NATIONAL WOMEN'S ANNUAL REPORT 2020

Endometrial cancer: What's new?

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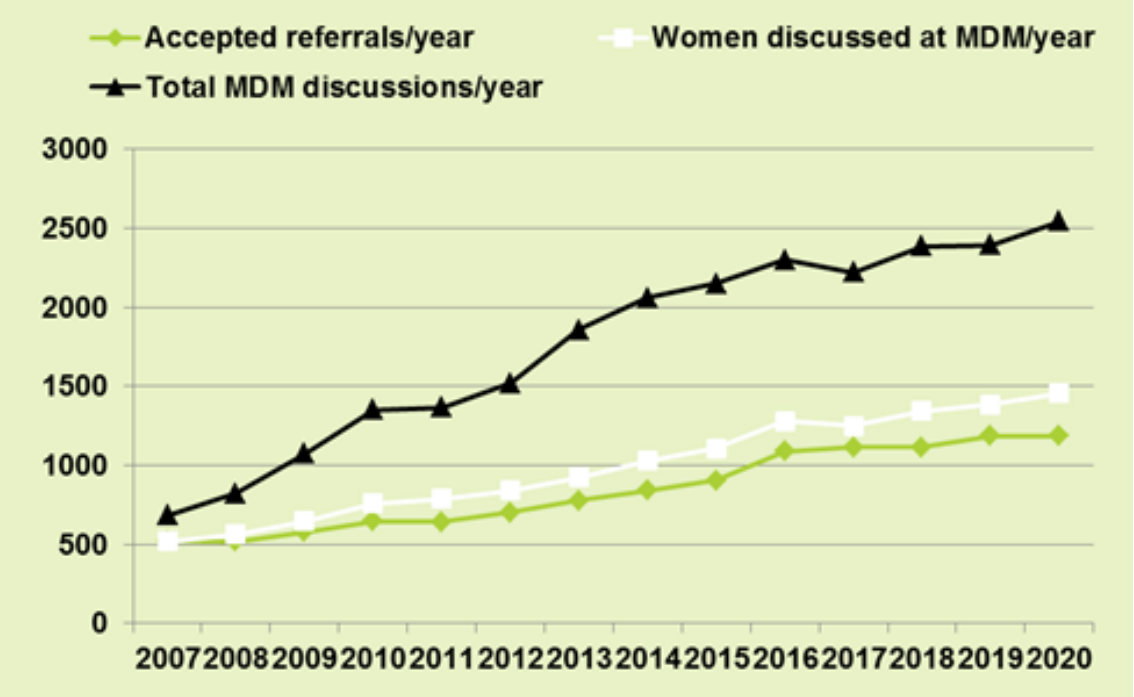
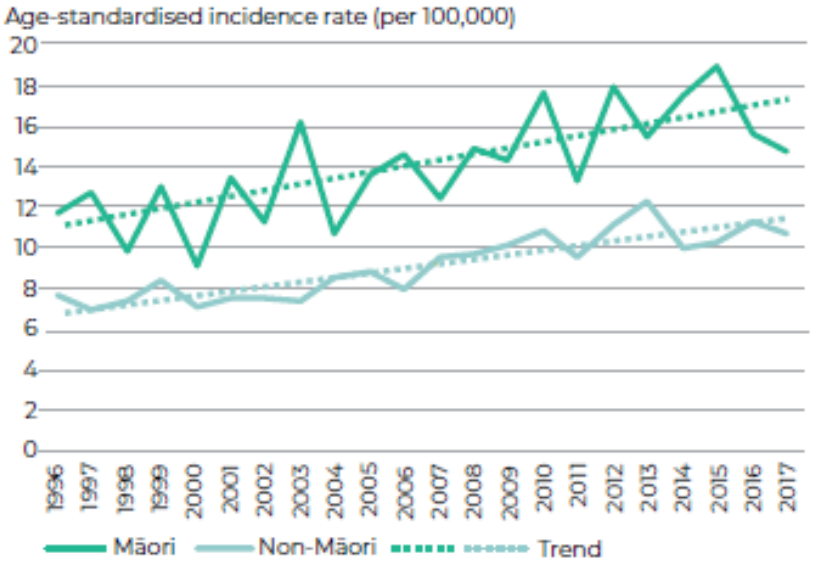
MDM 2020



- 1184 new referrals
- 2541 discussions
- 1454 wāhine

- 5.9% increase

Figure 1.9: Uterine cancer incidence in Aotearoa, 1996–2017



Cancer Causes & Control (2019) 30:121–127
https://doi.org/10.1007/s10552-019-1129-1

ORIGINAL PAPER

Rapid increase in endometrial cancer incidence and ethnic differences in New Zealand

Oliver W. Scott[1] · Sandar Tin Tin[1] · Susan M. Bigby[2] · J. Mark Elwood[1]

Table 2 Ethnic-specific age-standardized endometrial cancer incidence rates between 1996 and 2012 before and after adjustment for hysterectomy

Ethnicity	Uncorrected rate	RR	Corrected rate	RR
Pacific	39.0	1.00	40.9	1.00
Māori	17.8	0.46	19.6	0.48
non-Māori non-Pacific	10.1	0.26	12.6	0.31

RRs are presented in reference to Pacific women

Rates of uterine cancer in Aotearoa have been increasing steadily over the last 20 years.

640
New Zealanders were diagnosed with uterine cancer in 2018, including 117 wāhine Māori.

135
New Zealanders died from uterine cancer in 2017, including 24 wāhine Māori.

Source: Ministry of Health cancer data (incidence and mortality) and Gurney et al 2020

TE AHO O TE KAHU CANCER CONTROL AGENCY

He Pūrongo Mate Pukupuku o Aotearoa 2020
The State of Cancer in New Zealand 2020

Table 218: Demographic characteristics of wāhine discussed at MDM in 2020 by primary site

	Total		Ovary		Peritoneum		Fallopian tube		Endometrium		Uterus		Cervix		Vulva		Vagina		Placenta		Non-gynae cancer		Unknown	
	N=1454		n=436		n=18		n=44		n=524		n=56		n=155		n=54		n=14		n=72		n=40		n=41	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Ethnicity																								
Māori	233	16.0	63	14.4	3	16.7	6	13.6	92	17.6	10	17.9	32	20.6	1	1.9	2	14.3	8	11.1	7	17.5	9	22.0
Pacific	240	16.5	53	12.2	1	5.6	3	6.8	137	26.1				5	3	5.6	0		9	12.5	4	10.0	9	22.0
Asian	204	14.0	68	15.6	5	27.8	10	22.7	63	12.0	4	7.1	24	15.5	0		1	7.1	24	33.3	3	7.5	2	4.9
MELAA	22	1.5	6	1.4	0		1	2.3	3	0.6	2	3.6	2	1.3	0		0		8	11.1	0		0	
European	751	51.7	244	56.0	9	50.0	24	54.5	228	43.5	29	51.8	86	55.5	50	92.6	11	78.6	23	31.9	26	65.0	21	51.2
Not stated	4	0.3	2	0.5	0		0		1	0.2	0		1	0.6	0		0		0		0		0	
Age (years)																								
≤25	37	2.5	20	4.6	1	5.6	0		2	0.4	1	1.8	3	1.9	0		1	7.1	9	12.5	0		0	
26-35	161	11.1	45	10.3	1	5.6	1	2.3	28	5.3	5	8.9	31	20.0	1	1.9	0		44	61.1	1	2.5	4	9.8
36-45	184	12.7	61	14.0	0		3	6.8	43	8.2	11	19.6	35	22.6	3	5.6	2	14.3	17	23.6	6	15.0	3	7.3
46-55	274	18.8	91	20.9	1	5.6	8	18.2	96	18.3	18	32.1	33	21.3	10	18.5	1	7.1	2	2.8	6	15.0	8	19.5
56-65	341	23.5	80	18.3	6	33.3	17	38.6	168	32.1	6	10.7	23	14.8	8	14.8	5	35.7	0		15	37.5	13	31.7
66-75	285	19.6	90	20.6	7	38.9	11	25.0	119	22.7	9	16.1	17	11.0	15	27.8	5	35.7	0		5	12.5	7	17.1
>75	172	11.8	49	11.2	2	11.1	4	9.1	68	13.0	6	10.7	13	8.4	17	31.5	0	0.0	0		7	17.5	6	14.6
DHB of Residence																								
Auckland	257	17.7	74	17.0	5	27.8	10	22.7	90	17.2	7	12.5	25	16.1	13	24.1	1	7.1	25	34.7	1	2.5	6	14.6
Counties Manukau	327	22.5	88	20.2	3	16.7	12	27.3	124	23.7				8.9	7	13.0	2	14.3	24	33.3	7	17.5	8	19.5
Waitematā	357	24.6	115	26.4	3	16.7	10	22.7	120	22.9	12	21.4	38	24.5	15	27.8	7	50.0	15	20.8	11	27.5	11	26.8
Northland	109	7.5	33	7.6	2	11.1	4	9.1	34	6.5	3	5.4	20	12.9	2	3.7	2	14.3	2	2.8	4	10.0	3	7.3
Bay Of Plenty	131	9.0	46	10.6	4	22.2	2	4.5	39	7.4	5	8.9	13	8.4	8	14.8	0		3	4.2	8	20.0	3	7.3
Waikato	171	11.8	43	9.9	0		3	6.8	78	14.9	9	16.1	17	11.0	7	13.0	2	14.3	1	1.4	7	17.5	4	9.8
Lakes	62	4.3	21	4.8	1	5.6	0		29	5.5	4	7.1	3	1.9	0		0		1	1.4	1	2.5	2	4.9
Tairawhiti	29	2.0	11	2.5	0		3	6.8	5	1.0	1	1.8	2	1.3	2	3.7	0		0		1	2.5	4	9.8
Other	11	0.8	5	1.1	0		0		5	1.0	0		0		0		0		1	1.4	0		0	

Aust N Z J Obstet Gynaecol 2020; 1–8
DOI: 10.1111/ajo.13108

ANZJOG

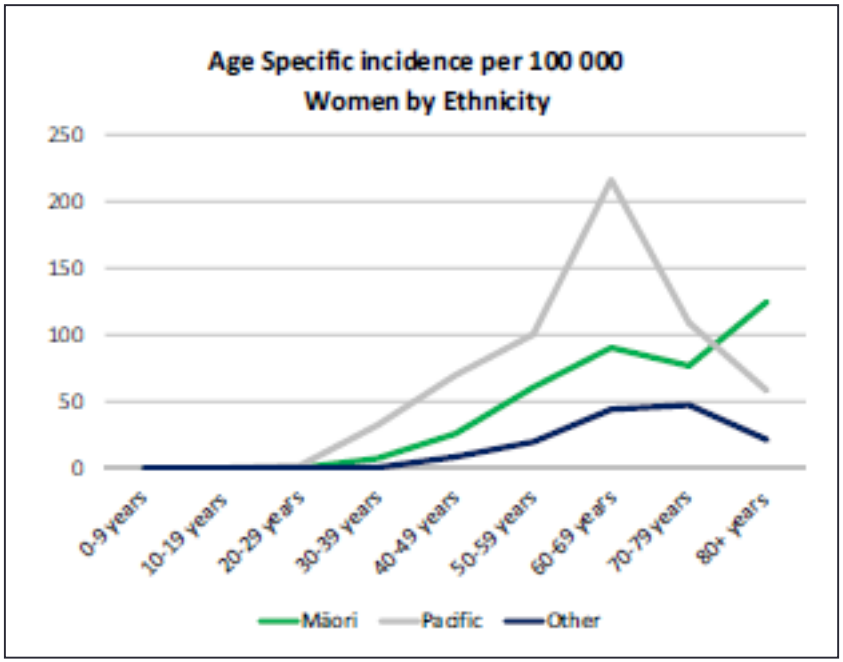
ORIGINAL ARTICLE

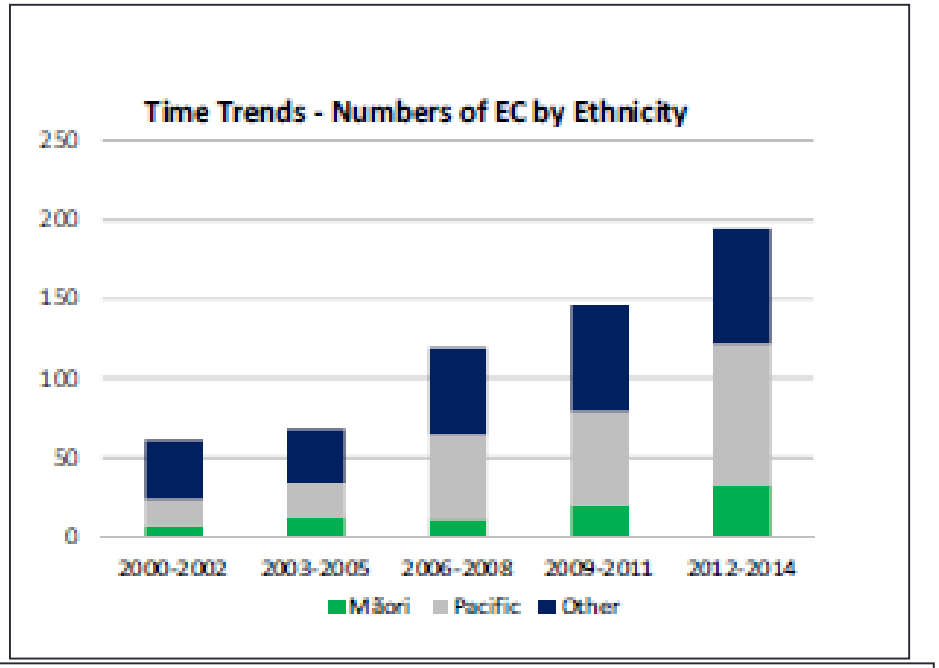
Increasing incidence of endometrial carcinoma in a high-risk New Zealand community

Susan M. Bigby[1], Sandar Tin Tin[2], Lois J. Eva[3], Phillipa Shirley[3], Kieran Dempster-Rivett[4] and Mark Elwood[2]

Table 1: Incidence, trends and Outcome by Ethnicity
(ASI = Age Standardised Incidence, APC= Annual Percentage Change, CI = Confidence Interval

	National	Counties Total	Maori	Pacific	Other
All women: n *(%)*	5486 *(100%)*	588 *(100%)*	82 *(13.9%)*	242 *(41.2%)*	264 *(44.9%)*
Age <50 years: n *(%)*	707 *(12.9%)*	157 *(26.7%)*	24 *(29.3%)*	96 *(39.7%)*	37 *(14.0%)*
Age 50+ years: n *(%)*	4779 *(87.1%)*	431 *(73.3%)*	58 *(70.7%)*	146 *(60.3%)*	227 *(86.0%)*
Average ASI – all women	14.5/100 000	22.97/100 000	32.33 *(RR= 2.47)*	66.88 *(RR= 5.11)*	13.09 *(RR= 1.0)*
Average trends in incidence: APC *(95%CI)*	2.01 *(1.40, 2.60)*	7.3 *(3.4, 11.1)*	7.2 *(0.2, 14.6)*	9.3 *(4, 14.9)*	3.4 *(0.5, 6.4)*
Disease specific mortality	4.7/100 000	4.14/100 000			
Trends in disease specific mortality: APC *(95%CI)*	- 4.91 *(-5.80, -4.00)*	7.3 *(3.7, 11.1)*			





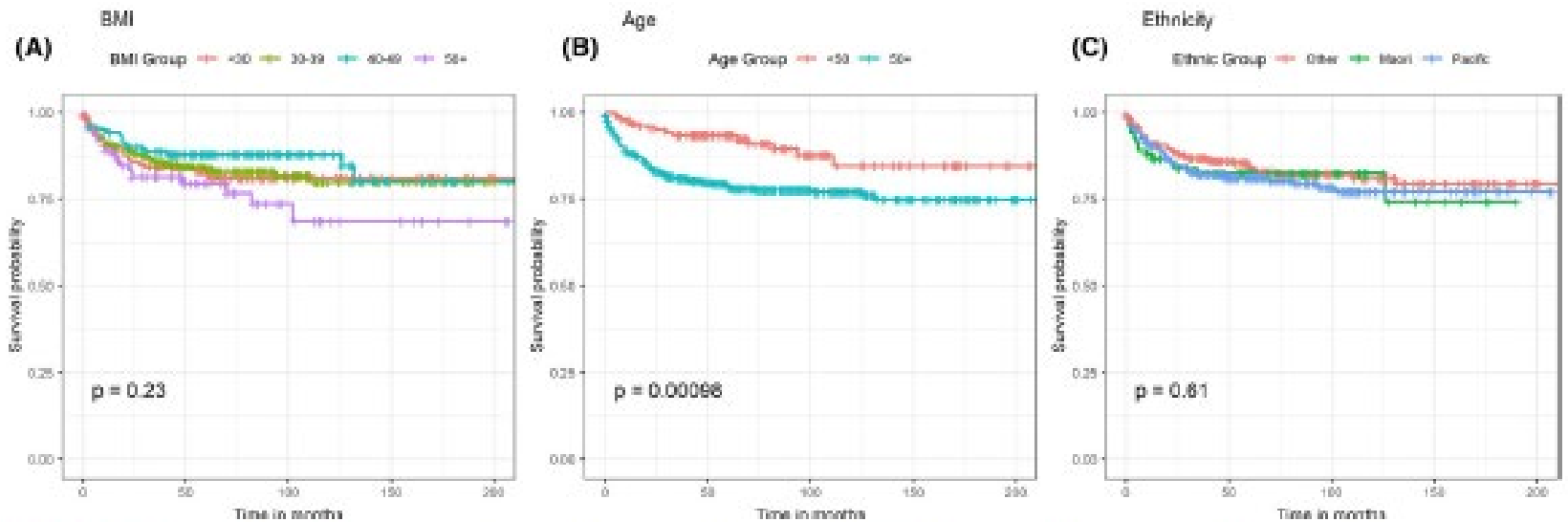
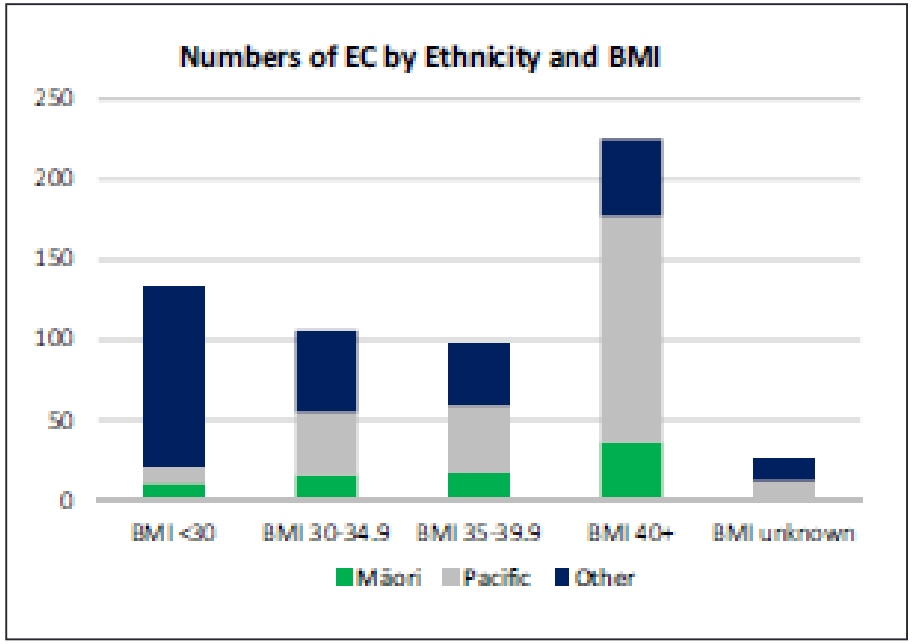
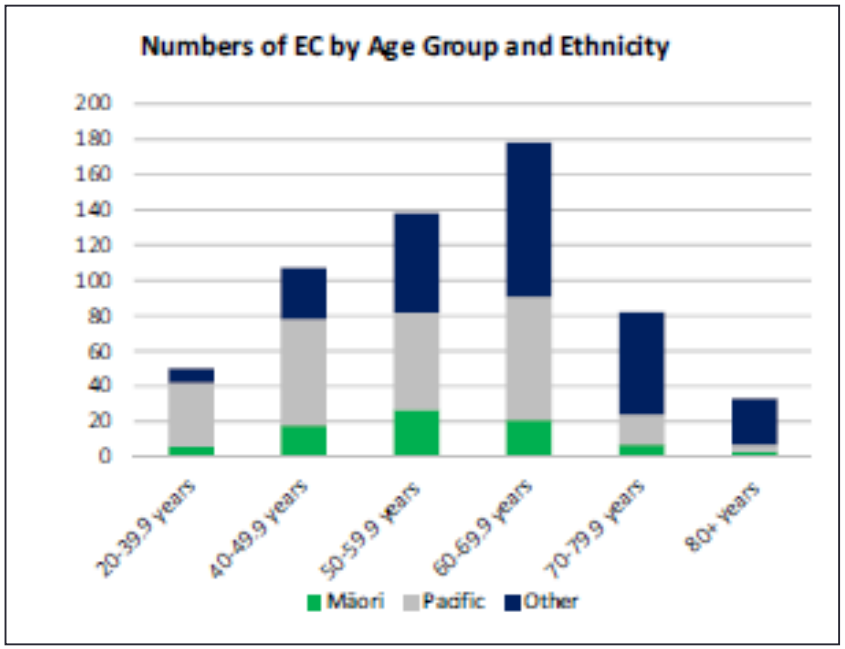


FIGURE 2 Kaplan-Meier disease-specific survival by (A) body mass index (BMI) group, (B) age group, (C) and ethnic group.

Obesity … and other comorbidities





	Endometrium Gyn Onc		Endometrium Total	
	n=144		n=524	
	n	%	n	%
Ethnicity				
Māori	23	16	92	17.6
Pacific*	29	20.1	137	26.1
Asian	22	15.3	63	12
MELAA	0		3	0.6
European	70	48.6	228	43.5
Age (yrs)				
≤25	0		2	0.4
26-35	6	4.2	28	5.3
36-45	4	2.8	43	8.2
46-55	24	16.7	96	18.3
56-65	47	32.6	168	32.1
66-75	43	29.9	119	22.7
>75	20	13.9	68	13
DHB of residence				
Auckland	25	17.4	90	17.2
Counties Manukau	32	22.2	124	23.7
Waitematā	35	24.3	120	22.9
Northland	13	9	34	6.5
Bay Of Plenty	7	4.9	39	7.4
Waikato	21	14.6	78	14.9
Lakes	9	6.3	29	5.5
Other	2	1.4	5	1

Characteristics, treatment and outcomes of young women with endometrial cancer in New Zealand

JW Aarts*[1,2], S Naiqiso[1], AL Tan[1], L Eva[1]

1 Department of Gynaecology Oncology, National Women's Health at Auckland City Hospital, New Zealand

2 Radboudumc, Nijmegen, the Netherlands

Table 1. Ethnicity

Ethnicity	Number* (%)
Pacific Islander	125 (47.9)
Māori	49 (19.1)
(NZ) European	25 (9.8)
Asian	23 (9.0)
Cook Island Māori	16 (6.1)
Indian	12 (4.7)
Other	2 (0.8)

263 Women under 45 over 8 years

2-3 per month

Mean age 37.9 (21-45)

93.9% Endometrioid type

Conservation of ovaries

Low risk endometrial cancer

- G1 and G2 Endometrioid adenocarcinoma
- Stage 1A on pre op MRI

- MDM review of pathology and radiology
- Surgical care delivered locally by general gynaecologists

- Surgical:TH, washings +/- BSO
- Conservative management with progesterone
  - Fertility sparing
  - Unfit for surgery

Femme

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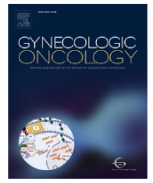


Complete pathological response following levonorgestrel intrauterine device in clinically stage 1 endometrial adenocarcinoma: Results of a randomized clinical trial

Monika Janda [a], Kristy P. Robledo [b], Val Gebski [b], Jane E. Armes [c], Michelle Alizart [d], Margaret Cummings [e,f], Chen Chen [g], Yee Leung [h], Peter Sykes [i,j], Orla McNally [k,l], Martin K. Oehler [m], Graeme Walker [n], Andrea Garrett [o,p], Amy Tang [o,p], Russell Land [o,p], James L. Nicklin [o,p], Naven Chetty [o,q], Lewis C. Perrin [o,q], Greet Hoet [r], Katherine Sowden [s], Lois Eva [t], Amanda Tristram [u], Andreas Obermair [o,p,*]

- **Mirena**
  - Observation
- **Mirena**
  - Weight loss
- **Mirena**
  - Metformin

Endometrial samples 0,3,6 months

Complete pathological response

Femme

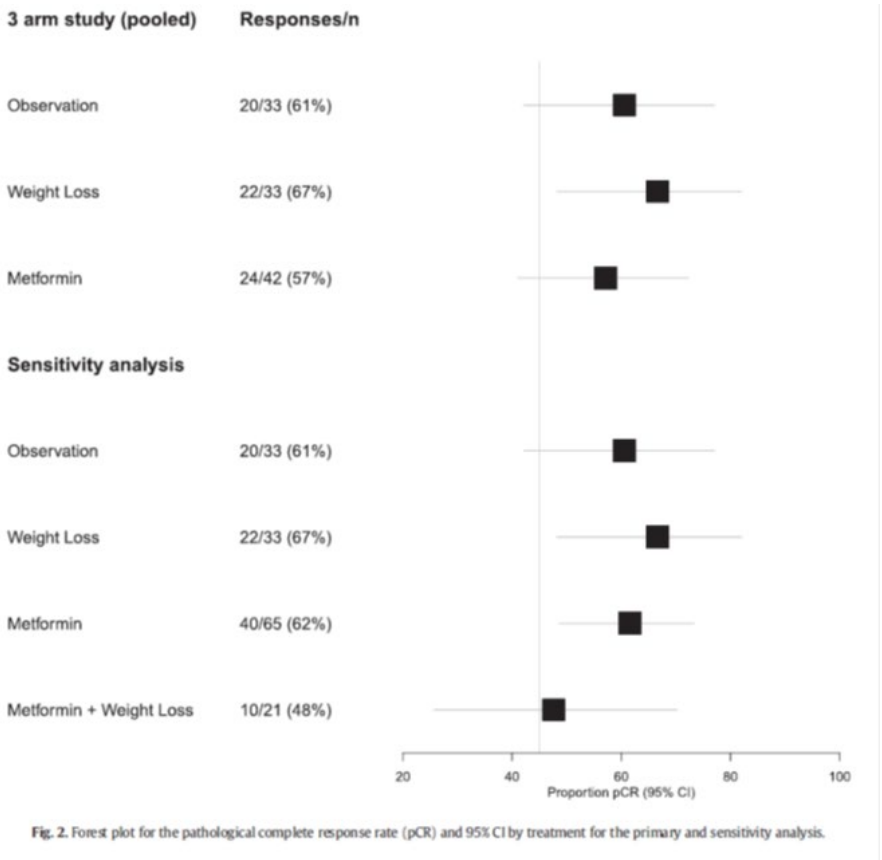


Fig. 2. Forest plot for the pathological complete response rate (pCR) and 95% CI by treatment for the primary and sensitivity analysis.

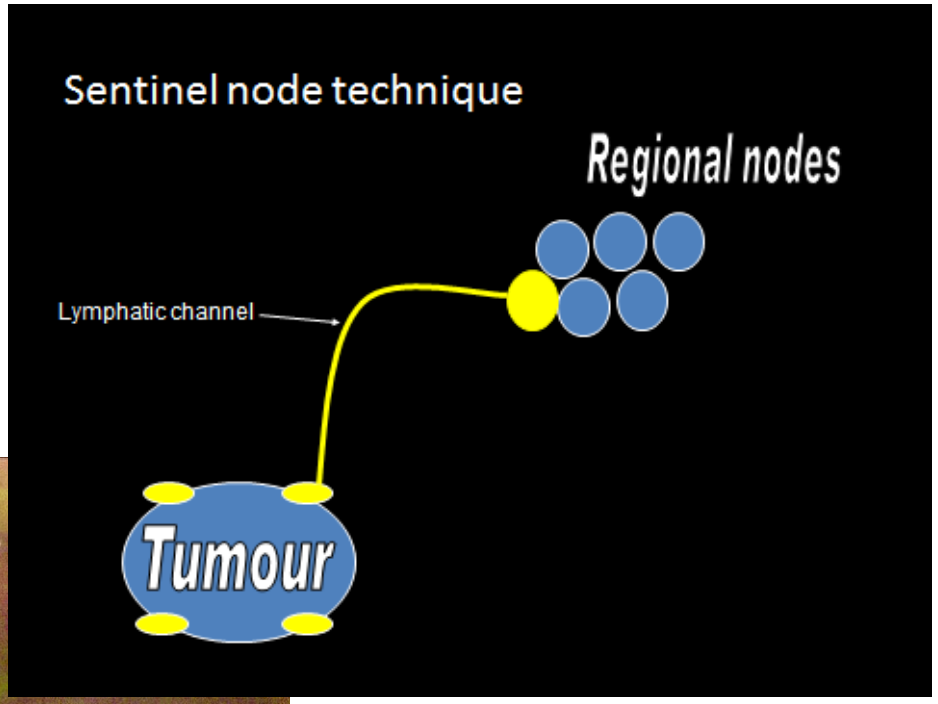
HIGHLIGHTS

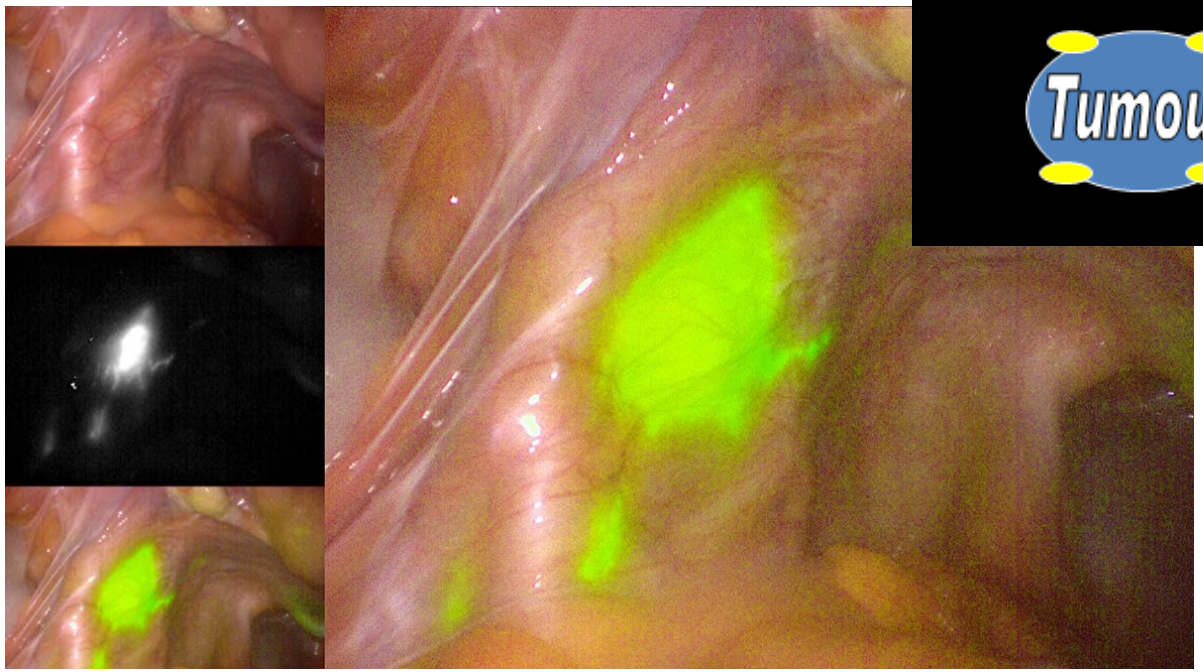
- LNG-IUD is commonly used to treat patients with EHA or EAC.
- Complete response rates were 43% and 82%, for EAC and EHA, respectively.
- Pathological complete response was 61% for LNG-IUD alone.
- Pathological complete response was 67% for LNG-IUD plus weight loss.
- Pathological complete response was 57% for LNG-IUD plus metformin.

Low Grade Endometrial cancer

- Early diagnosis – access to ultrasound and pipelles
- Awareness and education
- Lifestyle changes
- Bariatric surgery access

High risk endometrial cancer: Nodal staging





Sentinel nodes for endometrial cancer

A comparison of sentinel lymph node biopsy to lymphadenectomy for endometrial cancer staging (FIRES trial): a multicentre, prospective, cohort study

Emma C Rossi, Lynn D Kowalski, Jennifer Scalici, Leigh Cantrell, Kevin Schuler, Rabbie K Hanna, Michael Method, Melissa Ade, Anastasia Ivanova, John F Boggess

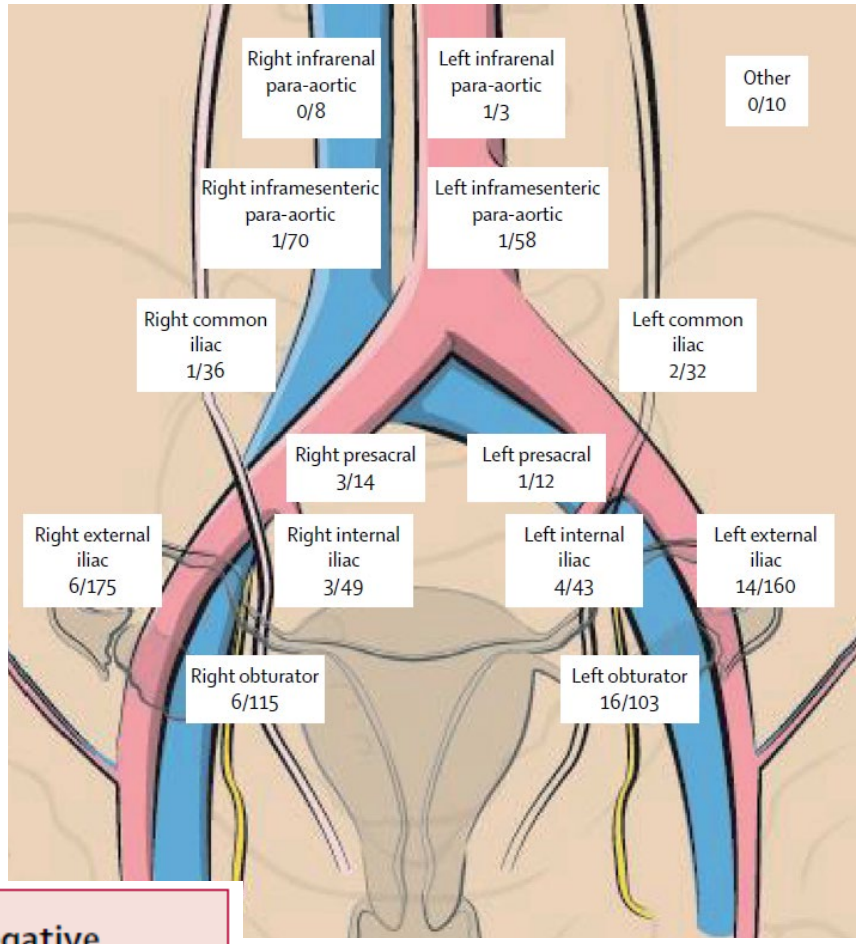
Lancet Oncol 2017; 18: 384–92

Interpretation Sentinel lymph nodes identified with indocyanine green have a high degree of diagnostic accuracy in detecting endometrial cancer metastases and can safely replace lymphadenectomy in the staging of endometrial cancer. Sentinel lymph node biopsy will not identify metastases in 3% of patients with node-positive disease, but has the potential to expose fewer patients to the morbidity of a complete lymphadenectomy.

	Patients (n=340)
Pelvic lymphadenectomy	340 (100%)
Pelvic and para-aortic lymphadenectomy	196 (58%)
Successful mapping of sentinel lymph nodes	293 (86%)
Bilateral mapping	177 (52%)
Para-aortic sentinel lymph node detected	81 (23%)
Isolated para-aortic sentinel lymph node detected	3 (<1%)
Median number of sentinel lymph nodes removed	2 (0–20)
Mean number of total nodes removed	19 (10·3; 1–61)

Data are n (%), median (range), or mean (SD; range).

Table 2: **Surgical results in patients who had pelvic lymphadenectomy**



	True positive nodes	True negative nodes
Positive sentinel lymph node	35	0
Negative sentinel lymph node	1	257

Table 3: **Sensitivity and specificity data**

How to change your practice….

- 2018 Agree we are going to do it….
- Application to clinical practice review committee with literature evidence for change
- Interview with clinical practice review committee
- Get quotes for equipment we don't have
- Trial equipment with visiting Gyn Onc
- Write business case for theatre equipment
- Business case approved
- Buy theatre equipment (delay due to COVID)
- July 2020 Start sentinel nodes
- Audit the change

Sentinel nodes for EC… the first 40

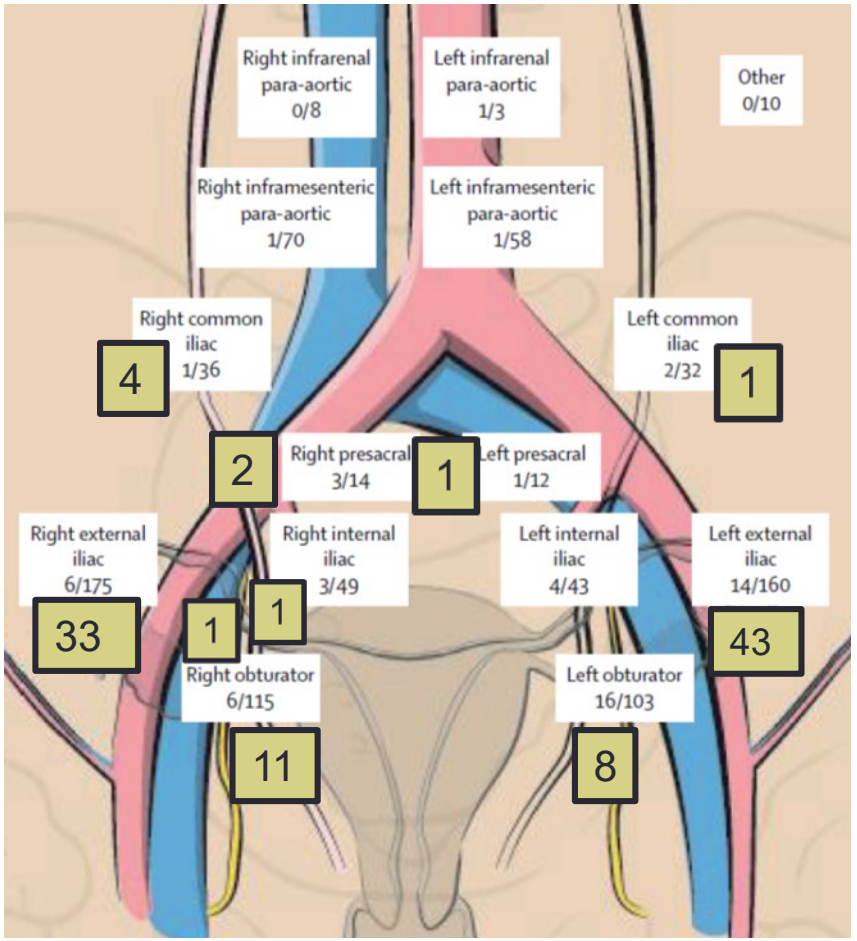
- 39 endometrium
- 1 cervix

- 80 hemi pelvis mappings
- 102 nodes

- 9 not mapped (1 bilateral)
  = 11.3% failure rate

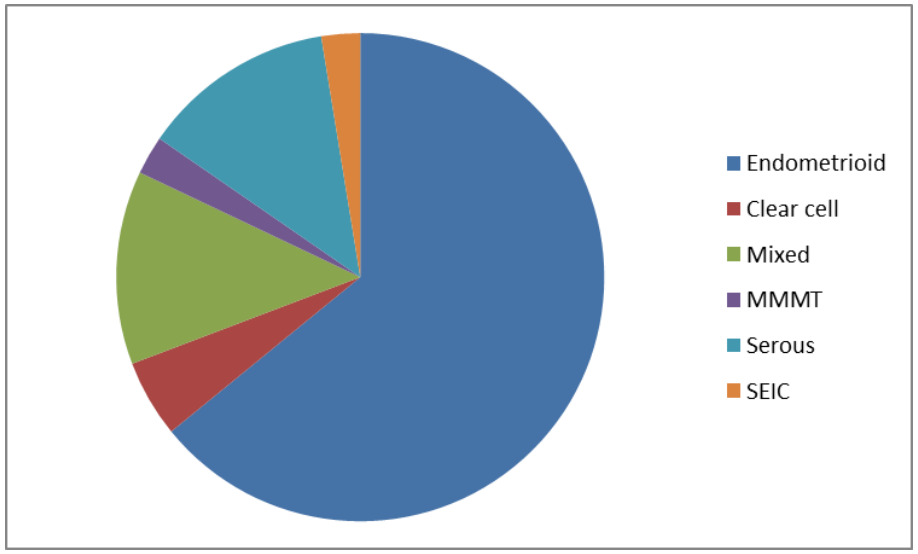
FIRES:14% unsuccessful mapping

- No adverse events



Histology

Final Stage	N = 40	
SEIC	1	
1A	13	G1 1, G2 3, G3 3, Clear cell 1, MMMT 1, serous 2, mixed 2
1B	18	
2	4	
3A	3	
3C1	1	



Positive SN	Positive Pelvic node	Isolated tumour cells
1	1 (+ contralat SN)	5
2.5%		12.8%

Equity, Audit and Research

- Sentinel nodes and MIS in morbidly obese
- Pacific and Māori access to diagnostics (regional)
- Regional Pacific Endometrial Cancer Expert Working Group

- Genomics in young women with endometrial cancer

- EmQUEST: Impact of treatment on QoL
- TAPER: De-escalation of treatment based on molecular factors
- EAGER: Wellness after gynae cancer programme

Summary: 2020 Endometrial cancer

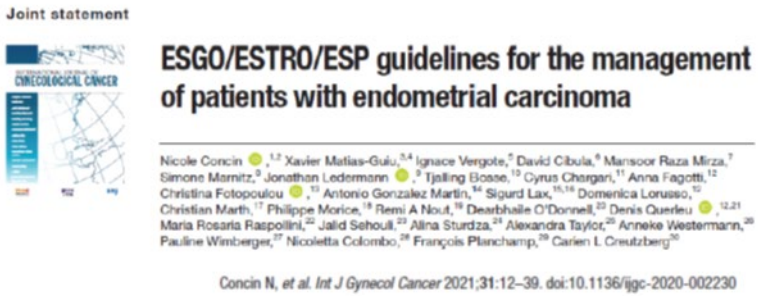
- Endometrial cancer fastest rising gynae cancer
- Cause of inequity
- Need for preventative measures

- MIS and SN can reduce morbidity
- Evidence for fertility sparing treatment and ovarian sparing surgery in young women

- The future is molecular:

  It's all going to change…….

New guidelines 2021



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  Dr Sam Holford
  Dr Yin Chua
  Sr Ines Blaj and ward 97
  CNS Angie Li
  CNS Roz Ali
  Preji Venu
  Sara Lima
  Carolyn Mann and OT

- CNS Penny Bognuda