

### **Objectives**

- •Briefly define the field of gynecologic oncology.
- •Describe preoperative, perioperative and postoperative care of women diagnosed with **endometrial cancer**.
- •Discuss preoperative, perioperative and postoperative care of women diagnosed with **ovarian cancer**.
- •Characterize preoperative, perioperative and postoperative care of women diagnosed with **cervical cancer**.
- •Illustrate preoperative, perioperative and postoperative care of women diagnosed with **vulvovaginal cancer**.
- •Outline some common chemotherapeutic scenarios in gynecologic malignancies.

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## What is Gynecologic Oncology?

- •Objective #1: Briefly define the field of gynecologic oncology.
- •Defined in 1969 as a specialty within obstetrics and gynecology
  - · Board certification available in 1973
- •3-4 year fellowship (after 4-year ob/gyn residency)
  - 1-2 years research + 2-year clinical rotations
- •Surgical and chemotherapeutic management of women with gynecologic malignancies & precancerous conditions
  - · Also complex, non-cancerous surgical management
- Advancement of gynecologic oncologic research
- Only surgeons that also administer chemotherapy

Averette HE, Wrennick A, Angioli R. History of gynecologic oncology subspecialty. Surg Clin North Am. 2001 Aug;81(4):747-51. doi: 10.1016/s0039-6109(05)70162-6. PMID: 11551122.

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The Foundation for Women's Cancer wants women to:

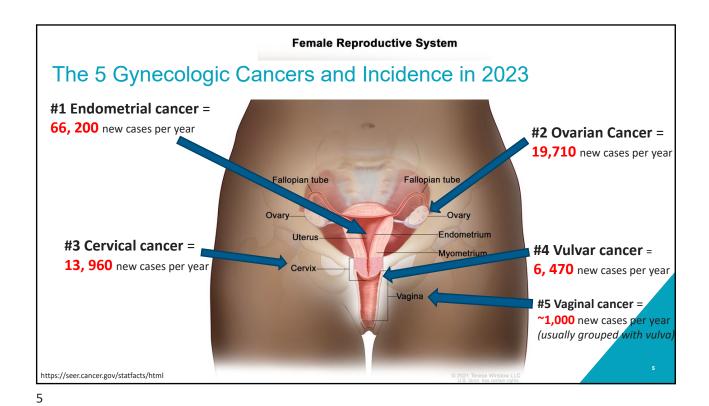
LEARN the symptoms.

LISTEN to your bodies.

ACT by seeking care from a gynecologic oncologist if you suspect or have been diagnosed with a GYN cancer.

For more information visit foundationforwomenscancer.org

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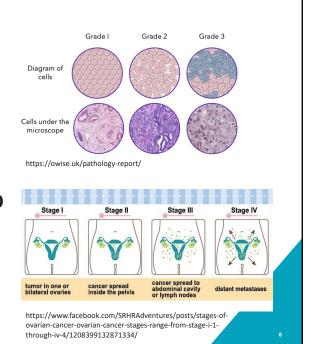
Some Cancer Basics

#### Grade = APPEARANCE

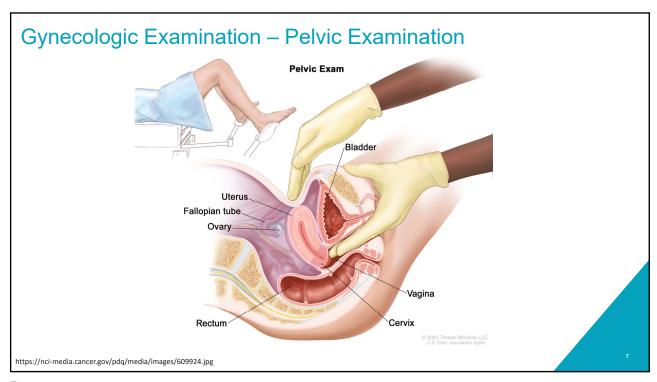
- · Determined by pathology
- Scale of 1-3
  - 1 = well-differentiated (less aggressive)
  - 2 = moderately differentiated
  - 3= poorly differentiated (more aggressive)

#### Stage = LOCATION AND/OR SPREAD

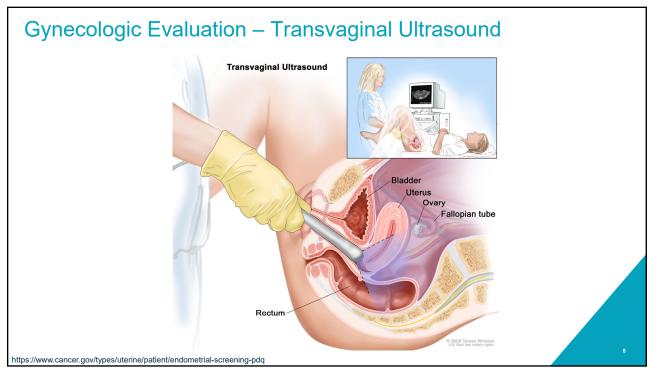
- · Determined by imaging and/or surgery
- Scale of 1-4
  - 1 = confined to organ
  - 4 = advanced/metastatic



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#### **Endometrial Cancer**

- Objective #2: Describe preoperative, perioperative and postoperative care of women diagnosed with **endometrial** cancer.
- •Most **common** gynecologic malignancy in US
- •Clinical presentation: abnormal uterine bleeding (75-90%)
- •<u>Diagnosis</u>: Biopsy
- •<u>Treatment</u>: Surgery (usually)
- •Age: 60
- •Stage: usually early

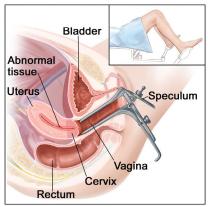
Prognosis: 5 year OS for stage 1 = 80-90%

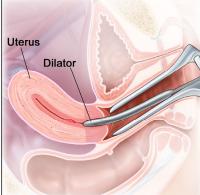
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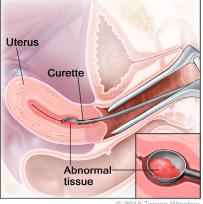
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### Gynecologic Evaluation – Dilation & Curettage

#### **Dilatation and Curettage**







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https://nci-media.cancer.gov/pdq/media/images/680398.jpg

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### **Endometrial Cancer Staging**

Stage	Description
IA	Tumor confined to uterus, <50% myometrial invasion
IB	Tumor confined to uterus, ≥50% myometrial invasion
II	Cervical stromal invasion
IIIA	Tumor invasion into serosa or adnexa
IIIB	Vaginal or parametrial involvement
IIIC1	Pelvic node involvement
IIIC2	Paraaortic node involvement
IVA	Tumor invasion into bladder or bowel mucosa
IVB	Distant metastases (including abdominal metastases) or inguinal lymph node involvement

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### Endometrial Cancer - Case #1

A 65 yo presented to gynecology visit for postmenopausal bleeding x 1 month. An endometrial biopsy was performed and revealed endometrial adenocarcinoma, grade 3. She was referred to gynecologic oncology clinic. A CT scan of chest/abdomen/pelvis showed no evidence of metastatic disease. Surgery was discussed with her and she elected for robotic surgery with staging.

DaVinci Xi robot

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# Endometrial Cancer – Case #1 - Robotic Surgery



DaVinci XI robot docked with 4 ports & assistant port. First assist pictured with Gyn Onc PA-C.

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