Instytut Centrum Zdrowia Matki Polki

Analiza wyników leczenia pacjentek operowanych z powodu nowotworów złośliwych narządów płciowych w Tomaszowskim Centrum Zdrowia Sp. z o.o. w latach 2016-2021

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Summary

Cancer diseases, including malignancies of the reproductive organs, constitute a significant and continuously growing problem for healthcare systems. Demographic changes occurring within Polish society, lifestyle factors, and environmental conditions contribute to the fact that, especially for some gynecological cancers, they should increasingly be considered as lifestyle-related diseases. At the same time, the ongoing centralization of care for oncology patients represents, on one hand, an opportunity toimprove the quality and consistency of care provided (in line with European standards), but on the other hand, it may lead to certain disparities in access to services and cause significant delays in obtaining appropriate assistance. The aim of this study was a detailed analysis of surgeries performed in the Gynecology and Obstetrics Department of the Tomaszow Health Center in patients diagnosed with malignancies of the reproductive organs between 2016 and 2021. To simplify and standardize the results, patients diagnosed with the four most common gynecological cancers who underwent surgery were selected: endometrial cancer, ovarian cancer, cervical cancer, and vulvar cancer. Other (rarer) female cancers were excluded from the analysis.

Materials and Methods

The analysis included data from 238 women who underwent surgery in the Gynecology and Obstetrics Department of TCZ Sp. z o.o. due to a diagnosed malignancy of the reproductive organs (endometrial cancer, ovarian cancer, cervical cancer, and vulvar cancer). All patients were operated on by a team led by a highly experienced specialist in gynecologic oncology. The scope of surgery involved radical removal of the reproductive organs with or without lymphadenectomy (depending on indications). In the case of ovarian cancer, primary or secondary cytoreductive procedures were performed.

The selected group was thoroughly evaluated with regard to risk/personal factors (including age, parity, date of last menstruation, family history of cancer, substance use, height, weight, BMI, body surface area, preoperative blood morphology, and blood type). Operational and hospitalization data were also analyzed, such as surgery duration, surgical team composition, length of hospital stay, and occurrence of intraoperative complications. Histopathological diagnosis, cancer stage according to the FIGO classification, and tumor grade were documented. For the entire group, average survival and mortality rates were determined and compared with representative data from literature and clinical research databases.

Results

The analysis included 51.88% of patients diagnosed with endometrial cancer, 33.89% with ovarian cancer, 7.53% with cervical cancer, and 6.69% with another type of reproductive organ malignancy. The average age of operated women was 62.64 ± 12.52 years, mostly multiparas, primarily after two childbirths. 75.38% of patients were postmenopausal. A family history of cancer was reported by 5.38%, and comorbidities were present in 64.4% of the analyzed group. The average surgery duration was 145 minutes for the entire group, with the longest procedures performed for ovarian cancer (165 minutes on average), and the shortest for endometrial cancer (125 minutes). The average length of hospitalization was 13 days, being the longest for patients with other gynecological cancers (15 days) and shortest for cervical cancer (12 days). Intraoperative complications occurred in 17.52% of patients and were most common in the ovarian cancer group (34.57% of all complications). At the time of surgery, most patients were staged as FIGO I in endometrial cancer (62.04%), FIGO III for ovarian cancer (54.55%), FIGO I for cervical cancer (90.91%), and FIGO I for other gynecological cancers (85.42%). In the final phase, survival indicators were analyzed using data from the EWUŚ system. These indicators were determined for detailed subgroups, including clinical and histopathological diagnoses, as well as clinical data such as body weight, surface area, comorbidities, etc. The longest survival times were observed in the group with endometrial cancer – the average survival time within the analyzed interval was 3.43 years, and more than 94 patients were alive at the time of verification in the EWUŚ system. The shortest survival times were seen in patients with other gynecological malignancies – 3.03 years. For ovarian and cervical cancer, survival times were 3.16 and 3.38 years, respectively.

Conclusions

Endometrial cancer was the most frequently diagnosed gynecological malignancy and predominantly affected postmenopausal patients with elevated BMI and comorbidities. A protective effect of multiparity was observed, as ≥3 deliveries were associated with a lower incidence of this malignancy. Ovarian cancer was associated with the highest surgical risk, longer operative time, and the highest rate of perioperative complications, which were related to the extent of cytoreductive procedures and disease stage. Systemic patient-related factors, particularly lower preoperative hemoglobin levels, significantly influenced the risk of complications and length of hospitalization.

Three-year survival rates were comparable to international data, while five-year survival was similar to national and regional outcomes, confirming the effectiveness of treatment provided in a district-level center. The findings indicate that the quality of primary surgical treatment is crucial for early survival outcomes, whereas long-term survival depends largely on subsequent oncological management. Non-university centers may constitute a valuable alternative to university-based gynecologic oncology centers for the treatment of gynecologic malignancies, provided that they collaborate with experienced surgeons, maintain an appropriate level of surgical expertise, and operate within multispecialty hospitals with access to oncology centers providing adjuvant therapy. These results highlight the need for further studies with longer follow-up and analysis of adjuvant treatment.