

Abstract:

COMPLIANCE TO ADJUVANT TREATMENT GUIDELINES IN ENDOMETRIAL CANCER: ROOM FOR IMPROVEMENT IN HIGH RISK PATIENTS

Aims

Adherence to guidelines is an important indicator for quality of care. Compliance to adjuvant therapy guidelines for endometrial cancer patients was evaluated in the Netherlands, in a population-based cohort, over a period of 10 years.

Method

From the Netherlands Cancer Registry (NCR), data from all patients diagnosed with endometrial cancer between 2005 and 2014, without residual tumor after surgical treatment, were extracted. Patients were stratified into risk groups according to FIGO stage, grade, tumor type and age. Compliance to adjuvant therapy guidelines was assessed for each risk group. Variation in compliance in time and impact of compliance on survival was assessed.

Results

Data from 13568 patients were extracted from the NCR. Patients were stratified into low/low-intermediate (52%), high-intermediate (21%) and high (20%) risk groups. Overall compliance to guidelines was 85%. Compliance was 98% in patients with low/low-intermediate risk (no adjuvant therapy indicated), 78% in the high-intermediate risk (radiotherapy indicated) and 61% in patients with high risk (external beam radiotherapy with/without chemotherapy indicated). In high risk patients compliance decreased from 64% in 2005-2009 to 57% in 2010-2014. Patients that were treated according to guidelines had favorable survival outcomes compared to patients that were treated otherwise.

Conclusion

While compliance to adjuvant therapy guidelines is excellent in patients with low and low-intermediate risk, there is room for improvement in high risk endometrial cancer patients. Eagerly awaited results of ongoing randomized clinical trials may provide more definitive guidance regarding adjuvant therapy for high risk endometrial cancer patients.

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