OP063

VALUE OF SONOGRAPHY FOR DIAGNOSIS OF ENDOMETRIAL CARCINOMA IN PATIENTS WITH POSTMENOPAUSAL BLEEDING

S. Omnes[1], G. Chatellier[2], P. Durieux[3], U. Metzger[1], S. Camatte[1], L. Lelievre[1], F. Lecuru[1]

[1]*Service de Chirurgie Gynecologique Et Cancerologique, Hopital Pompidou,* [2]*Centre Investigation Clinique, INSERM – Hopital Pompidou,* [3]*Unite D'Epidemiologie, Hopital Pompidou, Paris, France*

Background: Postmenopausal bleeding (PMB) is a common cause of gynecologic exploration. Endometrial carcinoma (EC) is the most serious lesion to find. Until recently, dilatation and curettage has been the gold standard for the exploration of PMB.

Aim of the study: to compare the accurracy of transvaginal sonography (TVS), sonohysterography (SHG) and office hysteroscopy (HSC) for the diagnosis of endometrial carcinoma; and to establish a decision model.

Material and methods: we have carried out a MEDLINE search using key words 'uterine haemorrhage' and 'Postmenopausal bleeding'. Papers have been selected according to their methodology and details of their results. 145 papers have been identified and 40 have been finally used for the analysis.

Results: in the selected papers, prevalence of endometrial carcinoma was of 9.7%. Using a 4mm cut-off, TVS was considered as abnormal in 56.3% of patients, with sensitivity of 96.3% and a specificity of 47.1% for diagnosis of EC. HSC revealed abnormalities in 7.1% of patients and give normal cavity appearance in 22% of women. Sensitivity was 73.6% and specificity was 99.4%. SHG was suspect in 1.14% of cases with a sensitivity of 77.8% and a specificity of 91.3%.

Conclusions: TVS provides a high sensitivity and should be used as a first line investigation. HSC and SHG which show similar specificities should be used to explore patients with abnormal TVS. Only patients with abnormal HSC or SHG should be operated on. Dilatation and curettage can no more be considered as first line investigation for PMB.

OP064

PRE-OPERATIVE PREDICTION OF DEPTH OF MYOMETRIAL INVASION IN PATIENTS WITH ENDOMETRIAL CANCER: EVALUATION OF ULTRASOUND PARAMETERS AND DEVELOPMENT OF A NEW LOGISTIC REGRESSION MODEL

D. Timmerman[1], F. De Smet[2], J. De Brabanter[2], I. Thijs[1], Y. Moreau[2], B. De Moor[2], I. Vergote[1]

[1]*University Hospitals K.U. Leuven,* [2]*Esat/scd K.U., Leuven, Belgium*

Objective: Many studies on the pre-operative prediction of myometrial invasion in patients with endometrial cancer used different morphological and color Doppler parameters with varying results. We tested their individual value and constructed a new logistic regression model.

Methods: Data from 104 consecutive patients with endometrial cancer were prospectively collected. All patients underwent pre-operative ultrasound examination with color Doppler imaging by the same gynecologist.

Results: Ninety-seven women underwent full surgical staging. Their mean age was 65.9 years and 88 patients were postmenopausal. Fifty-nine had FIGO stage Ia or Ib disease, whereas 38 had deep myometrial invasion or higher stage disease. Because of missing values the coefficients of the logistic regression model were based on 94 patients. The results are summarized in the table. Multivariate logistic regression analysis retained 4 variables: the endometrial thickness and volume, the degree of differentiation, and the number of fibroids.

Conclusion: Single morphological or color Doppler ultrasound parameters cannot reliably predict the depth of myometrial invasion. Moreover, the Doppler ultrasound parameters do not contribute in this prediction. The logistic regression model was significantly better ($p = 0.03$, one-sided test) than the subjective assessment of the gynecologist. Prospective validation studies are needed to test its usefulness in clinical practice.

	Threshold	Area under ROC	Sensitivity (%)	Specificity (%)	Accuracy (%)
Myometrial thickness	8 mm	0.71	74	61	66
Endometrial thickness (ET)	14 mm	0.76	81	64	71
ET/A-P diameter	0.429	0.75	72	71	72
Endometrial volume (EV)	4.93 ml	0.76	71	69	70
EV/uterine volume	0.085	0.78	69	80	76
Subjective assessment	–	0.79	61	86	76
Logistic regression model	0.45	0.89	77	86	83

OP065

PRE-OPERATIVE MARKERS FOR PELVIC LYMPHNODE STATUS IN ENDOMETRIAL CANCER

R.A. Smit[1], M.P.M.L. Snijders[1], R.F.M. Kruitwagen[2], R. Schapers[3]

[1]*Dept Obstetrics & Gynaecology, Viecuri Venlo,* [2]*Dept Obstetrics & Gynaecology, TSZ Tilburg,* [3]*Dept Pathology, Viecuri Venlo, Netherlands*

Introduction: Notwithstanding the 1988 FIGO staging rules, in the Netherlands complete surgical staging is not routinely performed in 'clinical stage I' endometrial cancer. Adjuvant radiotherapy is administered to medium/high-risk patients according to national guidelines. However, this therapeutical regimen may lead to both serious over-and undertreatment.

Purpose: To analyse clinical and tumourbiological markers, which may pre-operatively identify patients with a substantial chance of positive pelvic lymphnodes, who may benefit from complete surgical staging and tailoring og adjuvant therapy.

Materials & methods: In 5 cooperating hospitals (Breda,'s Hertogenbosch, Tilburg (2) and Venlo) of the Southern Cancer Registration (IKZ) region, from 1999 onwards patients with endometrial carcinoma undergo complete surgical staging. Until January 2002, in 12 out of 173 surgically staged patients positive pelvic lymphnodes have been detected (FIGO 3c). A set of pre-operative clinical (age, sonographic tumourdiameter and CA-125 level) and immunocytochemical (HER2-neu oncogen, P53-tumoursuppressor oncogen, estrogen receptor (ER), progestogen receptor (PR) and KI 67) markers are evaluated and related with postoperative surgical FIGO staging.

Results: Based on our pilot study there is a strong relation between P53-overexpression and/or absence of ER/PR-staining and positive pelvic lymphnodes as well as early cancer recurrence.

Conclusion: In treating 'clinical stage I' endometrial cancer, patients wih a substantial chance of postive pelvic lymphnodes may be identified pre-operatively. In this subgroup of patients complete surgical staging may then be justified and lead to more tailored adjuvant therapy.

OP066

CORRELATION OF SERUM CA 125 LEVELS AND LYMPH NODE METASTASIS IN ENDOMETRIAL CARCINOMA

I. Takac, R. Bali, N. Cas Sikosek, B. Gorisek, D. Zukanovic

Dept. of Gynecologic and Breast Oncology, Maribor Teaching Hospital, Maribor, Slovenia

Background: The objective of this study was to evaluate the correlation of preoperative serum CA 125 levels and lymph node metastasis in endometrial carcinoma patients.