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
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?
1. Pathologic examination is difficult:

- Examination of the endometrium is difficult, in prospective studies 1 out of 5 endometrial cancer were overlooked.

- After morcellation it is not possible to measure the depth 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
2. No staging, no risk adapted oncologic therapy:

- Indication of a lymphonodectomy depends on the depth of the infiltration into the muscle. But this can not be measured.

- Consequently the risk of an oncologic over- and undertherapy is high.
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. Everything 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 (adnexitomy, cytologic examination of the peritoneal fluid):

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2. Step: Discussion about lymphadenectomy
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?
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
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
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
Very important:

- A further operation cannot be replaced by vaginale brachytherapy

Al Ayhan et al. J. Surg. Oncol. 2006 93 373
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 preoperatively exclusion of an endometrial carcinoma by ultrasound, D&C or pipelle
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
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?
S3-Leitlinie Diagnostik, Therapie und Nachsorge der Patientin mit Zervixkarzinom

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... 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 completely?
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?
Answer: yes

1. a pelvic lymphadenectomy is always indicated:
   - either in a curative intention,
   - or as a staging procedure before radiochemotherapy
2. Is a subsequent resection of the parametrium or the vaginal fault necessary?

Piver classification of radical hysterectomy
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.
3. Step: Is the accidental diagnosis of a cervical cancer always an indication for an adjuvant radiochemotherapy?
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
Indications for an adjuvant radiochemotherapy

- N+
- R1
- At least 3 risk factors:
  - L1 - bulky disease (tumor size > 4 cm)
  - V1 - G3
Summary:

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