5-year survival of endometrial carcinoma in the experience of the Gynaecological Clinic of Padua University: quality of life

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Summary: We have considered 414 cases of endometrial carcinoma from 1963 to 1990, with particular attention to 5-year survival and quality of life. The results show an increase of survival rate and of patients always NED- rate, from the first decades (63-70) to the last period (81-90).

Similarly, the percentage of patients treated just with surgical therapies increases too, showing the effectiveness of personalized therapeutical strategies.

Key words: Endometrial cancer; Survival; Quality of life.

INTRODUCTION

In the last years an increase of incidence of endometrial carcinoma has been remarked and in some geographical areas it has overcome, in frequency, cervical carcinoma. In parallel, there have been notable innovations regarding either its early diagnosis or the therapeutic modalities. In particular, in our Clinic, the idea of « personalizing the clinic management », and especially its therapeutic aspect, has been developed. Actually the most frequent detection of the tumours in early stages and the best knowledge of their actual and potential diffusion, enables the Gynaecologist-Oncologist to effect the most radical therapeutic choice, and at the same time, the less expensive one, for the patient. The aim of this research is to establish the influence of such innovation on the survival and on the quality of life of the patients who are affected by endometrial carcinoma, observing its course in the last 30 years.

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MATERIALS AND METHODS

Only the cases which can be staged according to the Surgical Pathological Staging System (S.P.S.) ([6]) have been considered.

This staging system presents the advantages of a complete, either clinical or surgical or pathological, evaluation of cancer diffusion.

The survival at the 3rd, 5th, and 10th year has been defined.

Regarding the quality of life, a distinction between NED patients and patients with evident disease has been made. NED patients have been subdivided into « always NED » or « NED with treated relapse ».

The collection of data has been accrued by the same group specialized in on-

Table 1. – *3 - 5 - 10 year survival: quality of life.*

		NED		Evident disease			Uncertain NED	Total	%
		Always NED	NED with TR. REL	0-12	After 13-24	25-36			
LIVING AT 3RD YEAR-STAGES	O	9	–	–	–	–	3	12	3.8
	%	75	–	–	–	–	25	100	
	A	219	3	1	2	2	36	263	
	%	83.3	1	0.4	0.8	0.8	13.7	100	83.2
	B	31	2	–	1	2	4	40	
	%	77.5	5	–	2.5	5	10	100	12.7
	M	–	–	–	–	–	1	1	
	%	–	–	–	–	–	100	100	0.3
	Tot.	295	5	1	3	4	44	316	
	%	82	1.6	0.3	0.9	1.3	13.9		100
LIVING AT 5TH YEAR-STAGES	O	8	–	–	–	–	2	10	3.7
	%	80	–	–	–	–	20	100	
	A	195	3	–	–	1	26	225	82.4
	%	86.7	1.3	–	–	0.4	11.6	100	
	B	30	2	–	–	2	3	37	
	%	81.1	5.4	–	–	5.4	8.1	100	13.5
	M	–	–	–	–	–	1	1	
	%	–	–	–	–	–	100	100	0.4
	Tot.	233	5	–	–	3	32	273	
	%	85.4	1.8	–	–	1.1	11.7		100
LIVING AT 10TH YEAR-STAGES	O	6	–	–	–	–	1	7	4.3
	%	85.7	–	–	–	–	14.3	100	
	A	119	1	–	–	–	21	141	
	%	84.4	0.7	–	–	–	14.9	100	86
	B	11	2	–	–	2	1	16	
	%	68.8	12.5	–	–	12.5	6.2	100	9.7
	M	–	–	–	–	–	—	—	
	%	–	–	–	–	–	—	—	—
	Tot.	136	3	–	–	2	23	164	
	%	82.9	1.9	–	–	1.2	14		100

cological gynaecology during the three decades considered, and so according to common criteria. In consequence, the data are homogeneous and comparable. The follow-up at the 3rd year is 95%; at the 5th year 93%; at the 10th year 88%. The analysis of data has been worked out either as a whole, or distinctly for decades, and the significance of data has been revealed by χ^2 tests ([3]).

RESULTS

From 1963 to 1990, in the Gynaecological Clinic of Padua University, 602 cases of endometrial carcinoma have been diagnosed and treated: 408 of them were staged according to the S.P.S.; 414 cases have been evaluated for survival and quality of life from 1963 to 1987; 13 stage 0, 309 stage A, 88 stage B, 4 stage M.

Table 2. – *5-year survival: quality of life by decades.*

		NED		Evident disease			Uncer-tain NED	Total	%
		Always NED	NED with TR. REL	0-12	After 13-24	25-36			
PERIOD '63-'70	O	1	–	–	–	–	—	1	1.5
	%	100	–	–	–	–	—	100	
	A	40	1	–	–	–	19	60	93.7
	%	66.7	1.7	–	–	–	31.6	100	
	B	–	–	–	–	–	3	3	4.7
	%	–	–	–	–	–	100	100	
	Tot.	41	1	–	–	–	22	64	
	%	64	1.6	–	–	–	34.4		100
PERIOD '71-'80	O	5	–	–	–	–	2	7	5.6
	%	71.4	–	–	–	–	28.6	100	
	A	91	1	–	–	1	7	100	80.6
	%	91	1	–	–	1	7	100	
	B	12	2	–	–	2	–	16	
	%	75	12.5	–	–	12.5	–	100	12.9
	M	–	–	–	–	–	1	1	
	%	–	–	–	–	–	100	100	0.9
	Tot.	108	3	–	–	3	10	124	
	%	87.1	2.4	–	–	2.4	8.1		100
PERIOD '81-'85	O	2	–	–	–	–	—	2	2.3
	%	100	–	–	–	–	—	100	
	A	64	1	–	–	–	—	65	76.5
	%	98.5	1.5	–	–	–	—	100	
	%	18	–	–	–	–	—	18	21.2
	%	100	–	–	–	–	—	100	
	Tot.	84	1	–	–	–	—	85	
	%	98.8	1.2	–	–	–	—		100

As a whole, the 3-year survival for stage 0 is 92.3%, for stage A 85.1%, for stage B 45%, while only 1/4 of the patients were alive in stage M; 5-year survival is 83.3% for stage 0, 78.4% for stage A, 45.7% for stage B; 10-year survival is 70% for stage 0, 64.4% for stage A and 29.6% for stage B.

As regards the clinical development and the quality of life, see Table 1. By analyzing the « always NED patients » rate, it can be seen that, for stage 0, it goes from 75% in the 3rd year to 80% in the 5th year, and to 85% in the 10th year, while contemporarily the patients with uncertain NED diminish. For stage A, the « always NED patients » rate remains constant: 80-86%. As for stage B, it diminishes from 77.55% in the 3rd year, to 68.8% in the 10th year. In parallel, an increase of patients in stage B «NED with treated relapse» is noticed: from 5% to 12.5%.

The analysis of 5-year survival by decades, shows an increase from 68 % to 87.7%. Particularly, the patients alive in the 5th year either in stage A (79% period '63-'70; 95% period '81-'90) or

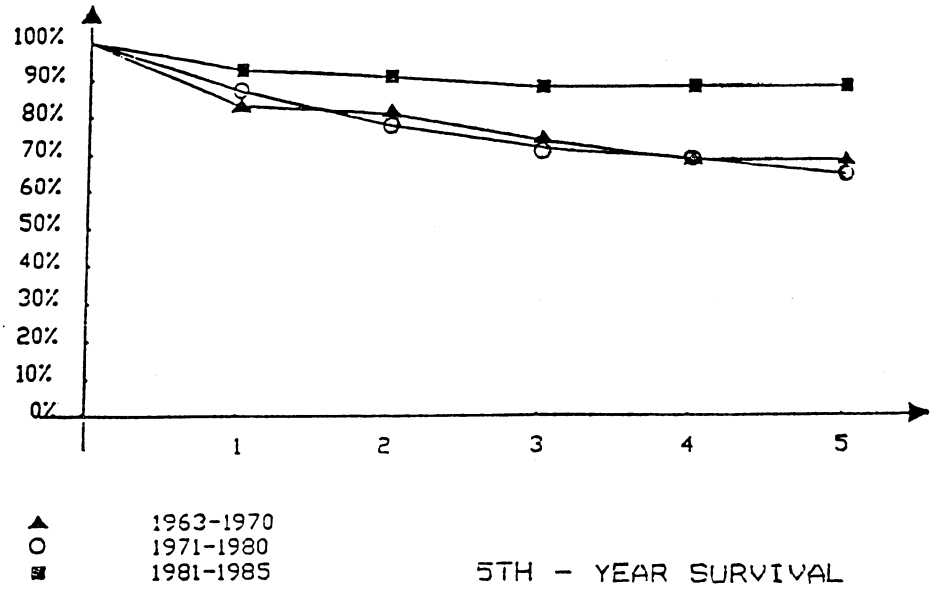

Fig. 1. — Survival curves by decades.

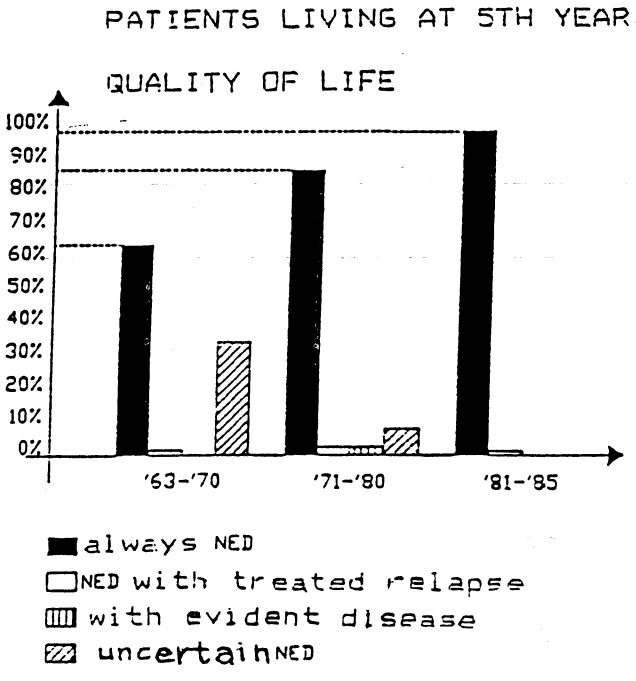

Fig. 2.

in stage B (18.8% period '63-'70; 66.6% period '81-'90) are increased.

In Table 2, we can observe the quality of life of patients alive in the 5th year, analyzed by decades. The increase of NED patients in stage A and stage B can be seen.

As regards the modalities of therapy, a clear modification can be seen in about thirty years: in the period '63-'70 only the 24.55% of the patients were exclusively treated with surgical therapy, while chemotherapy, a variable associated with other treatments, is used in 60% of the cases; in the period '71-'80, the number of patients treated only with surgical therapy increases to 40.9%, while radiotherapy is associated in 26.6% of the cases; in the period '81-'90, the percentage of patients who are subjected only to surgical therapy increases to 52.7%, while the percentage of cases subjected to radiotherapy diminishes (20%) and the increase of hormonal therapy, associated with surgery, is very significant (5.7%, '71-'80; 19.7%, '81-'90).

DISCUSSION

It is very difficult to compare our data with other literature, because there are very few longitudinal studies ([1, 2, 5]) and a distinction between NED patients and patients with evident disease is rarely drawn.

About the 5-year survival rate, we can notice that, for all stages, it increases from 68.1% of the period 63-70 to 87.7% of the period 81-90, with a very remarkable increase (p included between 0.001 and 0.01). Such increase is not revealed between the years 63-70 and 71-80; the same result is present in one of the few longitudinal studies found in literature: Haybittle et al. ([4]).

Even distinctly by stages, the 5-year survival rate increases during the three decades: from 79% to 95.9% for stage A and from 18.8% to 66.6% for stage B. The quality of life increases too in fact «always NED patients» are 64% during the years '63-'70 and 98.8% in the years '81-'85. The increase regards either early stages or advanced stages. It is deduced that the greatest survival and the best quality of life in the last period does not only come from better diagnostic techniques (diagnosis in early stages), as it may seem at first observation, but also from better therapy either in early or advanced stages. A foreground part in such improvement seems to belong to surgery: its use as the sole treatment goes from 28.7% in '63-'70 to 47% in '81-'90. This is surely linked to improvement in surgical techniques and consequent increase of operable patients and radical removal of tumours. Concerning this, we remind that, in the last decades, our Clinic, the idea of « personalizing » clinic management has been developed. 85.6% of the patients have been submitted to total abdominal hysterectomy with bilateral adnexectomy, and only the cases with diffusion to the cervix or bordering structures were treated with a greater operation such as hysterectomy by Wertheim-Meigs ([8]).

CONCLUSION

In endometrial carcinoma, the increase of survival and quality of life, either for early stages or advanced stages, proves the efficacy of personalized treatment, adequate to the real tumor extension. This extension is reflected in the surgical and pathological staging, which is setted as both diagnostic and terapheutic moment ([7]). Nowadays, undoubtedly the benefits of a therapeutic treatment have to be not only « quantitative » (survival) but also « qualitative » (quality of life): the choice of strictly personalized diagnosis and treatment has been the ultimate aim of our Clinic.

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