Improving outcomes in gynecologic cancer

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Across the cancer continuum

- Prevention
- Screening
- Diagnosis/ staging
- Treatment
- Symptom management/ palliative care
- Survivorship issues
- End-of-life care
Improving health outcomes

• What is the current situation?
• Is there evidence upon which to base guidelines?
• Are doctors and patients aware of and agree with guidelines?
• Can we track behavior and patterns of care?
• Have we changed outcomes?
Outcomes of interest

- Generic medical and surgical issues
- General cancer issues
- HPV-associated disease and cervical cancer
- Endometrial carcinoma
- Epithelial ovarian carcinoma
Prevention of HPV-associated neoplasia

- Evidence-base: Cochrane Collaboration, WHO, IARC, NCI PDQ, etc.
- A for abstinence
- B for be faithful
- C for condoms
- V for vaccines
  - Cost, logistics, acceptability
Prevention of endometrial carcinoma

- Diet and exercise to prevent obesity
- Progestin therapy for women with estrogen excess
- Identify and refer women at high genetic risk
- Hysterectomy for women with HNPCC
Prevention of epithelial ovarian carcinoma

- Promotion of anovulation/ apoptosis with pregnancy, lactation, use of oral contraceptives
- Identify and refer women at high genetic risk
- BSO for women with BRCA1/2, HNPCC
Recommendations for screening for HPV disease

- Evidence: WHO, IARC NCI PDQ, Cochrane Collaboration,
- Guidelines: national governments, NGOs, professional societies
- Developed world: Pap at regular intervals
- Developing world: VIA, see-and-treat, etc
Deficiencies in screening for HPV-associated neoplasia

- Is screening population-based?
- Are women tracked for compliance with screening?
- Does the medical system encourage screening?
- Is screening accurate?
- Are women lost to follow-up?
Cancer screening guidelines for women at high genetic risk

- **Endometrial carcinoma**
  - HNPCC: endometrial sampling, trans-vaginal ultrasound (but little evidence)

- **Epithelial ovarian carcinoma**
  - BRCA1/2, strong family history: CA125, trans-vaginal ultrasound (but little evidence)
Outcomes for diagnosis & staging of HPV neoplasia

• Triage of women with abnormal screens for HPV disease
  – WHO, IARC

• Staging of newly diagnosed cervical cancer
  – FIGO, WHO, IARC, etc
  – Variability of imaging and LN assessment
Expert review of gynecologic pathology

- WHO, US AFIP publications
- Cervical neoplasia
  - CIN and SIL, AGUS, AIS
- Endometrial neoplasia
  - AEH, EIN, depth of invasion, clear cell, etc
- Ovarian neoplasia:
  - tumors of LMP, micropapillary tumors, clear cell, stromal tumors
Variability of staging in endometrial cancer

• Is LN assessment performed?
• How extensive is the LN resection?
• Does LN resection change outcome?
Deficiencies in ovarian cancer staging

- Exploration of upper abdomen
- Omentectomy
- Cytologic washings
- Lymph node evaluation
- Assignment of histologic grade
Guidelines for cancer treatment

• Evidence base: NCI PDQ, Cochrane Collaboration
Deficiencies in cancer treatment

- Cervical carcinoma
  - Radicality of surgery
  - Older patients under-treated
  - Quality of radiation
    - Treatment time, adequate central dose, use of brachytherapy, use of chemoradiation

- Endometrial carcinoma
  - Use of radiation?
Deficiencies in ovarian cancer treatment

• Inadequate staging -> under-treatment
• Limited effort at cytoreduction
  – Difficult to quantitate burden of disease before and after surgery, or number of viable cancer cells
• Suboptimal chemotherapy
  – Platinum, taxane, use of intraperitoneal administration
• Older women less likely to get optimal treatment
Overcoming deficiencies in treatment

• Centralization of cancer care
• Involvement of gynecologic oncologists with care of women with gynecologic cancer
• Use of risk-of-malignancy index for triage of women with adnexal masses
• Multidisciplinary treatment team
Generic treatment guidelines

• Management of pain related to cancer or treatment
  – WHO, Agency for Health Care Policy and Research, etc
• Critical pathways for in-hospital care
• Supportive care (ASCO, ESMO, etc)
  – Use of colony-stimulating factors
  – Use of erythropoietin and transfusion
  – Nutritional assessment and treatment of malnutrition
  – Exercise
Guidelines for management of symptoms/ palliative care

• Pain
• Depression
• Fatigue
Guidelines for survivorship issues

- Evidence base: NCI PDQ, etc
- Pain, depression, fatigue
- Body image/ Intimacy/ sexuality
- Cognitive function (“chemobrain”)
- Function of bowel, bladder, vagina
- Exercise
Guidelines for end-of-life care

- WHO, NIH, NCI, ASCO, International Observatory, etc
- Integrate treatment and palliative care
- Timely involvement with hospice and EOL specialists
- Continued contact with treatment team
Recommendations regarding outcomes in gynecologic cancer

- Expand base of evidence
- Develop, update and promote guidelines
- Evaluate awareness of guidelines
- Improve health care system to facilitate adoption of guidelines
- Track changes in behavior and outcome