Ten Year Results of Concurrent Urogynecology and Gynecologic Oncology Surgeries

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Introduction

- Gynecologic cancer and urogynecologic problems affect a similar population and increase with age
- Addressing these conditions with concurrent surgeries has been completed successfully in our hospital

Aim/Hypothesis

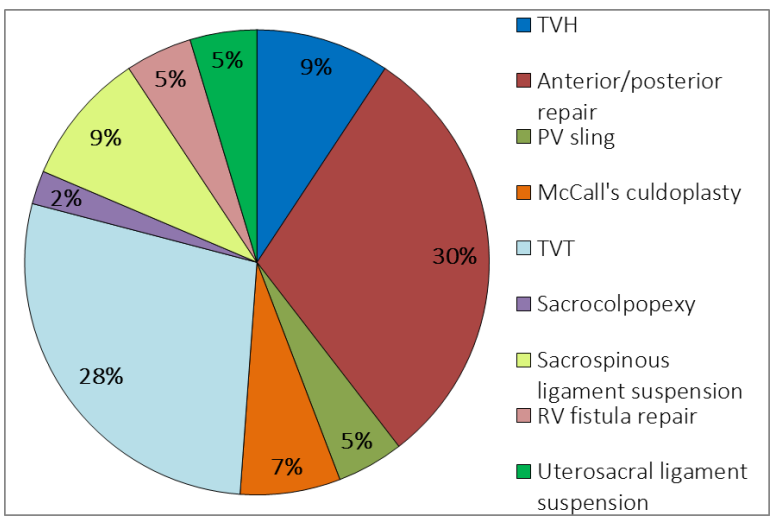
- Aim: Describe patients who underwent concurrent Gynecologic Oncology and Urogynecology surgeries at a single institution
- Hypothesis: Concurrent surgery is feasible without adverse outcomes

Methods

- Retrospective review of planned concurrent Gynecologic Oncology and Urogynecology procedures (1/1/2007 to 2/5/2018)
- Data analyzed with descriptive statistics
- Progression-free survival (PFS): months from surgery to first progression via imaging, CA125, clinical examination, or death
- Overall survival (OS): months from diagnosis to death or last contact

Results

Frequency of FPMRS surgeries performed



Patient characteristics (N=29)	
Mean BMI	34.6 kg/m^2
Mean age at cancer diagnosis	64.2 years
Cancer type	
Endometrial	13 (44.8%)
Ovarian/Primary peritoneal	8 (27.6%)
Cervical	1 (3.4%)
Vulvar	1 (3.4%)
Benign	5 (17.2%)
Non-gynecologic metastasis	1 (3.4%)
Mode of staging surgery	
Open	14 (51.9%)
Laparoscopic	13 (48.1%)
Adjuvant cancer therapy	
Radiation alone	2 (8.7%)
Chemotherapy alone	5 (21.7%)
Both	1 (4.3%)

Patient outcomes	
Recurrence of cancer	7/29 (24.1%)
Median PFS (among those with cancer recurrence)	10.5 months
Median OS (among those with gynecologic primary cancer)	56.5 months
Died	3/29 (10.3%)
Recurrence of prolapse	0 (0%)
Recurrence/persistence of stress urinary incontinence (among those with TVT placed)	3/12 (25%)
Mesh extrusion (among those with mesh placed)	1/13 (8%)
Superficial surgical site infection	3/29 (10.3%)
Deep surgical site infection	0 (0%)

Major Take-Away Results:

- 10 % superficial SSI and no deep SSI (no trend with surgery type)
- Only 1 mesh extrusion (did not receive radiation)
- No prolapse recurrences
- Expected oncologic outcomes

Conclusions

- Performing concurrent urogynecology and oncology surgery is feasible and safe
- Offering these surgeries in combination has the potential to decrease health care costs and patient burden in a vulnerable population