STUDY OF LIPID PROFILE AND THYROID HORMONES IN INCIDENCE OF LYMPH NODE METASTASIS IN REGIONAL REVIEW OF ENDOMETRIAL CANCER

Background

Uterine fibroids (UFs) are the common gynecological neoplasms of unknown etiology affecting many women of reproductive age. We aimed to investigate the association between UFs and thyroid hormones and lipid profile.

Materials and Methods

Thirty six (14 cases and 22 controls) were enrolled. Cases were those having at least one uterine fibroid > 10 mm detected on ultrasonography, while controls where those having no uterine fibroids. Clinical history and anthropometric parameters were collected for every woman. Lipid profile, TSH, fT4, fT3 were evaluated on plasma from participants. The control group age was 38.36 ± 1.773, and study group - 44.5 ± 1.715. P < 0.05 was consider statistically significant, respectively.

Results

As the studies revealed, it's according to lipid Profile, triglycerides level were 2-fold elevated in study population, also, TSH was elevated 1.2 times (P=0.0248, respectively).

Conclusion

Our experimental studies suggest a possible association between thyroid function and UFs. Blood lipid levels are a crucial part of the metabolic syndrome, accordingly have some implication in UFs.

REGIONAL REVIEW OF ENDOMETRIAL CANCER OUTCOMES IN KENT AND MEDWAY, UK

Introduction

Randomised Control Trials have not demonstrated a survival benefit for pelvic lymphadenectomy (PL) in endometrial cancer (EC) surgery, but it has been advocated to triage high and intermediate risk disease to avoid external beam radiotherapy (EBRT) in node negative patients. A recent review of the Cancer Outcomes and Services Data in England, showed geographical variations in PL and EBRT rates, identifying Kent and Medway (K&M) Alliance as an outlier with high PL rates. We reviewed granular patient data of the K&M cohort to assess the clinical indications for PL, its impact on triage of adjuvant EBRT, and clinical outcomes.

Methods

Retrospective case review EC cases in 2013–2016 in two gynaecological oncology centres and two district hospitals in K&M.

Results

668 of 815 cases were assessed. 295/550 (53%) FIGO stage IA to IIIC undergoing primary surgery had PL. This group had a higher recurrence rate (47/295,16%), compared to no PL (17/255,7%). 88/295 (30%) had EBRT following PL, 70% of which had proven extraterine disease (FIGO stage II to IIIc). Recurrence after PL + EBRT (24/88,27%) was higher than PL only (23/207,11%) but most were systemic disease outwith the EBRT field. There was no significant difference in pelvic recurrence between these high/intermediate risk cohorts triaged for EBRT with PL.

Conclusion

PL at primary surgery enabled management of selected node negative intermediate/high risk histology EC without adjuvant EBRT, with comparable pelvic recurrence to irradiated node positive cases. A comparison of outcomes from the national cohorts comparing varying management pathways would provide further insight into the impact of these interventions.