Introduction/Background Endometrial cancer is the most common gynecologic malignancy in North America. Patients who are at high risk for recurrence are treated with a combination of adjuvant chemotherapy and radiation. Previous reported outcomes have been based on giving adjuvant radiation first, followed by chemotherapy. At our institution, patients are treated with chemotherapy first, followed by radiation. The purpose of this study is to review our progression-free survival (PFS) outcomes and recurrence rates and compare to established outcomes in the literature.

Methodology A retrospective chart review was performed on patients diagnosed with endometrial cancer who received adjuvant chemotherapy and radiation between 2005–2017 at The Ottawa Hospital. Inclusion criteria for the study were stage III endometrial cancers of any histology, stage I-II serous or clear cell endometrial cancers and stage IV endometrioid adenocarcinomas. PFS was defined as the time from surgery to disease recurrence or death by any cause.

Results 140 patients were included. 52 (37.1%) had endometrioid histology, 75 (53.6%) serous, and 11 (7.9%) clear cell. 41 (29.3%) were stage 1 at diagnosis, 24 (17.1%) were stage 2, 68 (48.6%) were stage 3 and 7 (5.0%) were stage 4. 130 (92%) completed radiation following chemotherapy. The median follow-up time was 63.9 months. 7 (5%) of patients were treated with locoregional recurrence alone, while 25 (17.9%) had a distant recurrence alone. The estimated mean 5 year PFS was 70.1% and OS was 67.9%.

Conclusion Our sample was predominantly serous and clear cell histology. When compared to the serous subgroup analysis of the PORTEC3 trial, our sample demonstrated an improved 5 year PFS, with a similar OS. In addition, we demonstrate that delaying radiation to after completion of chemotherapy results in low locoregional recurrence rates.

Introduction/Background The distance between the deepest invasion of the myometrium and serosa can be an alternative method of measurement and a better predictor of prognosis in the case when the degree of invasion is more difficult to determine due to the presence of leiomyoma or adenomyosis. The distance between endometrial cancer (EC) and serosa may be useful in predicting lymphovascular invasion, histological grade, lymph node metastasis, adnexal involvement, and uterine cervical invasion. The aim of this study was to determine the correlation between tumor distance from serosa (TDS) and degree of myometrial invasion (MI) in EC measured by transvaginal sonography (TVS).

Methodology A prospective study was done amongst 60 women with histopathologically proven EC. All women were subjected to TVS measurement of TDS and degree of MI. All women are underwent total abdominal hysterectomy with bilateral adnexitomy for definitive histopathological diagnosis served as a reference method for assessment of TDS and MI.

Results The TDS in the group of patients with MI less than 50% was 1.15 (± 0.56) cm, from 0.31 to 2.6 cm. In the group with MI greater than 50% it was 1.04 (± 1.29) cm, from 0.1–7.0 cm. The difference in mean TDS was 0.11 cm between the two study groups and was statistically significant (Mann Whitney; Z = 2.05; p = 0.0394). In the total sample, the TDS was 1.1 (± 0.94) cm, from 0.1–7.0 cm.

Conclusion Our study showed a clear and significant correlation between TDS and the degree of MI obtained by TVS, which was also confirmed by the gold standard, histopathologically diagnosis of surgical material. This might be helpful in assessment of MI in case when it is aggravated due to the presence of leiomyoma and adenomyosis.