Patients with stage 1 endometrial cancer frequently do not receive guideline recommended postoperative radiation.

Christine G.T. Nguyen, MD – Oregon Health and Sciences University

---

Topic: Endometrial

Objectives

To report rates of guideline concordance, and discordance, with postoperative radiation therapy (RT) recommendations among patients with stage 1 endometrial cancer (EC).

Methods

The National Cancer Database was queried for all EC patients with stage 1 endometrioid EC diagnosed between 2012-2016 who had total hysterectomy. Patients who received preoperative RT or any chemotherapy were excluded. Patients were classified into 32 groups according to stage (1A vs. 1B), grade (1/2 vs. 3), lymphovascular space involvement (absent or present), age (<=60 years vs >60 years) and lymph node dissection (performed versus not performed). Treatment was categorized as no further treatment (NFT), vaginal brachytherapy (VBT), or whole pelvic radiation (WPXRT). Rates of guideline concordant and discordant treatment were calculated for each group, based on the level 1 evidence published in the 2014 American Society for Radiation Oncology (ASTRO) guidelines, endorsed by the American Society of Clinical Oncology in 2015.

Results

From an initial sample of 213,936 patients, 54,626 patients comprised the study population. Table 1 presents guideline recommendations, and treatment received, for the study population. Guidelines recommended NFT for 46% of patients, and NFT (consider VBT) for 28%. Overall, 82% of patients had no postoperative treatment, 15% had VBT and 3% had WPXRT; 83% had guideline concordant care. Among the 29,382 patients for whom guideline recommended treatment included postoperative RT, only 8,818 (31%) had treatment.

Conclusions

Overall, guideline concordance is high, primarily associated with the recommendation NFT in most patients. Despite multiple publications of the highest-level evidence, guideline discordant care is frequent among patients for whom treatment is recommended. Practice patterns appear to favor less aggressive treatment. Possible reasons include individual patient factors, unfamiliarity or disagreement with guidelines, patient and/or physician biases and heuristics, decision framing and mis-interpretation of guidelines, among others. Refined understanding of how guidelines affect real-world EC care may become more relevant given the most recent EC staging system, including molecular classification, that is more complex compared to previous conventions.

Abstract Table or Graph

SPAZFWFX-1515635-1-ANY(1).pdf