

## ***Oncology***

**Evaluation of Two Management Strategies for Preoperative Grade 1 Endometrial Cancer.**

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**OBJECTIVE:** To compare the practices, adjuvant treatment, and outcomes of patients with preoperatively assessed grade 1 endometrioid endometrial cancer between two academic gynecologic oncology centers that use different treatment strategies.

**METHODS:** A retrospective analysis was performed at Duke University Medical Center (Duke) and the Toronto Sunnybrook Regional Cancer Center (Sunnybrook) between 1991 and 2007. Patients at Duke generally underwent surgical staging unless intraoperative assessment identified a negligible risk of nodal disease. Patients at Sunnybrook generally did not undergo surgical staging.

**RESULTS:** A total of 494 patients (272 from Duke and 222 from Sunnybrook) were identified with preoperative, central-review–confirming, grade 1, endometrioid, endometrial cancer. Groups were similar in grade, final histology, type of hysterectomy, and length of hospital stay. Patients from Sunnybrook were older (aged 62 years compared with 59 years,  $P=.001$ ) and were more likely to have capillary lymphatic space involvement (18.2% compared with 8.3%,  $P=.003$ ) and cervical involvement (12.2% compared with 3.7%,  $P<.001$ ). Approximately 2% of cases were upgraded to high grade on final specimen. Lymphadenectomy was performed on 49.4% of patients at Duke compared with 11.7% of patients at Sunnybrook. Overall 3-year survival was 96% at Duke and 96% at Sunnybrook ( $P=.217$ ). Three-year recurrence-free survival was 96% at Duke and 95% at Sunnybrook ( $P=.327$ ).

**CONCLUSION:** Despite differences in practice and slight differences in patient populations, the recurrence-free and overall survival of women with preoperative centrally reviewed grade 1 endometrial cancer is excellent and without statistically significant difference between the two centers.