 1124 days. White race (p=0.61), mental health diagnosis (p=0.79), private insurance (p=0.12), nor lower stage (p=0.51) were associated with changes in surveillance adherence. Within our population 14% recurred with average time to recurrence of 491 days. Recurrences were detected by imaging (44%), symptoms (32%), physical exam (19%), and pap smear (< 1%); and the majority (88%) were detected while patients were NCCN-concordant.

Conclusions
Most patients were NCCN-concordant with screening 2 years following treatment but discontinued all follow up after 3 years. We recognize our population is primarily white, English-speaking and privately insured but did not identify these factors as protective for NCCN-concordant adherence. Most recurrences were detected under NCCN-adherent surveillance, validating NCCN guidelines. 20% of recurrences were detected with physical exam suggesting a role for in-person rather than telehealth visits. Further studies will be needed to validate these findings in different patient populations and elucidate adherence factors.