

ABSTRACT

Introduction: In Sri Lanka endometrial cancer is the second common gynaecological cancer. The incidence is rising worldwide due to the increase incidence of obesity and infertility. It is an important malignancy in terms of morbidity rather than mortality, therefore important in terms of healthcare cost.

Many risk factors are associated with this malignancy such as unopposed oestrogen exposure (exogenous or endogenous) obesity, diabetes, use of tamoxifen, certain syndromes like HNPCC. Some of the risk factors are modifiable hence important in addressing preventive measures.

The main modality of treatment is surgery and minimally invasive surgery is used increasingly especially in low risk patients. Controversy exists regarding the role of lymphadenectomy, however its benefit in high risk patients recommends it in this group.

Adjuvant treatment is based on risk categorisation according to the risk factors such as age, stage of disease and histological details such as grade of tumour, depth of myometrial invasion, presence of lymphovascular space invasion. Radiotherapy (EBRT and/or brachytherapy) and chemotherapy is used as adjuvant treatment and there is an increase trend to use chemotherapy according to the current guidelines.

Objectives: To describe the demographic data, stage, clinico-histopathological features, treatment modalities, the recurrence rate and survival within 3 and 5 years of follow up of endometrial carcinoma treated at National Cancer institute, Maharagama.

Method: The study was conducted as a retrospective descriptive study. Data was extracted from clinical records of endometrial cancer patients registered for treatment at National Cancer institute, Maharagama, from 2011 January to 2011 December. Study population consisted of 78 patients. Data was entered into a Microsoft excel data base. Data analysis was done using SPSS statistical software. The proportions of recurrence and survivals at specific intervals was calculated. Overall survival was calculated by Kaplan Meier method.

Results: Mean age of the sample was 60 years (SD8.3 years). Most patients (78.2%) presented with post-menopausal bleeding. Next commonest (26.9%) was vaginal

discharge. More than 50% of patients had other co morbidities. 16.6% were nulliparus. All patients had undergone hysterectomy and bilateral salphingo-ophoretomy. 11(14.1%) patients had undergone lymphadenectomy. The commonest histology type was the endometrioid adenocarcinoma (89.7%). Grade I (41.8%) was the commonest grade. 57.7% had 50% or more myometrial invasion.10.6% had LVSI whilst 89.4% had no LVSI. Majority (75.6%)were comprised of stage I disease. Stage II comprised of 9% and stage III of 14.1% stage IV of 1.3%. 87% received radiotherapy as adjuvant treatment. Five patients (6.4%) were treated with chemotherapy. Eighteen patients (23%) experienced recurrence during the study period. The recurrence at 3 years was 20.5%. Survival at 3 and 5 years were 88.5% and is 85.9%. respectively.

Conclusions: The demographics, clinical presentation, stage at presentation, histology details of the study population are compatible with international figures. However, the recurrence rate is high, mainly distal recurrence. The risk categorization prior to adjuvant treatment and development of local guidelines will help to minimize the morbidity related to treatment and improve disease free survival in these patients.