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PATIENT TRIGGERED FOLLOW UP FOR ENDOMETRIAL CARCINOMA: THE SOUTHAMPTON EXPERIENCE FROM 2013 TO 2016

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Background and methods

Patients undergoing surgery for endometrial carcinoma at this Centre have traditionally attended Clinical Follow Up (CFU) for five years. Increasing workload and inconsistent availability of junior medical staff made CFU unsustainable, with negligible clinical benefit to patient outcome demonstrated by audit. Patient Triggered Follow Up (PTFU) passed local Clinical Governance requirements and was introduced in July 2013. Patients have access to several educational and support modalities, initiating further contact with the service when required. All contacts are documented contemporaneously and were analysed for women entering PTFU from 1/7/2013 to 31/12/2016. Outcomes for a cohort of women undergoing CFU following treatment between 1/1/2009 and 30/6/2013 were compared with Log-Rank (Mantel-Cox) and Kaplan Meier analyses.

Results

220 women were enrolled to PTFU including 16 women with FIGO stage II and 17 women with stage III disease. After enrolment, 7/220 (3.1%) did not accept PTFU and requested traditional clinical reviews. One patient moved to another area and one declined any form of follow up. 120/220 engaged in the Health and Wellbeing Workshop and a further 174 telephone consultations were initiated by women. Disease recurred or progressed in 19/220 (8.6%), leading to death in 9 women (4.1%), including one where patient-initiated clinical review and investigations of her bleeding failed to identify her recurrence. There were two further, unrelated deaths in the PTFU group, with overall survival of 95% to date. 242 women entered CFU with 45 deaths occurring in the comparable period of follow up and overall survival of 81.4% (p=0.013).

Conclusion

Preliminary analysis indicates that women find PTFU acceptable and recurrence can be detected. We have found no negative impact on survival overall. The apparent survival advantage (see Kaplan-Meier plot) may be due to deterioration prior to enrolment in PTFU or case selection unidentified at present; further assessment is required.