

Gynaecological Oncology News

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Follow-Up Guidelines

American College published evidence on Follow-Up

As a gynaecological cancer surgeon it has become clear to me that current guidelines on follow up of patients are often based on tradition and strong held personal opinions. This makes recommending the best follow-up regimen for patients after their cancer surgery challenging. We need to weigh up the emotions and costs for patients against the need to detect a recurrence as early as possible so that treatment can start. Many of our cancer patients now will have several rounds of treatment after their initial surgery.

Some guidance may come from a recent review of the evidence by the American Journal of Obstetrics and Gynaecology. Similar recommendations were also made at the European Society of Gynaecologic Oncology (ESGO) conference which I attended in September.

Endometrial Cancer (EC)

Follow up should be more intensive in the first few years after diagnosis because the majority of recurrences develop within 3 years from surgery.

Patient education about signs and symptoms of recurrence is critical for optimal aftercare. Two thirds of patients will have abnormal bleeding or pain indicating a recurrence in between their follow-up visits. It is therefore important that patients with such symptoms contact their surgeon early.

Speculum examination will diagnose between 50% and 80% of all recurrences and is the most effective way to diagnose a recurrence. A speculum examination should be performed at every follow up visit. Vault smears in contrast diagnose only up to 3% even in asymptomatic patients. Routine CT scans will detect hardly any recurrences.

CA125 detects 15% of all recurrences in EC. I recommend CA125 only in patients with high-risk uterine cancers (advanced stages, uterine serous carcinoma or clear cell cancers).

Epithelial Ovarian Cancer (EOC)

Recurrence of EOC in the first year after diagnosis implies extremely poor prognosis and hardly any treatment options are available for cure. However, many patients, especially those after optimal debulking (no residual tumour) often have a longer disease-free interval. For these patients our management options and prognosis are much better.

Therefore, follow-up is less important in the first year after surgery for the purpose of diagnosing a recurrence than for the purpose of ascertaining optimal treatment outcomes. Follow-up for EOC patients becomes more important with longer disease-free intervals.

Serum CA125 yields a very high detection rate of recurrence in patients who already had elevated CA125 prior to initial surgery. In these patients any elevation of this tumour marker after surgery should be taken very seriously and the patient investigated for second-line treatment.

PET-CT imaging yields a far higher detection rate of recurrence than CT scan alone. PET CT is able to identify lesions as small as 6 mm in diameter. Currently PET CT is fully reimbursed by Medicare for the follow up of EOC.

Vaginal and rectal examination yields a low rate of detection of recurrence. Pelvic examination may also miss detection of distant or lymph node metastasis.

Cervical And Vulval Cancer

Education about symptoms of recurrence is critical. Vault cytology adds no benefit in regards to the detection rate. External and speculum examinations are the most reliable tools to diagnose recurrence.

Battle against Ovarian Cancer: Queensland Reds vs. Firebirds



On Sunday 29 January 2012 at Natalie Cook's Sandstorm Beach Club in Brisbane, Australia's premierships winning teams, the Queensland Reds and the Firebirds Queensland, will compete against each other in a game of beach volleyball to raise money for gynaecological cancer research.

Queenslanders are also being given the opportunity to play with/against their sporting heroes by participating in a community beach volleyball tournament that will support the exhibition match. All proceeds from the day will be directed to Gynaecological Cancer Research.

For more information, visit the QCGC Research website on www.gyncan.org or email contact@gyncan.org. Sponsorship packages are currently available and team nominations will open soon.