



Effect of Hysterectomy and Lymph Node Dissection Plus Radiation on Survival in Patients with Stage I Grade 3 Endometrial Adenocarcinoma

Abstract N0. 1063

Johnny Yap, Paul Chuba, Merlin Hemre
Shashikant Lele, Wainwright Jaggernauth, Amr Aref

Roswell Park Cancer Institute, Buffalo, New York

Summary:

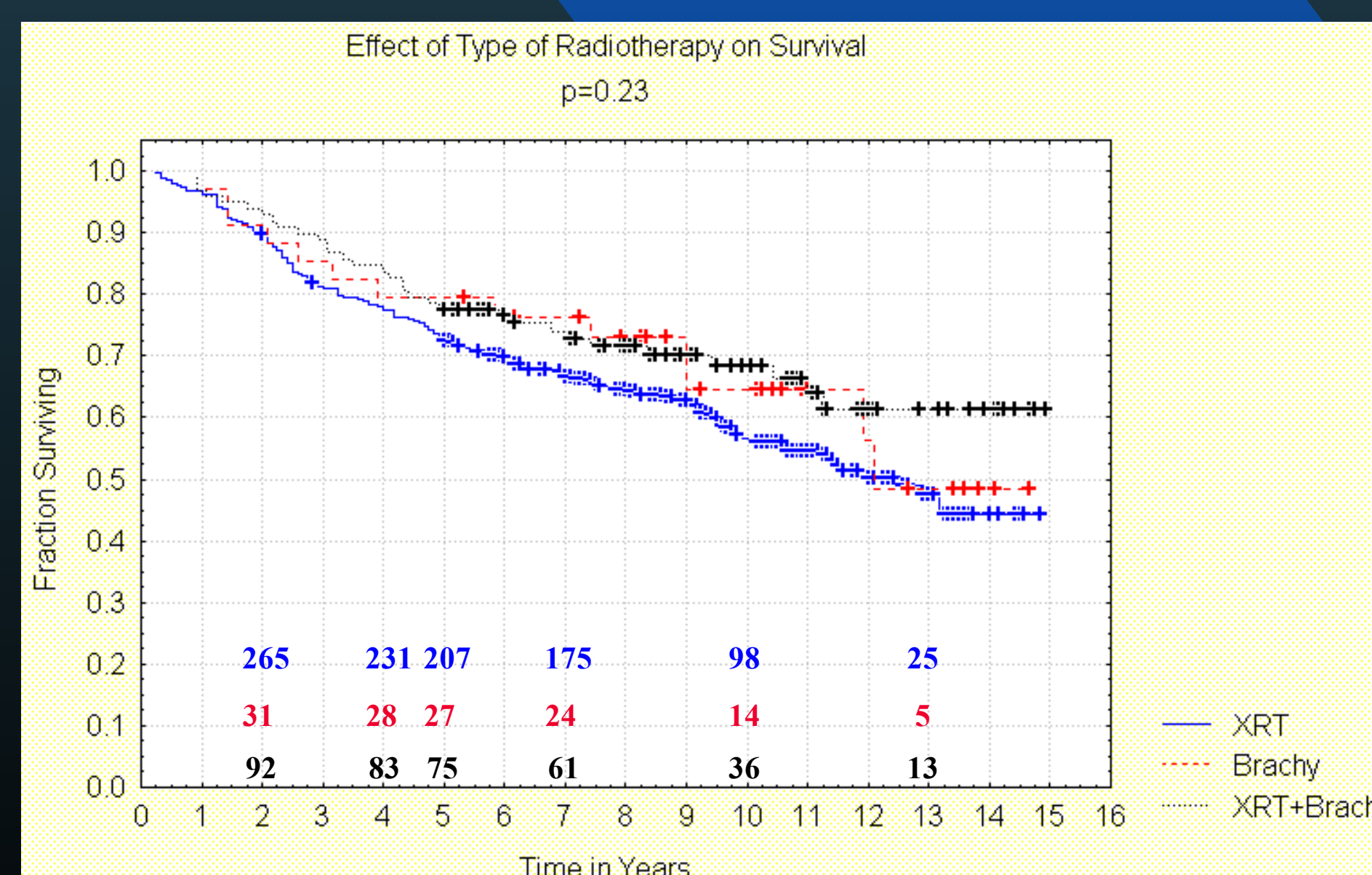
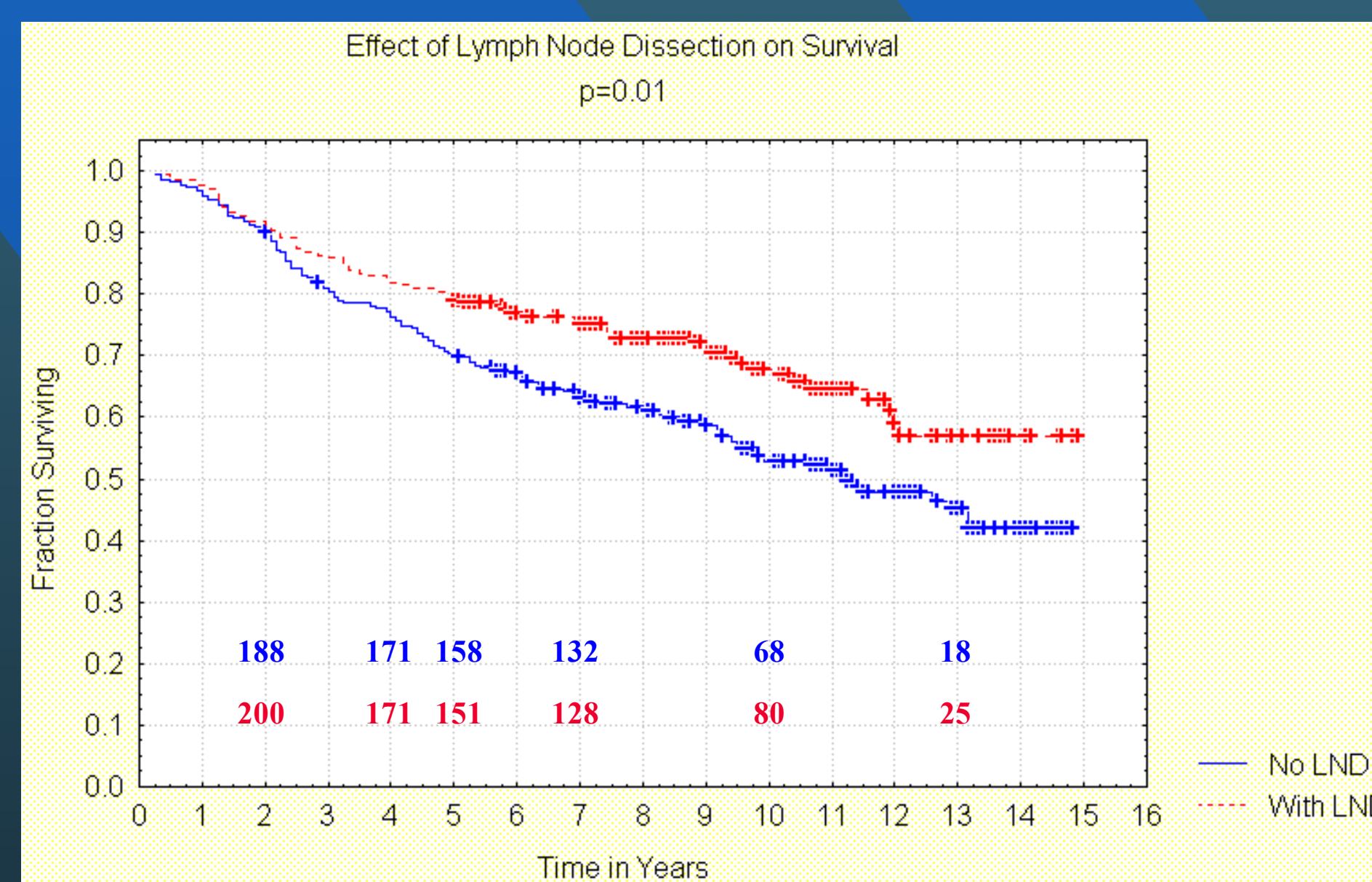
Selective lymphadenectomy is commonly employed for management of early stage endometrial cancer. We have used SEER data to evaluate the impact of lymph node dissection, LND, (pelvic and para-aortic areas) on survival (OS).

SEER database (1988 to 1997) was used for this analysis. A total of 425 patients were identified, and 205 patients had LND while 220 patients had no LND. All patients had some form of adjuvant radiation treatment.

On multivariate analysis, the use of LND remained a significant prognosticator. On univariate analysis, RT types (XRT vs. brachytherapy alone vs. combined) and race did not impact OS. The use of LND resulted in improved 10-year OS at 67.5% vs. 53% (p=0.01)

Patient Characteristics:

Surgery type	N	RT type	Race	Age
No LND	220	XRT 165 Brachy 11 Both 44	C 208 AA 12	35 to 90 median 68
Yes LND	205	XRT 128 Brachy 23 Both 54	C 195 AA 10	37 to 87 median 66



Conclusions and Discussion:

SEER data suggest that more extensive surgery including LND together with radiation treatment may result in greater overall survival in localized FIGO stage I, node-negative, but high grade endometrial AdenoCa

This result is subjected to selection-bias due to the nature of the data. Quality of data is presumably accurate, but reasons for a particular patient to undergo LND is not known. The patients who were surgically stage I may have an inherently improved outcome as compared to clinically stage I disease.

Interestingly, the type of RT did not impact on overall survival. All patients received some form of RT in this series. Could brachytherapy alone be sufficient while omitting XRT? This

series cannot answer that due to