

# ROLE OF UPFRONT SURGERY IN ADVANCED ENDOMETRIAL CANCER AT EL SHATBY MATERNITY UNIVERSITY HOSPITAL

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## Introduction

Endometrial cancer (EC) is one of the most common gynecological cancers. The leading treatment option for EC is abdominal hysterectomy, together with removal of the Fallopian tubes and ovaries on both sides. In more advanced cases, radiation therapy, chemotherapy or hormone therapy may also be recommended. If the disease is diagnosed at an early stage, the outcome is favorable. Although there is currently no well-established screening program for endometrial cancer, endometrial hyperplasia is a recognized as precursor lesion to the most common type of endometrial cancer (endometrioid) and its diagnosis offers possibilities of prevention .Although most of cases of endometrial cancer are diagnosed at an early stage, differences in patient characteristics and histopathologic characteristics influence both patient prognosis and the recommended treatment strategy.

## Aim of the work

Aim of the work was to examine time free disease and survival of patients with advanced endometrial cancer underwent upfront surgery at El Shatby Maternity University hospital.

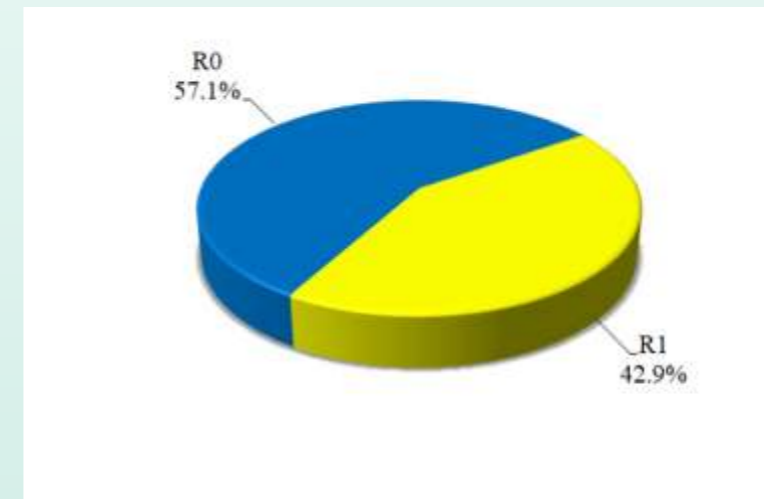
## Patients and Methods

The study was conducted on a group patients diagnosed to have advanced endometrial cancer FIGO stage III/IV attending at El Shatby maternity hospital from January 2020 to December 2021 to assess the effect of upfront surgery on the outcome of the disease. The patients will be diagnosed by D&C biopsy, US and CT. The procedure will be decided according to: Peritoneal cancer index and American society of anaesthesiologist (ASA) physical status. Then all the patients will receive routinely 6 cycles of chemotherapy and followed up for one year to asses recurrence, survival rate and other complication.

## Results

**Table 1:** Distribution of the studied cases according to type of procedure (complete or incomplete cytoreduction R0/R1) (n = 28)

	No.	%
<b>R0/R1</b>		
<b>R0</b>	16	57.1
<b>R1</b>	12	42.9



**Figure 1:**

As shown in the above figure as regard the type of procedure either complete R0 or incomplete cytoreduction R1 57.1% of cases have complete cytoreduction R0 and 42.1% of cases have incomplete cytoreduction R1.

**Table 2:** Relation between Overall Survival and R0/R1 (n = 28)

	N	Overall Survival	SE	P value
		Mean (95% CI) LL–UL		
<b>R0/R1</b>				
<b>R0</b>	16	2.02 (1.784 – 2.248)	0.12	0.007*
<b>R1</b>	12	1.36 (1.026 – 1.692)	0.17	

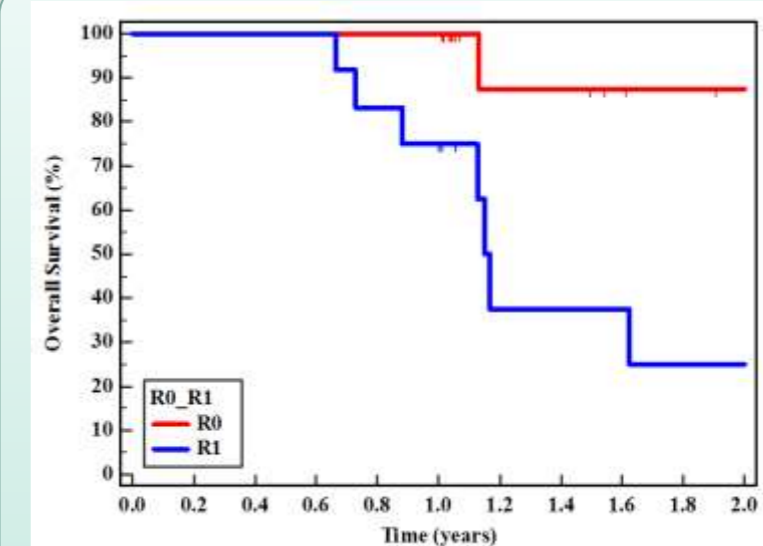
SE: Standard Error

C.I: Confidence interval

\*: Statistically significant at  $p \leq 0.05$

LL: Lower limit

UL: Upper Limit



**Figure 2:** Kaplan- Meier curve for Overall Survival with R0/R1

As shown in the table above there is statistically significant relation between overall survival and type of procedure either complete R0 or incomplete R1cytoreduction as 16 patient out of cases had complete cytoreduction R0 with overall survival mean 2.02 (1.784-2.2480) and 12 patients out of thecases had incomplete cytoreduction R1 with overall survival mean 1.36 (1.026-1.692)

## Conclusion

Complete cytoreduction surgery followed by appropriate chemotherapy is a valuable option for advanced endometrial cancer. In patients with advanced endometrial cancer, complete cytoreduction with no gross residual disease is associated with superior overall survival outcome and free disease time. Also, patient with stage III endometrioid endometrial cancer is associated with superior overall survival outcome and free disease time. Patient selection and accurate clinical staging are prerequisites when adopting upfront surgery strategies.