

Poster 21: Too much pressure? The impact of pre-operative hysteroscopy on positive pelvic washings in high grade uterine cancer

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Topic

Endometrial

Objectives

To compare the presence of positive pelvic washings at the time of surgical staging for high-risk uterine cancer among patients who received pre-operative hysteroscopy versus no pre-operative hysteroscopy.

Methods

We performed a retrospective cohort study of patients with grade 3 endometrioid or non-endometrioid uterine cancer over a 10-year period using our institutional cancer registry. Data collected included demographics, mode of preoperative testing, tumor characteristics and molecular biomarkers. Chi square, Fisher's exact, and Wilcoxon rank sum tests were used.

Results

From 2011 to 2021, a total of 183 women were diagnosed with high-risk uterine cancer. Median age at diagnosis was 64 years old. The majority were White (88%), English speaking (86%) and had public insurance (70%). 63% had minimally invasive staging surgery and 37% had open staging surgery. By FIGO 2009 criteria, 73 (40%) were stage I, 17 (9%) II, 66 (36%) III, 11 (6%) IV, 16 (9%) unknown. By histology, 83 (45%) were grade 3 endometrioid and 100 (55%) non-endometrioid type. Of the non-endometrioid, 45 (25%) were serous, 18 (10%) carcinosarcoma, 7 (4%) clear cell, 4 (2%) sarcoma, 1 (1%) neuroendocrine, 26 (14%) other/unknown. Of the 183 patients, 50% (n=91) had pre-operative hysteroscopy and 50% (n=92) did not. Pelvic washings were obtained in 58% (n=105) of all patients. Patients who had hysteroscopy were more likely to have had pelvic washings performed compared to non-hysteroscopy patients ($p < 0.001$). No statistically significant difference was found between positive versus negative pelvic washings amongst the hysteroscopy and non-hysteroscopy groups ($p = 0.4$). Among those who received pelvic washings, 53% (n=54) had >50% myometrial invasion and 26% (n=22) had cervical stromal involvement. No statistically significant associations between positive pelvic washings and myometrial invasion ($p = 0.5$), cervical involvement ($p > 0.9$) or molecular biomarkers (p53, MMR, ER, PR, HER2) (ranging $p = 0.14$ to > 0.9).

Conclusions

Pre-operative hysteroscopy was not associated with an increased risk of positive pelvic washings among women with high-risk uterine cancer. There was no association between positive pelvic washings and any of the analyzed molecular biomarkers.