

Endometrial Cancer at Monongalia General Hospital 2007-2014

This report is to describe our experience with endometrial cancer as reported and compared in the NCDB benchmark reports (2007-2013).

Cancers of the uterus are the most common type of gynecologic malignancy comprising more than 40,000 new cases each year in the United States. Of the uterine cancers endometrial cancer comprises approximately 80% to 85% of all uterine cancers. (Cancer Facts & Figures 2011)

Diagnostic evaluation for uterine cancer primarily relies on taking a good quality history and physical examination. If the patient is found to have postmenopausal bleeding, abnormal discharge or other abnormalities, pelvic US, endometrial biopsy is often performed in office or dilatation and curettage of the uterus in the operating room. If the patient is found to have an endometrial cancer, then the patient will undergo surgical intervention in almost all cases.

Treatment modalities for patients with endometrial cancer include surgery, chemotherapy and radiation therapy. Radiation therapy is used to treat some patients with advanced stage or aggressive types of endometrial cancer.

Prognostic factors really depend primarily on the stage with which the patient is diagnosed. Certainly patients with early stage cancers of all gynecologic origin do better than patients with advanced Stage cancers. Prognostic factors also depend on the patient's other medical comorbidities as well as certain characteristics of the tumor including the grade and histologic subtypes of the cancer itself.

In evaluating corpus uteri cancer at Monongalia General Hospital from 2007-2014, the majority of patients were diagnosed in the 60-69 year age group, comprising 37% of all patients diagnosed. The 50-59 age group made up 26% of the patients, and the 70-79 age group made up 19% of the patients. Essentially 74% of the patients diagnosed were from age 50-79. This is similar to data from 107 hospitals in the ACS Division of South Atlantic Comprehensive Community Cancer Program Hospitals as you can see {33, 27, 20}

The histologic subtypes of cancers at Monongalia General Hospital included endometrioid adenocarcinoma at 66%, mixed cell adenocarcinoma at 18%, adenocarcinoma NOS at 8%, and serous carcinoma at 1.2%, carcinosarcoma, NOS at 2%, and clear cell at 0.2%

The majority of patients were diagnosed with Stage I cancer, approximately 80%. Approximately 5% were diagnosed with Stage II cancer and 10% with Stage III cancer. Four percent were diagnosed with Stage IV and a few percent had an unknown stage at the time of this report.

The majority of patients were treated with surgery alone, 68%, while 10% underwent surgery followed by radiation therapy. Compared to other hospitals, those numbers are 63 and 15%, respectively. 14% had surgery and chemotherapy, and 6% had all 3 modalities, compared to 8% and 7%.

In terms of distance traveled by our patients, the majority of our patients travel more than 25 miles to see us (80%), which 37% traveling 50-99 miles, 29% traveling 25-49 miles, and 14% traveling >100 miles. 12% travel 10-24 miles and 2% travel 5-9 miles, and 3% travel <5 miles.

The number of uterine cancer cases seen has risen since 2007 from 27 in 2007 to 111 in 2014. The last 3 years, 2012 -2014 has been stable at 108, 106, and 111.

As part of our quality assessment, Patrick has been tracking times between patient diagnosis and treatment, ie surgery, for our patients with endometrial cancer. This is an important measure given published data that suggests that times >12 weeks (84 days) and <2 weeks may have detrimental effects on patient outcomes. The average time from a documented positive pathology and the office visit is 14.7 days. The average time from the visit to surgery is 23.2 days. Together, those certainly are less than 6 weeks. Although this is not a standard identified by any committee or group that is required to meet, it is important information for our referring physicians and patients regarding our ability to see and treat patients in a timely fashion.

Sources:

[Endometrial Cancer Time Study All 2015.pdf](#)

[ncdb histo HospCmp table.pdf](#)

[ncdb miles traveled HospCmp.pdf](#)

[ncdb stage HospCmp.pdf](#)

[ncdb treatment by stage HospAgg.pdf](#)

[ncdb treatment HospCmp table.pdf](#)