Endometrial Carcinoma Follow-up: Time for a Change?

Madam — Most women with endometrial cancer (75%) are diagnosed with FIGO stage I disease and have a 5-year survival rate of 95% [1]. It is important that these patients are followed up in an effective and efficient way to detect recurrences early, avoid unnecessary patient anxiety and conserve clinical resources.

We conducted a study to audit the clinical benefit of follow-up in patients diagnosed with recurrent endometrial cancer within the Surrey, West Sussex and Hampshire (SWSH) gynaecological cancer network over a 4.5-year period (30 November 2011 to 1 May 2016). Data were collected from a prospectively maintained gynae-oncology database.

In total, 556 patients with FIGO stage I–III endometrial carcinoma were diagnosed within the SWSH cancer network. Forty-one patients with recurrent endometrial carcinoma were identified. The median time for disease to recur was 18.5 months from the completion of treatment. Most patients ($n = 33$; 80.5%) were symptomatic from their recurrence prior to their scheduled follow-up appointment. Seven of these (21%) chose not to seek an earlier appointment, thus potentially delaying the diagnosis of their recurrent disease. The remainder were diagnosed either at an urgent interim appointment or emergency admission.

We have found no evidence that more frequent follow-up improves the earlier detection of recurrences. The SWSH cancer network gynae-oncology group have decided to reduce the frequency of follow-up from 3 to 6 monthly in the first year post-treatment for stage I endometrial cancer. There may be a group of patients for whom the risk of recurrence is so small that nurse-led telephone follow-up or even postoperative discharge could be contemplated.

Conflict of interest

The authors declare no conflict of interest.

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Reference

[1] www.cancerresearchuk.org. [Accessed 29 January 2019].

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Interim ^{18}F-FDG Positron Emission Tomography/Computed Tomography During Chemoradiotherapy in the Management of Cancer Patients

Madam, — The use of ^{18}F-FDG positron emission tomography/computed tomography (PET/CT) acquired during (PET_{int}) chemoradiotherapy (CRT) to identify tumour response at an early stage, modify the treatment plan or enhance the therapeutic ratio by alternative strategies is of increasing interest. We recently published critical reviews [1–4] about the use of PET_{int} in CRT after Medline and Embase database searches according to the PRISMA guidelines [5].

The predictive and prognostic value of PET_{int} was confirmed by most of the works, although with some controversial results (see Table 1). Performance indexes of PET_{int} were determined only for rectal, oesophageal and lung cancer studies. Most studies used the maximum standardised uptake value to evaluate the interim metabolic variation, but metabolic tumour volume and total lesion glycolysis seem better at predicting early response and prognosis.

Although the optimal timing to perform PET_{int} remains a matter of debate, early assessment after 2 weeks of treatment is probably best to evaluate tumour response before possible radiotherapy-induced inflammatory process, while providing the opportunity to adapt the treatment strategy for head and neck, lung and rectal cancers. Certainly, the lack of univocal PET parameters, different CRT schedules and timing for PET_{int} acquisition may result in contradictions between studies. Nonetheless, all the papers cited PET_{int} as challenging and promising examination for early assessment of the outcome during CRT. Our conclusions from these studies is that the predictive role of PET_{int} is definitively validated in rectal cancer, although not yet present in official guidelines. On the contrary, without further research there are not sufficient data to recommend PET_{int} to predict a response in head and neck, lung, oesophagus and cervical cancers.

We strongly recommend prospective and uniform protocols including larger and more homogeneous series according to tumour site and CRT schedules, as well as the standardisation of analysis methods, to further assess the predictive and prognostic value of PET_{int}.