Disclosures

- I have nothing to disclose.

Objectives

- Understand the concepts of surveillance and survivorship
- Describe cost-effective surveillance strategies for gyn cancers
- Review the evidence for menopause management for gyn cancer survivors
1970s

1 out of 2 people survived cancer

2015

14 million cancer survivors

2024

Expected to reach 19 million cancer survivors
Scope: Who defines survivorship?

“From the time of its discovery and for the balance of life, an individual diagnosed with cancer is a survivor”

Standards for Survivorship Care

- Prevention
- Surveillance
- Assessment of psychosocial and physical effects
- Intervention for consequences
- Coordination of care

Choosing wisely

- Avoid routine imaging for cancer surveillance in women with gynecologic cancer
Endometrial cancer

- 45,000 cases annually
- 83% early stage
- >95% 5 year survival (stage 1)
- Local recurrence is often curable

Choosing wisely

Don’t perform pap tests for surveillance of women with a history of endometrial cancer

- Vaginal cytology detected 0-6.8% of recurrences
- Tests for vaginal cuff recurrences
- Most can be found on examination

- Cost: $27,000 per recurrence detected
Summary

<table>
<thead>
<tr>
<th>Variable</th>
<th>1 year</th>
<th>2 year</th>
<th>3-5 year</th>
<th>&gt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk (Stage IA, G1/2)</td>
<td>6 mo</td>
<td>Yearly</td>
<td>Yearly</td>
<td>Yearly</td>
</tr>
<tr>
<td>Intermediate risk (Stage IB/II)</td>
<td>3 mo</td>
<td>6 mo</td>
<td>6 mo</td>
<td>Yearly</td>
</tr>
<tr>
<td>High risk</td>
<td>3 mo</td>
<td>3 mo</td>
<td>6 mo</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

Cervical cancer

- 12,000 cases diagnosed annually
- Socioeconomic/psychosocial challenges

Case

- 45 yo h/o IB1 cervical cancer s/p Radical hysterectomy/LND in 2012. A high quality, cost effective surveillance strategy would include:
  A. Physical examination/symptom assessment
  B. Pap testing annually
  C. Annual imaging
  D. All of the above
  E. Both A & B
What works?

- Physical exam
  - 29-75% of recurrences
- Symptom assessment
  - Up to 46-95% of recurrences
- Pap testing
  - 0-17%
- Imaging
  - No evidence for clinical utility

Case

- Pap test returns LSIL…..what now?
  A. Colposcopy with targeted biopsy
  B. Consult the ASCCP app
  C. Repeat pap test in 12 months
  D. Find her a bus ticket to Birmingham because I am in way over my head
Choosing Wisely #3: cervical cancer

• Don’t perform colposcopy in patients treated for cervical cancer with pap tests of LGSIL or less.
  – 30% will have abnormal pap tests
  – 0% recurrence or CIN 3

Ovarian cancer

Ovarian Cancer AWARENESS
What works?

- Physical exam/symptom assessment
  - 15-78% of recurrences
- CA125
  - Elevated 2-5 months before clinical evidence
- Pap testing
  - No utility
- Imaging
  - Evaluate extent of disease

Borderline tumors

- 4000 cases annually
- Age 40-60 typically
- 70% recurrences after 5 years
- Surveillance
  - TVUS
  - CA125
  - H&P
A word on menopause

Endometrial Cancer

• Randomized Trial
  – 1,236 patients with early stage endometrial cancer
  – Estrogen exposure for 3 years
  – Median follow-up 35.7 months

• No significant difference in recurrence

Symptomatic women with early stage endometrial cancer can be offered a short course of estrogen-based hormone therapy after surgical management.
Recommendations: Ovarian

Symptomatic women with a history of ovarian cancer can be offered hormone therapy after surgical management.

References

Questions

Cancer surveillance for the general Ob/Gyn
Kerri S. Bevis, MD MSPH
February 18, 2016

...