

# **Follow-Up of Gynecologic Cancer Patients: Meeting the Challenges**

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VIRGINIA

# Why?

- **Early detection of recurrence**
- **Reassurance**
- **Diagnosis and treatment of recurrences related to disease or treatment**
- **Data collection for audit purposes**
- **Patients in clinical trials**
- **Teaching purposes**
- **Financial implications**

# How?

- **Vaginal examination**
- **PAP smear**
- **Tumor markers**
- **Imaging**

# Who?

- **Certified gynecologic oncologist**
- **Radiotherapist**
- **Medical oncologist**
- **General practitioner**
- **Trained nurse**

# Factors influencing results (Survival and QOL)

## ■ Disease

- different biological behavior

## ■ Patient

- therapeutic possibilities influenced by subjective characteristics

## ■ Availability of effective therapies

- therapeutic opportunities (!)
- early treatment (?)

## Need Consensus On...

- Selection of patients in whom follow-up can be “effective” or “clinically useful”
- Rationalization of timing and modalities
- Methods and organizational models
- Priorities of treatment modalities with reference to resources
- Patients’ viewpoint

# Evidence-Based Medicine

- **NO** prospective randomized trials comparing non–follow-up policy vs standard (intensive) follow-up
- **NO** prospective data on the possible impact of follow up on recurrence detection and survival
- Results available only from retrospective studies

# **Cervical Cancer**

## ***The Follow-Up Issue***

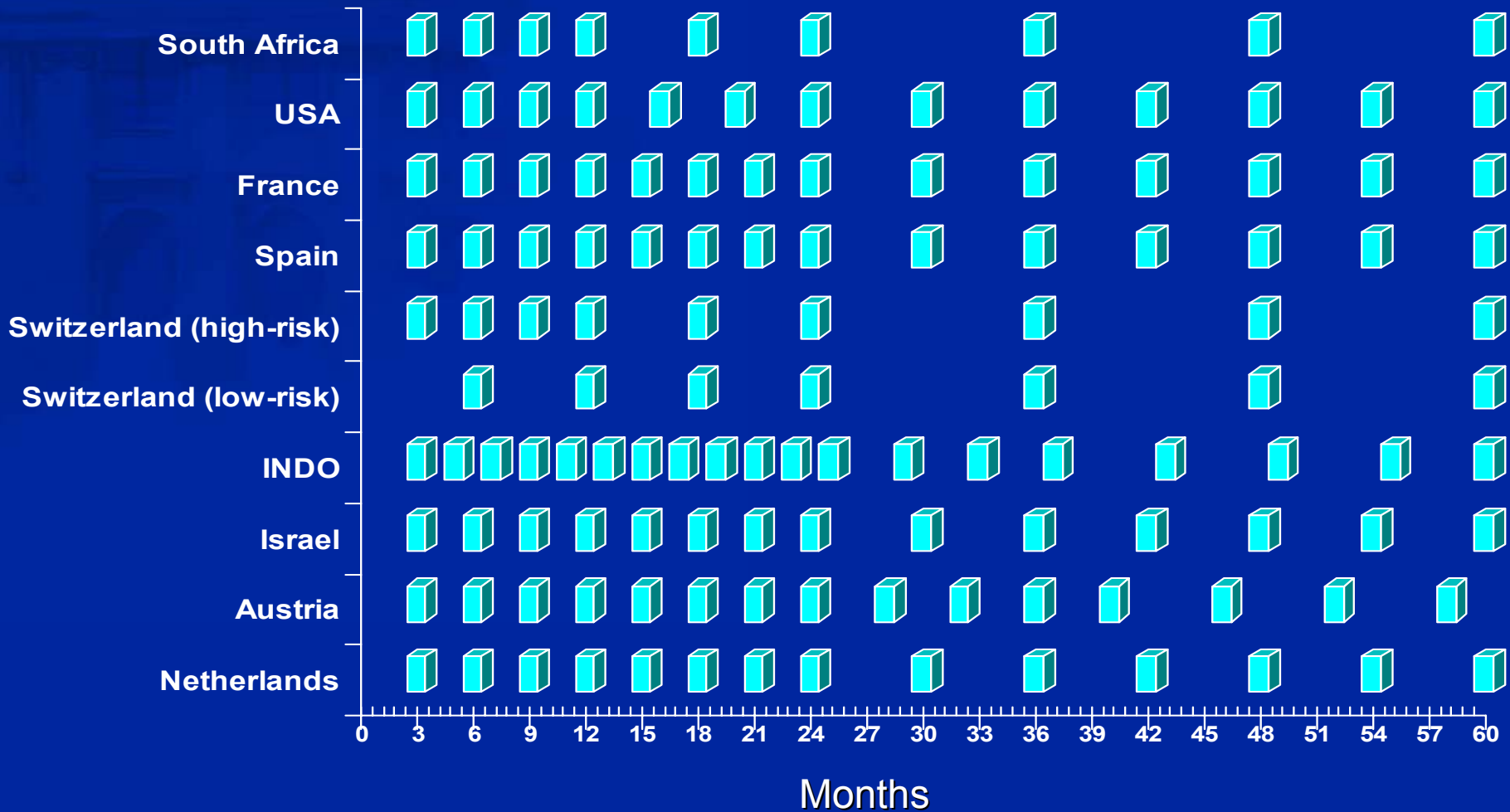
# Italian Society of Gynecologic Oncologists (SIOG) Guidelines for Follow Up of Invasive Cervical Carcinoma

- Check-ups include:
  - general clinical examination
  - recto-vaginal gynecologic examination
  - PAP smear
  - routine laboratory tests
  - further examinations should be carried out if the clinical situation requires it
- Check-ups every 4 months for first 2 years after surgery, and every 6 months for the next 3 years

# Follow-Up of Cervical Cancer— An International Survey

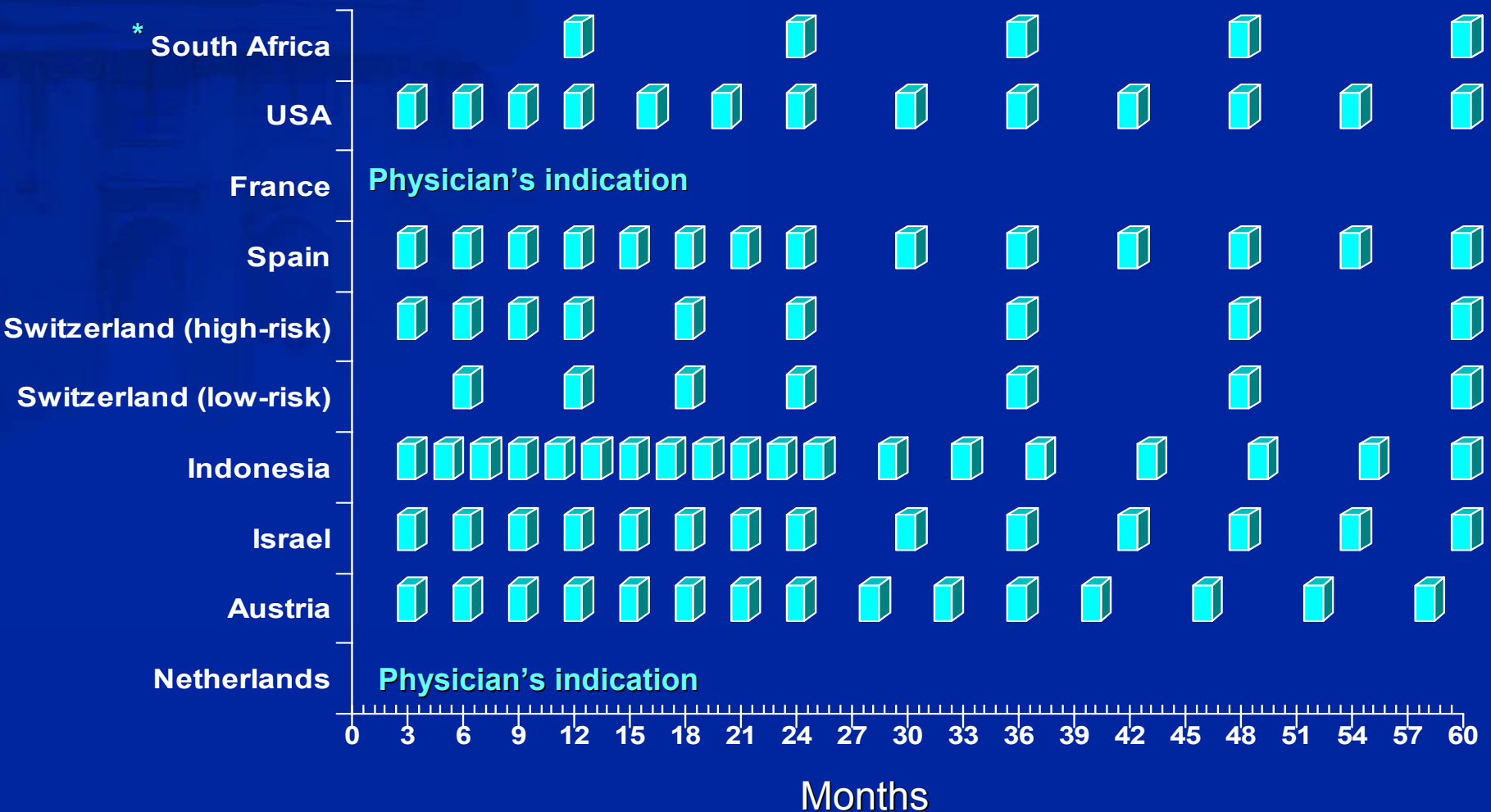
- G Kenter, Leiden (NL) 
- R Winter, Graz (A) 
- G Ben-Baruch, Tel Ashomer (Israel) 
- F Sahil, Medan (Indonesia) 
- J Puolakka, Jyvaskyla, (SF) 
- M Jurado, Pamplona (E) 
- A Floquet, Bordeaux (F) 
- N Teng, Stanford (USA) 
- AL van Wijk, Cape Town (SA) 

# Cervical Cancer—Timing of Follow-Up Exam

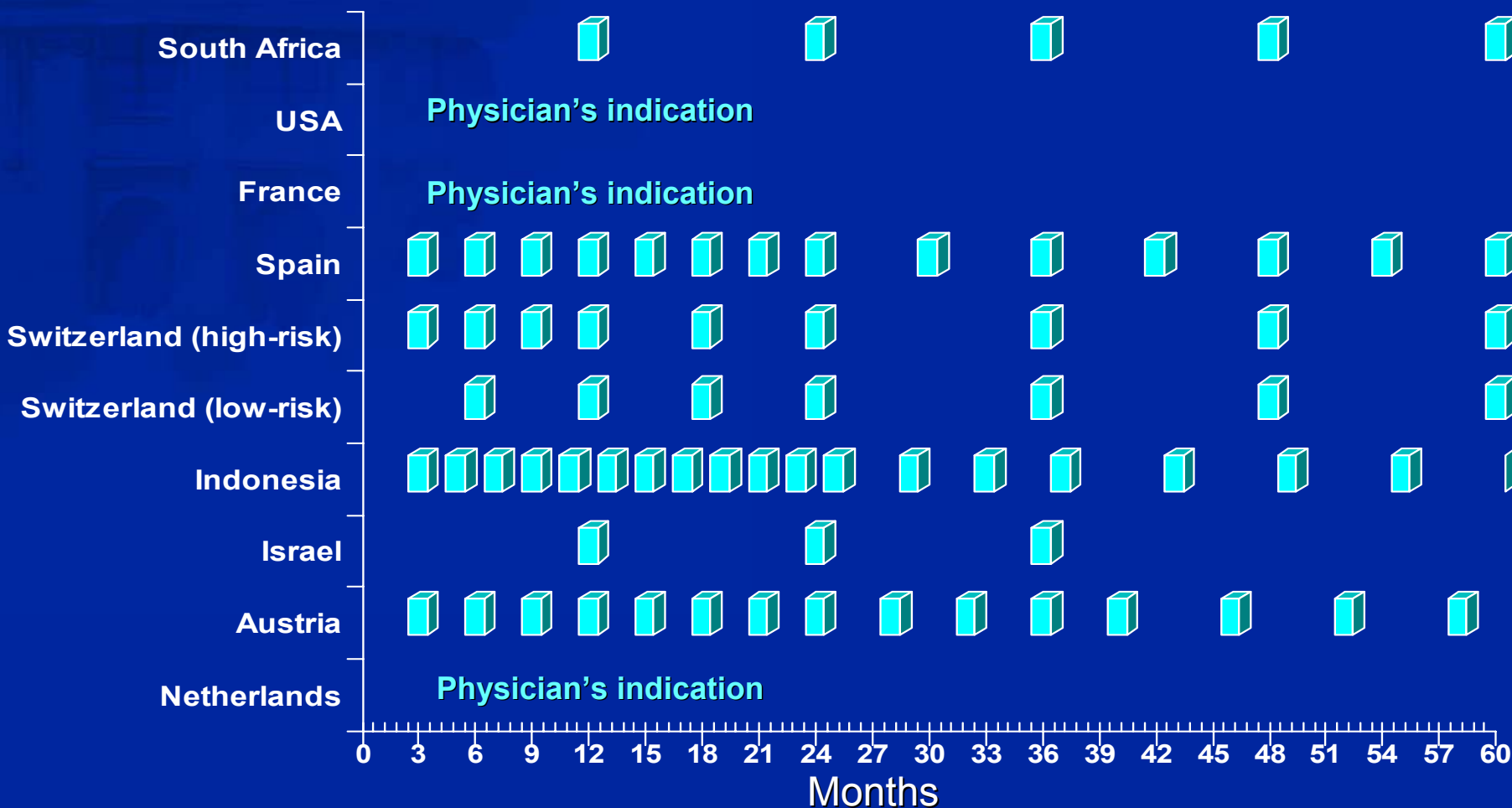


# Cervical Cancer—Timing of PAP Smear at Follow-Up at Follow-Up

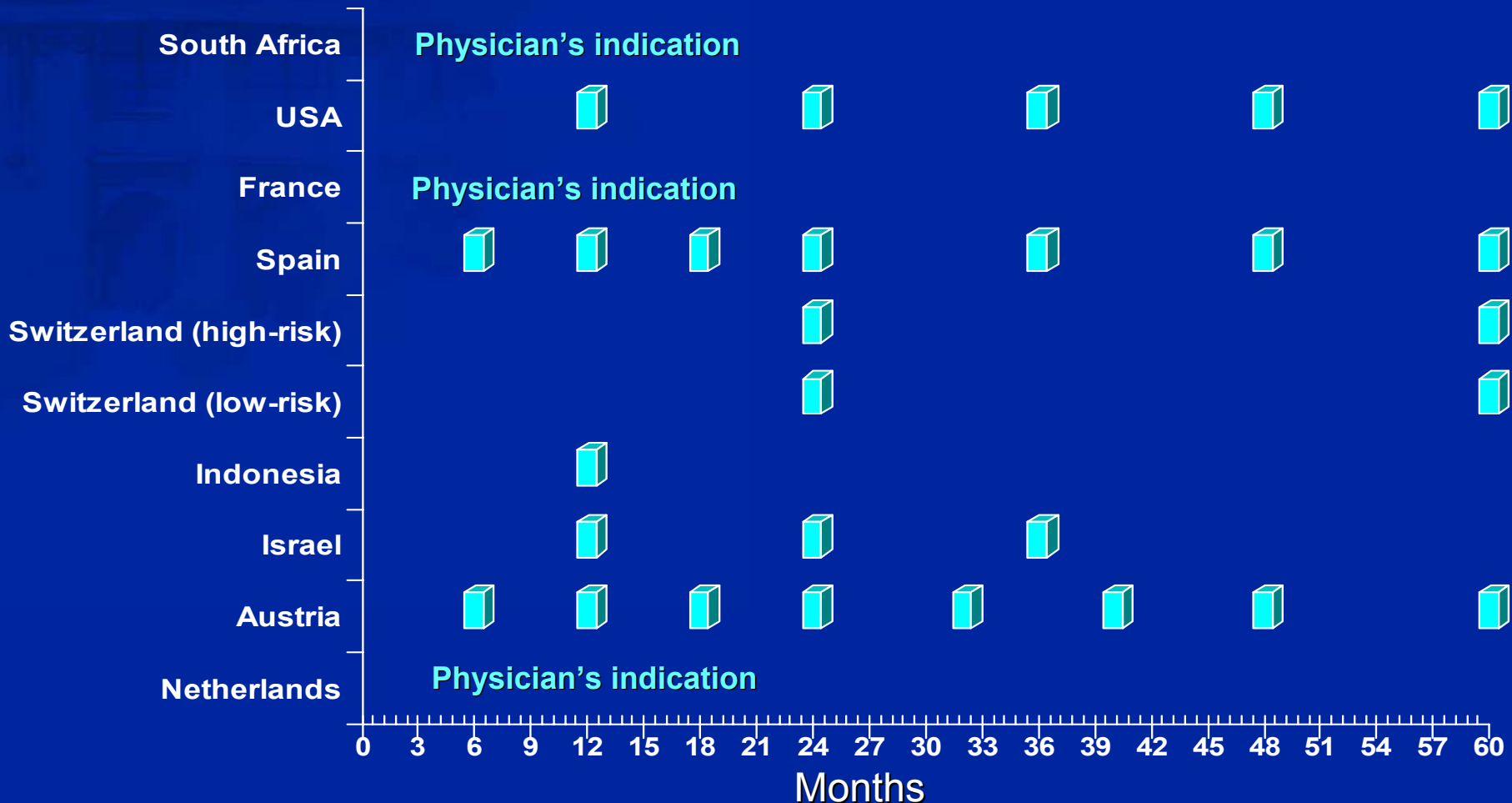
\* Only after radical hysterectomy



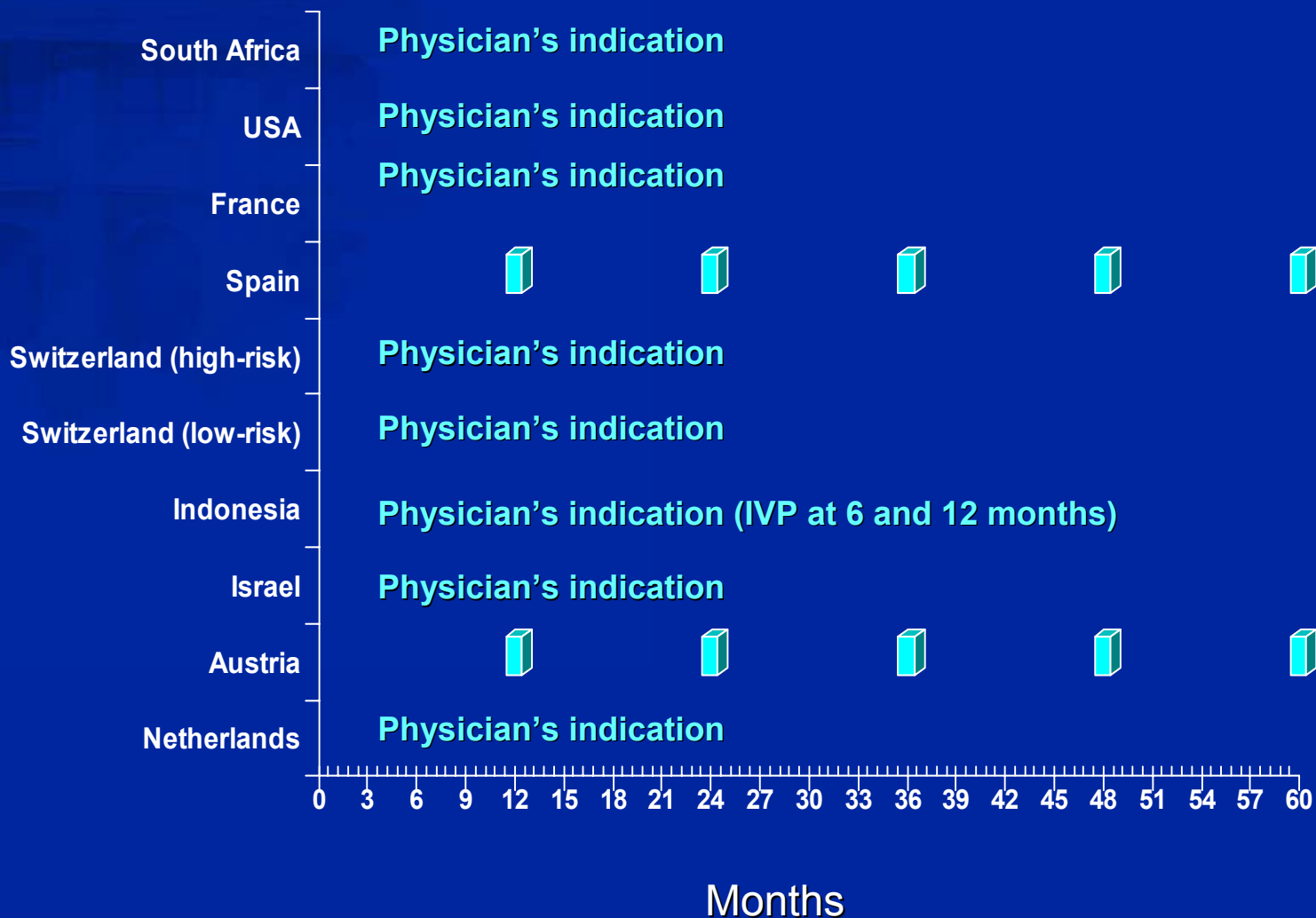
# Cervical Cancer: Timing of Lab Tests at Follow-Up



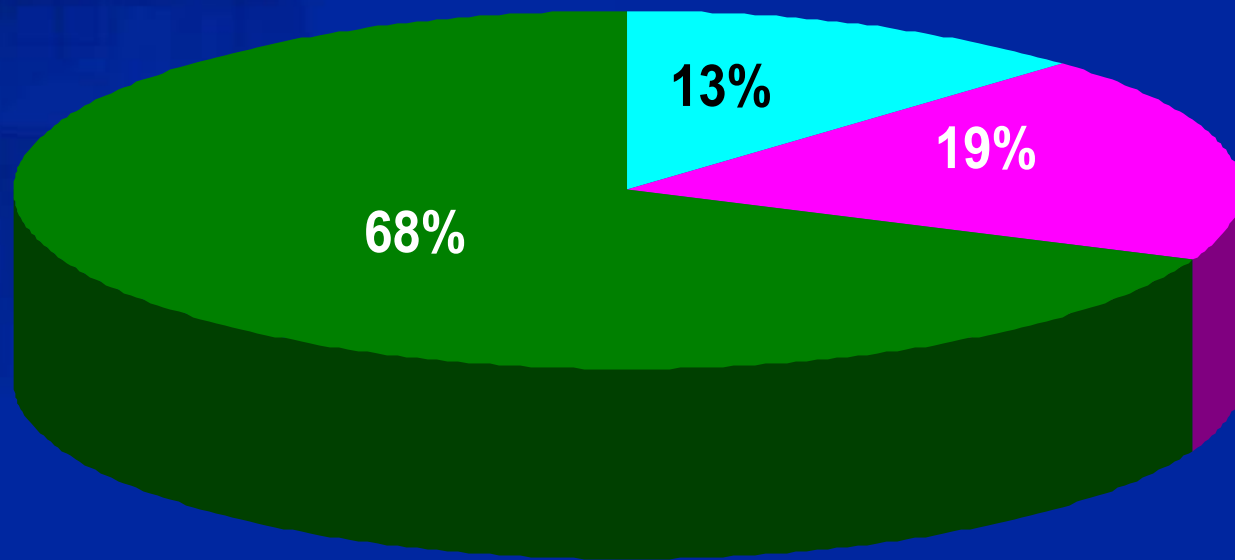
# Cervical Cancer—Timing of Imaging (Chest X-Ray) at Follow-Up



# Cervical Cancer—Timing of Imaging (CT, MR, US) at Follow-Up



# Follow-Up of Cervical Cancer— Comments On Usefulness



- Useful
- Doubtful about usefulness
- No comment

# Impact of Follow-Up on Quality of Life

- **Diagnosis and treatment of recurrences and long-term, treatment-related sequelae**
- **Psychosocial aspects**

# Quality Counts: The Value of Women's Perceived Quality of Life After Cervical Cancer

- A patient who is grateful to be alive is typically not in the mood to complain to her physician... especially if she receives the welcome news that no sign of cancer has been spotted...
- Quality of life after cancer cannot be measured accurately by monitoring physician impressions of patients' lives...
- We must ask women directly about their experiences...

# Follow-Up—The Future

- **Is it possible to prove that abolishing regular examination, while resulting in financial savings, is not detrimental to survival and QOL?**
  - reassurance by randomized follow-up studies is needed
- **If routine follow-up is to be discontinued, the caring aspects of oncology should be monitored by preserving easy access to other systems of specialist care**
  - phone help-line, walk-in clinic access, etc.
- **In every case, patients and clinicians must be convinced that all the important aspects of oncology care are met without anyone being put at risk**

# Conclusions

- **Differences detected in relation to timing and methods of follow-up of gynecologic tumors reflect lack of guidelines and recommendations founded on evidence-based medicine**

# Conclusions (cont'd)

- **Follow-up is an important clinical moment to**
  - **reassure patients**
  - **teach**
  - **treat recurrences**
  - **screen primary/secondary neoplasias**
  - **study the problems**
    - optimization of follow-up aimed at one single patient (tumor-related risk factors and subjective psychological impact)
    - lack of prospective clinical studies

## Conclusions (cont'd)

- **Impact on the possibility of cure of relapses (?)**
  - **lack of prospective studies in gynecologic oncology**
  - **retrospective data: valid only in case of relapses in specific sites**

# Conclusions (cont'd)

## ■ Costs

- High costs if evaluated in terms of cost per patient per relapse
- Hard to quantify in terms of impact on quality of life and of the psychological profile, for which “subjectivity” plays a crucial role

# Future Perspectives

- **Need for prospective studies aiming to compare different follow-up policies involving the different people managing the disease and its sequelae (gynecologic oncologist, radiation therapist, medical oncologist, general practitioner, nurses, psychologist, etc)**
- **Need for prospective studies based on new diagnostic methodologies (PET, proteomic chips)**
- **Need for precise guidelines derived from evidence-based medicine and from consensus conferences**

# Need To Focus on Quality of Life

**Anemia**

**HRT**

# Functional Anemia

- **Fatigue**
- **Debilitating loss of energy**
- **Weakness**
- **Malaise**
- **Impacts quality of life**

# Fatigue

- **Can persist after the end of cancer treatment**
- **Are we asking our patients the proper questions?**