

SGO sets new standards to monitor recurrence of gynecologic cancer more effectively

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Although gynecologic cancers account for only 10 percent of all new cancer cases in women, these cancers account for 20 percent of all female cancer survivors. Because long-term survival is now more common, it is increasingly important to detect recurrence. The Clinical Practice Committee of the Society of Gynecologic Oncology (SGO) has released a Clinical Document outlining their expert recommendations for cancer surveillance, published today in the *American Journal of Obstetrics & Gynecology* (AJOG).

"The goal of follow-up evaluation for the detection of recurrent disease requires both clinical and cost-effectiveness," commented Ritu Salani, MD, MBA, Assistant Professor, Department of Obstetrics and Gynecology, The Ohio State University College of Medicine. "Currently, most recommendations are based on retrospective studies and expert opinion. Taking a thorough history, performing a thorough examination, and educating [cancer survivors](#) about concerning symptoms is the most effective method for the detection of gynecologic cancer recurrences. There is very little evidence that routine cytologic procedures or imaging improves the ability to detect gynecologic cancer recurrence at a stage that will impact cure or response rates to salvage therapy. This article reviews the most recent data on surveillance for gynecologic cancer recurrence in women who have had a complete response to primary cancer therapy."

SGO's Clinical Documents are designed to improve the overall quality of women's cancer care, to reduce the use of unnecessary, ineffective, or harmful interventions, and to facilitate the treatment of patients with a goal to maximum the chance of benefit with a minimum risk of harm and at an acceptable cost. The role of surveillance is to provide clinical and cost-effective practices that detect recurrence and impact survival outcomes.

"Prevention is a big part of our mission as a collective membership," said SGO President John Curtin. "By sharing our best knowledge regarding surveillance of patients who have had a gynecologic malignancy with the medical team in the best position to detect a recurrence, we are helping our patients who do have a recurrence obtain appropriate care as soon as possible."

The article outlines in detail the surveillance techniques and appropriate monitoring intervals for endometrial, ovarian, nonepithelial ovarian, cervical, vulvar, and vaginal cancers. In some cases, certain techniques have been found ineffective in detecting recurrence and are discouraged in the recommendations. Patients should be counseled on the benefits and pitfalls of disease monitoring, which should include the psychologic impact of surveillance programs.

Coordination of care between gynecologic oncologists, primary care providers, other healthcare providers (such as radiation oncologists), and patients ideally will allow for compliance with cancer follow-up care and routine health maintenance. However, the Committee notes that as survivors are transitioned from [oncology](#) care to primary care, [primary care](#) providers may not be trained to deal with specific follow-up needs or practice standards for patients with [cancer](#). The information in this clinical document is intended to help bridge that gap. The provision of a clear understanding of recommendations and responsibilities of appropriate surveillance will reduce unnecessary tests, ultimately result

in cost savings, and better, earlier detection of disease recurrence.

More information: "Post treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncology recommendations: by Ritu Salani, MD, MBA; Floor J. Backes, MD; Michael Fung Kee Fung, MB, BS; Christine H. Holschneider, MD; Lynn P. Parker, MD; Robert E. Bristow, MD, MBA; and Barbara A. Goff, MD ([doi: 10.1016/j.ajog.2011.03.008](https://doi.org/10.1016/j.ajog.2011.03.008)). It will appear in the American Journal of Obstetrics & Gynecology, Volume 204, Issue 6 (June 2011)

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