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Cytoreduction for recurrent gynaecological cancer in Northern Ireland- Patient characteristics and outcomes

White N¹, Asifi N¹, McComiskey M², Reid N²

¹Queen's University Belfast, ²Gynaecological Oncology, Belfast City Hospital

Aims

Study patients undergoing secondary cytoreduction for recurrent gynaecological cancer to provide an insight into patient outcomes and use this information to enhance the counselling of future patients.

Background

Surgery has historically played a lesser role in the management of recurrent disease compared to that in primary ovarian cancers. Recently, there has been an increase in utilisation of secondary cytoreduction.

Methods

Patients were identified from the theatre ledger and included providing they had recurrent gynaecological cancer which was managed surgically within Belfast City Hospital (BCH), 1st January 2014 to 31st December 2018 inclusive. Patient demographics, primary and recurrence disease characteristics (site, histology and post-operative complications), were collected retrospectively by examining patient notes and electronic records. Data inputted into Microsoft Excel for analysis.

Results

Over the 5-year study period, 32 patients (mean age = 61; mean BMI = 30.6) received cytoreductive surgery for recurrent gynaecological cancer. Mean time from initial operation to recurrence of 51.6 months. Number of operations increased throughout this period with 1 surgery in 2014 to 13 in 2018. At initial operation, R0 resection was achieved in 28 patients. The most common initial histopathology being high grade serous (n=10), followed by granulosa cell tumours (n=6). Complete cytoreduction for recurrences was achieved in 29 patients. Histology of the recurrence matched the initial histology in 26 cases and was benign in 6 cases. Histology always matched in granulosa, high grade serous and low grade serous. There was poor concordance with initial histopathology within the subtypes of endometrial, clear-cell and mucinous.

Conclusions

There is an increasing trend for patients undergoing treatment for recurrent gynaecological cancer. The complete cytoreduction rates were high in the primary and recurrent surgeries. The poor concordance with initial histology for endometrial, clear cell and mucinous cancers raise questions about the preoperative consideration for surgery.