

Review

# Endometrial cancer in elderly women: Which disease, which surgical management? A systematic review of the literature



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## Abstract

**Objective:** Endometrial cancer primarily affects elderly women. The aim of the present literature review is to define the population of elderly women with this disease and to define the characteristics of this cancer in elderly people as well as its surgical treatment.

**Materials and methods:** A systematic review of the English-language literature of the last 20 years indexed in the PubMed database.

**Results:** Endometrial cancer is more aggressive in elderly women. However, surgical staging performed in elderly patients is often not concomitant with the disease's aggressiveness in this group. Mini-invasive surgery is performed less often, for no obvious reason. Of note, oncogeriatric evaluation was not usually ruled out to determine the most appropriate surgical modality.

**Conclusion:** Studies are needed to evaluate surgical management of endometrial cancer in elderly women, notably with the aid of oncogeriatric scores to predict surgical morbidity.

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**Keywords:** Elderly women; Endometrial cancer; Oncogeriatric scores; Surgical approach

## Introduction

Endometrial cancer is a disease primarily affecting elderly women: the mean age at diagnosis is 68 years.<sup>1</sup> The current population is getting older, so the incidence of the disease and also its management are set to increase in the coming years. Anyone who takes an interest in this disease in the specific subpopulation formed by elderly women will notice it has features specific to this age group. The aim of the present literature review is to define which

kind of endometrial cancer was found in elderly, how to define elderly and to focus on the surgical management performed and complications in elderly. In addition, we describe the feasibility and value of managing the disease in this age group using a mini-invasive approach (laparoscopic or robotic).

## Materials and methods

Inclusion criteria were studies that included adult females with either age more than 65 years old and endometrial cancer with surgery. Exclusion criteria were patients with recurrent endometrial cancer, studies with no inclusion of women older than 65 years, duplicate data. Because of lack consensus of elderly woman definition in literature,

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authors researched also geriatric tools in order to define frailty. Inclusion criteria for this search were “oncologic score”.

The primary outcomes were rate of postoperative complications (morbidity and mortality), histo-pathological analysis of uterus and nodes and survival rate. The secondary outcome was described oncogeriatric scores nevertheless kind of cancer.

Original studies, meta-analyses and reviews published in English and French were considered. In case of duplicate publications from the same team, the most recent study was included. Case reports were excluded. Two investigators (CB and VL) independently extracted the data from the remaining studies. Finally, all the authors scrutinized relevant studies and a decision made on their inclusion in the review.

The bibliographic search was carried out for the period covering the last 20 years (January, 1995 to January, 2015). The following sources were explored:

- Medline: PubMed (the Internet portal of the National Library of Medicine) <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed>
- Central Cochrane Library
- EmBase
- National Institute on Ageing <http://www.nia.nih.gov/sites/default/files/>
- INSEE: *Institut National des Statistiques et des Etudes Economiques* <http://www.insee.fr/fr/themes/document>

The authors used various key words, alone or in combination, to produce maximum results during the literature search. The following key words were used: elderly women, older, frailty, laparoscopy, laparotomy, vaginal hysterectomy, surgery, recidive, specific survival, morbidity, endometrial carcinoma, endometrial cancer, oncogeriatric score. To minimize the possibility of duplication, all key fields of a particular study were downloaded including unique identifier (e.g. PMID), digital object identifier (DOI), clinical trial number (from [www.clinicaltrials.gov](http://www.clinicaltrials.gov)), abstract and key words. The initial citations were then merged into one file using the Endnote software and duplicate results were removed. The title of each study was individually reviewed by designated authors to identify the studies addressing the research question. Thereafter, abstracts of selected studies were reviewed according to the predefined inclusion and exclusion criteria and irrelevant studies were removed. Studies meeting all inclusion and exclusion criteria were selected for full-text review and data extraction.

## Results

The electronic database literature search identified 25,635 articles on endometrial cancer of which 2117 were about surgical staging and only 16 with detailed

data about women older than 65 years old. Authors identified only two studies that assessed oncogeriatric score for surgery, of which only one dealt with gynaecologic oncology.<sup>2,3</sup>

There is a lack of consensus in the definition of elderly and consequently there is a high heterogeneity of the published data to clearly review the subject.

### *What is an elderly woman?*

In order to optimise the surgical management of elderly patients, it is important to better define what an elderly patient is, especially in surgery, and notably which of these elderly patients are at risk of complications.

There is no consensus in the current literature as regards the definition of “elderly woman”, variously described as being over 63, 65, 70 or 75 years. Defining what constitutes an old person is a complex issue. One of the commonly used criteria is age, with the threshold age set at 65 years by the WHO<sup>4</sup> and the INSEE,<sup>5</sup> and 75 years by the InCa (*Institut National du Cancer*). Another criterion, more socioeconomic, is to consider elderly as people who are no longer working. Hence, age is not a good way of predicting postoperative complications. Although not as straightforward to apply as age, vulnerability, frailty and dependence are better able to detect people to manage geriatrically and who are at risk of complications. Hence old age is not defined in relation to a specific age but rather as a state of functional incapacity, whether subjective or objective. The concept of frailty, today adopted by geriatricians, corresponds to a reduction in physiological reserves limiting the patient’s capacity to respond to a stress and predisposing him/her to adverse events. It corresponds to a phenotype found in patients living in an institution, who have an excess risk of falls, hospitalisation, or other adverse events.<sup>6</sup> As mentioned above, the population is getting older and life expectancy is increasing considerably. According to the INSEE, the life expectancy at 65 years for a woman is currently 23 years, while expectancy of life in “good health” at 65 years is 9 years.<sup>7</sup> In relation to the topic we are interested in, surgery, the notion of good health is a very important one.

Even though a definition of elderly in the field of surgery is lacking, it will be accepted that such a person has fewer physiological reserves to respond to the stress of a surgical procedure (anaesthesia, perioperative bleeding) or postoperative complications. So, in elderly people, more important than the rate of complications is that when a complication occurs postoperatively, it is less well tolerated and causes a chain reaction of other complications. Furthermore, elderly people may present complications specific to their age (e.g. confusion, falls, etc.), while so-called “classic” postoperative complications may have atypical presentations that the physician must be able to diagnose.<sup>8</sup> In this context, new oncogeriatric scores are being used to better detect elderly people at risk of complications and

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