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Accidental diagnosis of endometrial and cervical cancer after hysterectomy: what to do?

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A typical problem:

A 46 year old woman with bleeding disorder and fibroids. You perform a vaginal hysterectomy, due to a big fibroid it was necessary to perform a morcellation. Everything went well, but 5 days later, the patient is already at home, you get the result of the pathological examination: endometrial cancer

What to do:

- **In Pubmed 152 publications „incidental gynecologic neoplasms in morcellated uterine specimens“**

Problem:

- **No systematic studies concerning incidence, oncologic therapy and follow up**

Incidence

The probability of an accidental endometrial cancer after hysterectomy is low:

- **0.13% bis 0.45%**

Theben et al Arch Gynecol Obstet 2013 287 455

Takamizawa et al Gynecol Obstet Invest 1999 48 193

Ouldamer et al J Minim Invasive Gynecol 2014 21, 131

Rowland Gynecol Oncol 2012 127 29

Kamikabeya et al. Eur J Gynaecol Oncol 2010 31(6) 651

What are the problems?

Oncologic risks

1. Pathologic examination is difficult:

- **Examination of the endometrium is difficult, in pospective studies 1 out of 5 endometrial cancer were overlooked**
- **After morcellation it is not possible to measure the deepth of infiltration into the myometrium: it is not possible to get a certain pathologic staging**

Rivard et al J Minimally Invasive Gynecol 2012 19(3) 313

Oncologic risks

2. No staging, no risk adapted oncologic therapy:

- **Indication of a lymphonodectomy depends on the deepth of the infiltration into the muscle. But this can not be measured**
- **Consequently the risk of an oncologic over- and undertherapy is high**

Oncologic risks

3. Increased risk of local recurrences (?):

- **Manipulation of the tumor and morcellation may lead to a local spread of tumor cells**

Coming back to this women: what to do in this situation?

A 46 year old woman with bleeding disorder and big fibroids. You perform a vaginal hysterectomy, due to a big fibroid it was necessary to perform a morcellation. Everyything went well, but 5 days later, the patient is already at home you get the result of the pathological examination: endometrium cancer

- **1. Step: another surgery is necessary. Completion of the surgical therapy (adnexectomy, cytologic examination of the peritoneal fluid):**

  In up to 15% of all cases this will lead to an upstaging

Einstein et al Int J Gynecol Cancer 2008 18 1065

- 1. Step: another surgery is necessary. Completion of the surgical therapy (adnexectomy, cytologic examination of the peritoneal fluid):

  In up to 15% of all cases this will lead to an upstaging

2.Step: Discussion about lymphadenectomy

Einstein et al Int J Gynecol Cancer 2008 18 1065

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Problem lymphadenectomy

- **As in most cases an exact staging is not possible it is very difficult to find out those patients who need a lymphadenectomy: all G3, all non-endometrioid histology, but >pT1a ?**

Surgery

Question:

- 1. Do all patients need a further operation ?

Answer :

If you are sure pT IA G1 and at least a salpingectomy has been done: no

In all other stages: yes

Einstein et al Int J Gynecol Cancer 2008 18 1065

Surgery

Question:

- **2. Do all patients need a lymphadenectomy if the infiltration into the myometrium can not be measured ?**

Answer :

Yes

Probability of positive lymphnodes in stage I 11%, in stage II 53%

Einstein et al Int J Gynecol Cancer 2008 18 1065

Adjuvant therapy

Questions:

- **3. Does morcellation always mean adjuvant chemotherapy or radiotherapy?**

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Answer:

- vaginal brachytherapy: yes
- Adjuvant chemotherapy: only if further risk factors

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Adjuvant therapy

Very important:

- A further operation can not be replaced by vaginale brachytherapy

Al Ayhan et al J Surg Oncol 2006 93 373

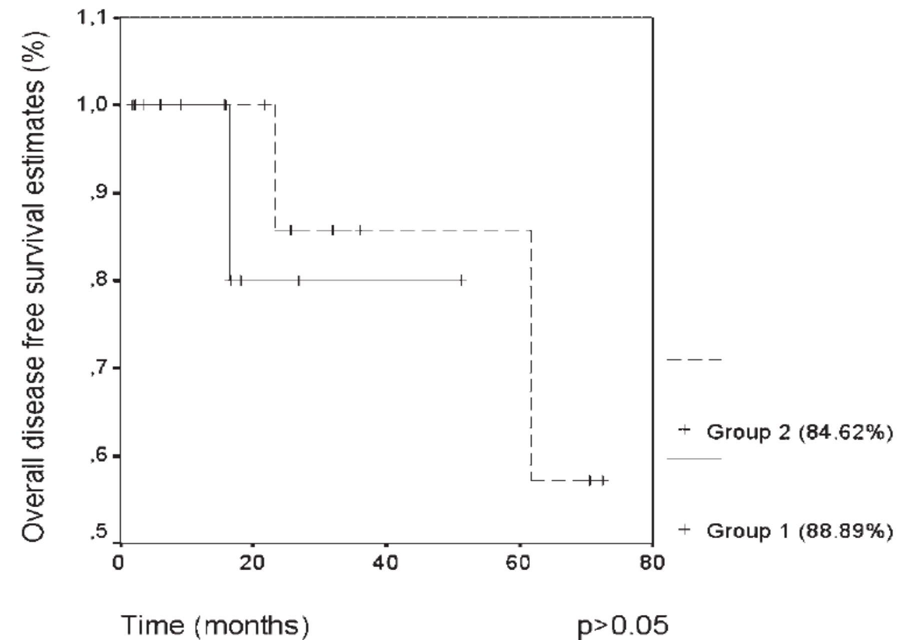

Fig. 1. Comparison of overall disease-free survival estimates of patients whom postoperative adjuvant radiotherapy was given in Groups 1 and 2.

Prognosis

Do women after accidental diagnosis of an endometrial carcinoma have a worse prognosis ?

- **No, but only if subsequent stage-adapted operation is done**

Einstein et al Int J Gynecol Cancer 2008 18 1065

The most important fact:

No hysterectomy in patients with bleeding disorders without preoperativly exclusion of an endometrial carcinoma by ultrasound, D&C or pipelle

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A typical problem:

A 42 year old woman with recurrent Pap IIID. She does´nt want to get further Pap controls and you perform a vaginal hysterectomy. Everything went well, but 5 days later, the patient is already at home, you get the result of the pathological examination: cervical cancer of the endocervix, 1,3cm

Incidence

The probability of an accidental cervical cancer after hysterectomy is low:

- **0% bis 0.17%**

Mahnert et al Obstet Gynecol 2015, 125(2) 397

Kamikabeya et al EurJ Gynaecol Oncol 2010 31(6) 651

What to do ?

Leitlinienprogramm
Onkologie

S3-Leitlinie Diagnostik, Therapie und Nachsorge der Patientin mit Zervixkarzinom

Version 1.0 – September 2014

AWMF-Registernummer 032/033OL

DKG KREBSGESELLSCHAFT

Deutsche Krebshilfe
HELFEN. FORSCHEN. INFORMIEREN.

AWMF

9.20.	Konsensbasierte Empfehlung
EK	Bei akzidentiellem Zervixkarzinom nach einfacher Hysterektomie soll eine stadiengerechte Therapie erfolgen. Wäre ursprünglich eine radikale Hysterektomie indiziert gewesen, soll ein Operatives Staging und entweder eine Nachoperation (Parametrien, Scheidenmanschette, Lymphonodektomie) bzw. eine Radio(chemo)therapie durchgeführt werden.
	Starker Konsens

… stage adapted therapy is indicated. If radical hysterectomy was indicated resection of the parametrium, resection of the vaginal fault and pelvic LNE is indicated otherwise radiochemotherapy

1. Step: exact pathology

Most important question:

- 1. Is the carcinoma removed completly?

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Most important question:

- 2. Is there a indication for a radiochemotherapy ?

Indications for a radiochemotherapy:

- **G3, L1, V1**
- **Tumorsize >4cm**
- **Resection in sano, non in sano, close to the margins?**

2.Step: Discussion about further operation

Is a second intervention always indicated ?

Surgery

Answer: yes

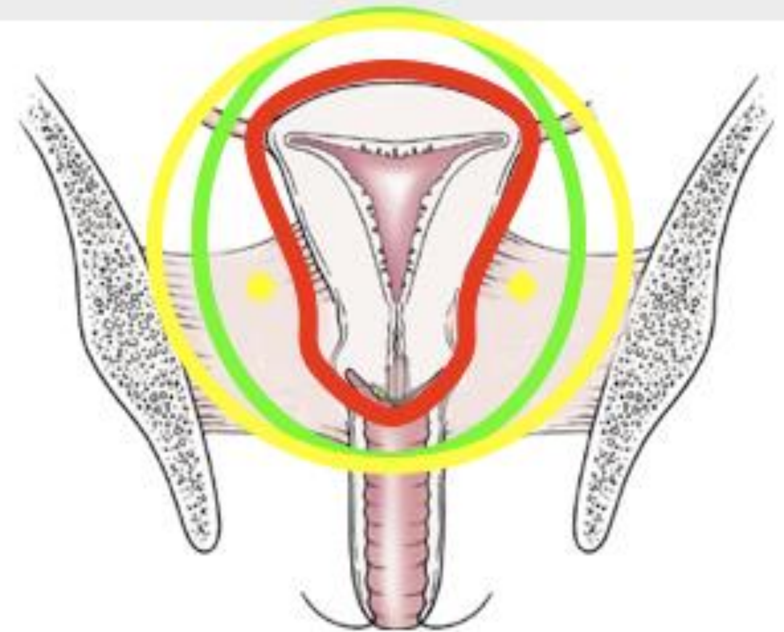
1. a pelvic lymphadenectomy is always indicated:

- either in a curative intention,
- or as a staging procedure before radiochemotherapy

Surgery

2. Is a subsequent resection of the parametrium or the vaginal fault necessary ?

Piver classifikation of radical hysterectomy



Surgery

Answer:

- **If a complete resection R0 is documented in the pathological report a further resection of the parametric area or the vagina is not indicated**

In cases of R1 oder R? a further resection is indicated, even in patients where an adjuvant radiochemotherapy is indicated

Adjuvant therapy

3. Step: Is the accidental diagnosis of a cervical cancer always an indication for an adjuvant radiochemotherapy ?

Adjuvant therapy

Answer:

- **No: accidental diagnosis of cervical cancer per se is not an indication for an adjuvant therapy**
- **Indication for an adjuvant radiochemotherapy only following the guidelines**

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Indications for an adjuvant radiochemotherapy

- N+
- R1
- At least 3 risc factors:

  - L1
  - V1
  - bulky disease (tumorsize > 4 cm)
  - G3

FORSCHEN
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Summary :

- If R0 and no indication for an adjuvant radiochemotherapy only **pelvine LNE**

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Summary :

- If R1 or R? further resection of the parametrium and vagina and **pelvine LNE**

Summary :

- If there is an indication for an adjuvant radiochemotherapy laparoscopic lymphnode staging

The most important fact:

No hysterectomy without actual cytology or pathology

The most important fact:

- No hysterectomy without actual cytology !