THE IMPACT OF POSITIVE PERITONEAL CYTOLOGY ON THE SURVIVAL OF PATIENTS TREATED FOR ENDOMETRIAL CANCER

By: P.M. TEBEU

Supervision: A. Major
INTRODUCTION

- 1st GTM in Western Countries
- 3rd GTM in Developing Countries
- Survival f(Stage at DG)
- Stage IIIA = PPC; Adnexa; Serosa
- Value of PPC Controversial
OBJECTIVE

- IMPACT OF PPC ON SURVIVAL
- OF PATIENTS TREATED FOR
- ENDOM CANCER
METHODS-1

- **TYPE:** RETROSPECTIVE / LONGITUDINAL
- **RECRUTMENT:** 1980-1993
- **FOLLOW UP:** 5 YEARS
- **INSTITUTIONS:** UTHGENEVA (Gyn&Obst;RAD)
  ISPM (GCR)
- **POPULATION TT 295**
- **POPULATION INC 170**
- **INCLUSION:** SURG+RAD
- **EXCLUSION:** NO PC; HIST-Ca; OUT GENEVA
METHODS-2

- VARIABLES:
  - **UTHG**: AGE, CIVIL STATUS, PRIOD OF DG, GRADE, MYO INV, TYPE SURG, TYPE RAD
  - **GCR**: VITAL STATUS, DATE & CAUSE OF DEATH OR DEPARTURE

- ASSESSMENT
  - **O_SURV**: STAGE I; IIIAcytol; IIIAhistol
  - **S_SURV**: IIIAcytol / IIIAhistol; I / IIIAcytol
METHODS-3
STATISTICAL ANALYSIS

- **SURVIVAL**: Kaplan Meier; Log Rank Test
- **EFFECT OF PPC**: Cox Reg HM
- **SOFTWARE**: SPSS
- **SIG**: P<0.05
RESULTS-1

- ANALYSED: 170
- STAGE:
  - I: 112; IIIAcytol: 17; IIIAhistol: 18
- AGE: 65(33-81)
- MYO INV +50%:
  - IIIAcyto 53% Vs 73% IIIAhistol
- GRADE 1:
  - IIIAcytol 57% Vs 38% IIIA histol
<table>
<thead>
<tr>
<th>Stage</th>
<th>Ca</th>
<th>†Ca</th>
<th>mFUp (Days)</th>
<th>OS</th>
<th>DSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>112</td>
<td>14</td>
<td>1825</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>II</td>
<td>14</td>
<td>8</td>
<td>1176</td>
<td>36%</td>
<td>43%</td>
</tr>
<tr>
<td>IIIAcyt</td>
<td>17</td>
<td>1</td>
<td>1825</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>IIIAhisto</td>
<td>18</td>
<td>8</td>
<td>1048</td>
<td>44%</td>
<td>51%</td>
</tr>
<tr>
<td>IIIIB+</td>
<td>9</td>
<td>5</td>
<td>1224</td>
<td>44%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Disease specific survival after endometrial cancer

Stage I, n=112
Stage IIIA cyt, n=17
Stage IIIA hist, n=18
# RESULTS-4

**HR OF DEATH FROM ENDOM CA BY STAGE**

<table>
<thead>
<tr>
<th>Stage</th>
<th>HR</th>
<th>95%CI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>II</td>
<td>3.2</td>
<td>1.2-8.6</td>
</tr>
<tr>
<td>IIIAcyt</td>
<td>0.3</td>
<td>0.3-2.0</td>
</tr>
<tr>
<td>IIIAhist</td>
<td>2.7</td>
<td>1.0-7.7</td>
</tr>
<tr>
<td>IIIIB+</td>
<td>3.5</td>
<td>1.2-10.4</td>
</tr>
</tbody>
</table>
### DISCUSSION-1

**S. Stage IIIA cytoli # S. Stage IIIA histo**

<table>
<thead>
<tr>
<th>Study</th>
<th>Surv</th>
<th>IIIA cyt</th>
<th>IIIA hist</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preyer &amp; al 2002</td>
<td>5yDFS</td>
<td>64.3% (31)</td>
<td>38.4% (36)</td>
<td>=0.05 (RR:1.67)</td>
</tr>
<tr>
<td>« Tebeu &amp; al. »</td>
<td>5ySS</td>
<td>94% (17)</td>
<td>51% (18)</td>
<td>&lt;0.05 (RR:1.84)</td>
</tr>
</tbody>
</table>
**S. Stage IIIA cytol = S. Stage I**

<table>
<thead>
<tr>
<th>Study</th>
<th>Surv</th>
<th>$\text{I}_{\text{Acyt}}$</th>
<th>I</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morrow &amp; al 1991</td>
<td>5yDFS</td>
<td>65%</td>
<td>96%</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Obermair &amp; al 2001</td>
<td>3yDFS</td>
<td>67% (13)</td>
<td>96%</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Kadamatsu &amp; al 2003</td>
<td>3yDFS</td>
<td>90% (48)</td>
<td>94%</td>
<td>NS</td>
</tr>
<tr>
<td>« Tebeu &amp; al. »</td>
<td>5ySS</td>
<td>94% (17)</td>
<td>88%</td>
<td>NS</td>
</tr>
</tbody>
</table>
CONCLUSION

- STAGE IIIA = 2 Diff SUBSETS
- PPC: NO PRONOSTIC SIGNIFICANCE
- PPC UPSTAGES THE Stage I En Ca
- 1988 FIGO REVIEW OF STAGE IIIA?
- NEED OF ADDITIONAL STUDIES
AKNOWLEDGEMENTS

- DPT OBSTET& GYNECOL UTHG
- DPT RAD THER UTHG
- GCR ISPM
- GENEVA-YAOUNDE COOPERATION
- WH0/GFMER
- DEARS TEATCTHERS