

Common birth control device may be cost-effective treatment for early endometrial cancer

16 October 2012



An intrauterine device is effective in treating early-stage endometrial cancer in morbidly obese and high-risk surgery patients, said Dr. Sharad Ghamande, a gynecologic surgeon and oncologist at the GHSU Cancer Center, Chief of the Section of Gynecologic Oncology at the Medical College of Georgia, and principal investigator on the study, and could lead to a cost-effective treatment for all women with this cancer type. Credit: Phil Jones

A common birth control device is effective in treating early-stage endometrial cancer in morbidly obese and high-risk surgery patients, said Georgia Health Sciences University Cancer Center researchers, and could lead to a cost-effective treatment for all women with this cancer type.

Endometrial [cancer](#), which starts in the [lining of the uterus](#), is the third most common gynecologic cancer, striking more than 47,000 American women every year, particularly the obese. "Total hysterectomy, sometimes with removal of lymph nodes, is the most common treatment for this type of cancer. But women who are morbidly obese or

who have [cardiac risk factors](#) are not good candidates for surgery," said Dr. Sharad Ghamande, a gynecologic surgeon and oncologist at the GHSU Cancer Center, Chief of the Section of Gynecologic Oncology at the Medical College of Georgia, and principal investigator on the study.

For two years, Ghamande and his team followed a small group of high-risk patients with early-stage endometrioid adenocarcinoma, a common subtype of endometrial cancer, and those with atypical endometrial hyperplasia, or thickening of the uterine lining, which can lead to cancer. Patients were treated with an intrauterine device that releases the progestin levonorgestrel, successfully used for the past decade as a contraceptive.

The endometrial stripe, or thickness of the endometrium, was measured with transvaginal ultrasound before the study and at the three- and six-month marks. The stripe's progressive thinning at each stage demonstrated the effectiveness of the treatment. Subsequent endometrial biopsy found reversal of abnormal cell growth, known as neoplastic changes, in all patients.

Ghamande's group also analyzed 13 published studies and found a complete pathological response in 91.3 percent of cases, with no progression of disease, confirming their findings. The study also validated use of transvaginal ultrasound, commonly used to diagnose endometrial cancer, as a useful follow-up tool in assessing endometrial cancer treatment.

"Thirty to 35 percent of women with hyperplasia will go on to develop [endometrial cancer](#), and in 30 percent of these cases, women will present with a co-existing cancer," said Ghamande. "Traditional treatments can result in postoperative complications and morbidity, not only in patients at

high risk. But we may succeed in establishing a lower-risk and more cost-effective way of managing this cancer in all women."

"Identifying better treatments for cancer is the most important goal of our cancer research center," said Dr. Samir N. Khleif, Director of the GHSU Cancer Center. "Studies such as Dr. Ghamande's are changing the landscape of cancer care today, both here in Georgia and around the world."

Ghamande and Dr. Cinar Aksu, a GHSU Cancer Center fellow, presented the study results on Tuesday during the International Gynecological Cancer Society's 14th biennial meeting. Dr. Michael Mcfee, a gynecologic oncologist, and fellow Dr. Steve Bush, both of the GHSU Cancer Center, co-authored the study.

Provided by Georgia Health Sciences University

APA citation: Common birth control device may be cost-effective treatment for early endometrial cancer (2012, October 16) retrieved 5 July 2022 from <https://medicalxpress.com/news/2012-10-common-birth-device-cost-effective-treatment.html>

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