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RISK FACTOR ANALYSIS OF RECURRENCE IN LOW RISK EARLY STAGE ENDOMETRIAL CARCINOMA: THE POTENTIAL PREDICTIVE ROLE OF THE HYPERTENSIVE COMPONENT OF THE METABOLIC SYNDROME

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Background

The risk of endometrial carcinoma (EC) recurrence ranges up to 13%. Patients at early stage low risk (stage IA G1/G2 EC) carry a 1-4% risk of recurrence but their prognosis may not be always favourable. In this group, predictors of recurrence have not been comprehensively studied. We aimed to evaluate the impact of clinical-morphological factors associated with recurrence to potentially establish a risk-adjusted treatment approach.

Material and methods

This was a retrospective cohort of all patients treated at our institution from Jan 2010 to Dec 2016 at stage IA G1-G2 EC. The primary outcomes were recurrence rates and predictors of recurrence. Twenty-six clinic-morphological variables were included in a logistic regression model and were summarized as odds ratio (OR) with 95% confidence intervals (CI). A p-value < 0.05 was considered statistically significant.

Results

97 patients were investigated with a median follow-up time of 39 months ([IQR] 21-56 months). Ten out of 97 (10.3%) recurrences occurred with a median time to recurrence of 36 months ([IQR] 23-43 months). Central vault recurrence was identified in 80% of these patients. Involvement of myometrium was the single morphological factor associated with recurrence in the univariate analysis (OR 15.2, 95%CI 1.83-126.3, p= 0.012). Hypertension (HTN) was the predictor in the univariate and multivariate analysis (p < 0.001, chi2 test). For every additional mm in tumour size, the risk for central recurrence increased by 4% (OR 1.04, 95%CI 1.01-1.08, p 0.046). 3-year OS (overall survival) and 3-year RFS (recurrence-free survival) were 100% and 89.7, respectively.

Conclusion

In both univariate and multivariate analysis, HTN of metabolic syndrome (MS) was the single independent predictor of recurrence. Thorough diagnosis and comprehensive treatment of MS and HTN should be considered when counselling such patients about recurrence risks. The role of morphological features needs to be further elucidated in larger cohorts.