

Poster 25: No survival difference in patients receiving radical hysterectomy vs. extrafascial hysterectomy in stage II-IV endometrial cancer patients - a multivariate analysis

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Topic: Endometrial

Objectives

The objective of this study was to determine whether there is a difference in overall survival (OS) among patients with FIGO Stage II-IV endometrial cancer who have undergone extrafascial hysterectomy (EFH) versus radical hysterectomy (RH).

Methods

A retrospective review was performed by utilizing the California Cancer Registry to identify women located in the Central Valley of California (CVR) who had undergone surgery for FIGO stage I-IV endometrial cancer between 2011 and 2021. Minimally invasive and abdominal surgery were both included in the analysis. Demographic data including age, race, residence location, language, and insurance type were collected. We included histologic subtypes and treatment types (surgery, radiation, chemotherapy) as part of the multivariate analysis for 5-year OS. We then determined the percentage of patients who underwent EFH versus RH using Pearson chi square test. Cox regression models were used to create survival curves among women diagnosed with Stage II-IV disease.

Results

Over our 10 year study period, a total of 868 women were identified who underwent surgery for endometrial cancer. A total of 737/868 (85%) underwent EFH and 44/868 (5%) underwent RH. Of the patients who underwent RH versus EFH, 56.8% (25/44) compared to 28.1% (207/737) were subsequently diagnosed with Stage II-IV disease on final surgical pathology, respectively ($p < 0.001$). There was no significant difference in OS between patients who underwent RH versus EFH for FIGO stage II-IV (hazard ratio=1.40, $p=0.89$). For patients with Stage II and above, while controlling for other covariates, the risk of death was significantly higher for patients between the ages 70-80 years ($HR=1.92$, $p=0.049$) and for patients ages 80 and older ($HR=3.79$, $p < 0.001$) compared to their younger counterparts.

Conclusions

Among women who underwent surgical staging for endometrial cancer in the CVR, the patients who underwent RH were more likely to be diagnosed with at least Stage II disease compared to those who underwent EFH. However, RH had no improvement in OS in this retrospective review. Additionally, a significant percentage of patients who had radical hysterectomy were ultimately diagnosed at Stage I disease (43.2%). Prospective data is needed for the role of radical hysterectomy in locally advanced endometrial cancer patients.