HIGH YIELD ONCOLOGY AND CRITICAL CARE TOPICS

Staging of Endometrial Cancer

Stage I
A
B
C

Stage II
A
B

Stage III
A
B
C

Stage IV
A
B

Women’s Health Initiative (this was covered in GYN REVIEW as well, but comes up over and over on the CREOG)

- continuous use of .625 mg CEE plus 2.5 mg MPA daily
- 40% of study subjects in both the HT arm and the placebo arm stopped using their study drugs during the course of the study

<table>
<thead>
<tr>
<th>Health Event</th>
<th>Hazard Ratio (95% CI)</th>
<th>Absolute Risk-benefit per 10,000 woman-years</th>
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<tbody>
<tr>
<td>Coronary heart disease</td>
<td>1.29 (1.02-1.63)</td>
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<tr>
<td>Stroke</td>
<td>1.41 (1.07 – 1.85)</td>
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<td>Breast cancer</td>
<td>1.26 (1.00 – 1.59)</td>
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<td>Pulmonary embolism</td>
<td>2.13 (1.39 – 3.25)</td>
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<td>Venous thromboembolism</td>
<td>2.11 (1.58-2.82)</td>
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<td>Hip fracture</td>
<td>.66 (.45 - .98)</td>
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<tr>
<td>Colorectal cancer</td>
<td>.63 (.43 - .92)</td>
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- Estrogen therapy for endometrial cancer is controversial
- Theory that exogenous estrogen increases the risk of recurrent disease (unproven by 4 retrospective studies)
- ACOG and FDA have stated that both hormone therapy and estrogen therapy provide the most effective treatment for menopausal symptoms (hot flashes), but women should take the lowest effective dose for the shortest possible duration
- Tamoxifen - affects risk of breast cancer and improves BMD, but does not reduce vasomotor symptoms
Cervical cancer and pregnancy/delivery plan
- Microinvasive cervical cancer (stage IA1, IA2) → vaginal delivery
- Clinically evident lesions (stage IB1, IB2) → Cesarean delivery

DO NOT HAVE TO DELAY THERAPY FOR UP TO NONBULKY STAGE 1B
- Bulky lesions (>4cm) stage IB →

ENDOMETRIAL CANCER TREATMENT (after surgical staging)
Stage I
- A
- B
- C
Stage II
- A
- B
Stage III
- A
- B
- C
Stage IV
- A
- B

TYPES OF ENDOMETRIAL CANCER
- TYPE 1
- TYPE 2

TYPES OF OVARIAN CANCER
GERM CELL
- D
- E
- E
- P
- C
- T
- Gonadoblastoma
SEX CORD STROMAL
- Granulosa
- Leydig
- Sertoli
- Thecoma
- Fibroma

EPITHELIAL
- Serous (fallopian tube) CA125
- Mucinous (cervix) CA 19-9
- Clear (vagina)
- Endometrioid (uterus)
- Transitional/Brenner (bladder)
- Carcinosarcoma/MMMT

TUMOR MARKERS

CERVICAL CYTOLOGY

Initial Workup of Women with Atypical Glandular Cells (AGC)

All Subcategories (except atypical endometrial cells)

Colposcopy (with endocervical sampling) AND HPV DNA Testing * AND Endometrial Sampling (if > 35 yrs or at risk for endometrial neoplasia *)

Atypical Endometrial Cells

Endometrial AND Endocervical Sampling

NO Endometrial Pathology

Colposcopy

* If not already obtained. Test only for high-risk (oncogenic) types.
* Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.
STAGING VULVAR CANCER

STAGE IA
STAGE IB
STAGE II
STAGE III
STAGE IVA
STAGE IVB

VULVAR SURGICAL STAGING (squamous) - how much surgery to do?
T1a          wide local incision (1 cm margin)
T1b-lateral* +ipsilateral groin dissection
T1b-medial   + bilateral groin dissection
T2-lateral*  +ipsilateral groin dissection
T2-medial    +bilateral groin dissection
T3           +bilateral groin dissection          XRT?, chemo? exent?
T4           +bilateral groin dissection          XRT?, chemo?, exent?

*2 cm from urethra, clitoris, posterior fourchette

groin dissection = inguinal femoral LAN - all superficial nodes above cribiform fascia
and several nodes adjacent to fossa ovalis, including Cloquet’s node

XRT if 3+ LN
OTHER TYPES OF VULVAR CANCER

Paget’s cancer:
--itching, irritation, burning
--associated with breast, bladder, colon, cervix - screen these areas
--treatment: WLE to below epithelium (about 6 mm) to Colles fascia (more than a skinning vulvectomy)

Verrucous cancer
--variant of invasive squamous cell
--pushing border rather than infiltrating border
--large exophytic condylomatous lesion
--treatment: WLE, no XRT, no chemo, no LAN

Sarcoma
--Treatment: WLE

Melanoma:
--Treatment: WLE with 2 cm margins in W, D .76

Bartholin:
--Treatment: WLE 2 cm margins, ipsilateral inguinal and femoral LND

Risk of Breast Cancer
OVARIAN CANCER STAGING

Stage I
- A
- B
- C

Stage II
- A
- B
- C

Stage III
- A
- B
- C

Stage IV
CERVICAL CANCER STAGING
Stage 0
Stage I
  IA
  IA1
  IA2
  IB
  IB1
  IB2
Stage II
  A
  B
Stage III
  A
  B
Stage IV
  A
  B

VAGINAL CANCER STAGING
Stage 0
Stage I
Stage II
Stage II
Stage IV
Stage IV
  A
  B