LONG-TERM OUTCOMES AND PROGNOSTIC ANALYSIS OF ENDOMETRIAL CANCER:A 10-YEAR TERTIARY CARE CENTRE IN PAKISTAN

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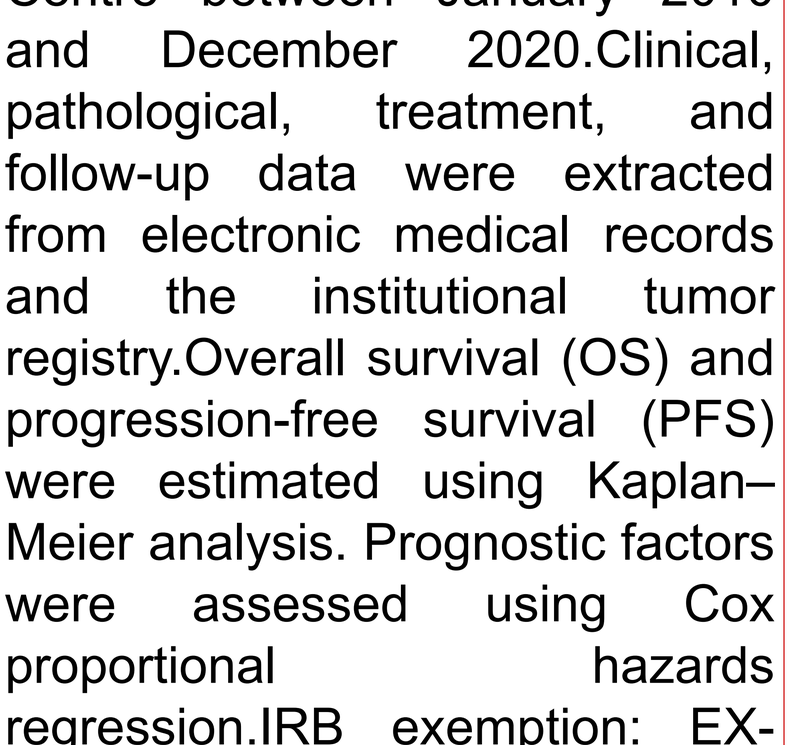
OBJECTIVE

Endometrial carcinoma is a common gynecologic malignancy with rising incidence globally, including in low- and middle-income countries. Local data on clinicopathological characteristics, treatment patterns, and survival outcomes remain limited in Pakistan.We evaluated clinicopathological characteristics, treatment patterns, long-term survival outcomes, and prognostic factors in a 10-year tertiary-care cohort.

METHODS

Retrospective cohort study of women aged ≥18 years with histologically confirmed endometrial carcinoma treated at Shaukat Khanum Memorial Cancer Hospital & Research Centre between January 2010 and December 2020.Clinical, pathological, treatment, and follow-up data were extracted from electronic medical records and the institutional tumor registry.Overall survival (OS) and progression-free survival (PFS) were estimated using Kaplan–Meier analysis. Prognostic factors were assessed using Cox proportional hazards regression.IRB exemption: EX-17-12-25-01.

TREATMENT PATTERNS



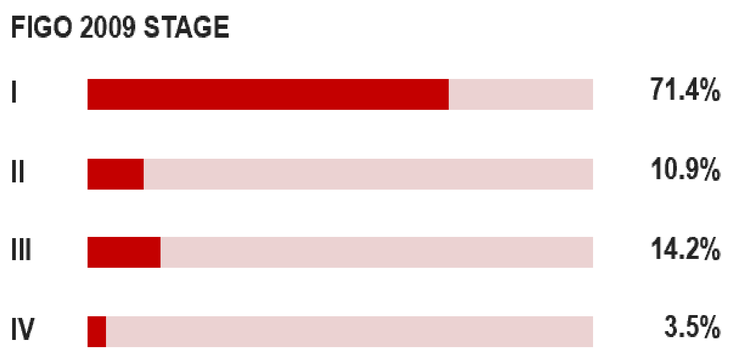
Treatment was individualized according to FIGO stage, pathological risk factors, and multidisciplinary tumor board review.

COHORT AT A GLANCE

622 Patients

56 year Median Age

32.8 kg/m2 Mean BMI



MYOMETRIAL INVASION ≥50% **47.7%**

Nodal metastasis: 5.8%

Post-menopausal: 72.8%

Key baseline findings

- 36.3% were aged ≥60 years
- 94.4% underwent primary TAH + BSO
- Deep myometrial invasion was present in 47.7%
- Nodal involvement occurred in 5.8%

OUTCOMES

88.6% 5-YEAR OVERALL SURVIVAL

80.1% 5-YEAR PROGRESSION-FREE SURVIVAL

76.5% 10-YEAR OVERALL SURVIVAL

49 month MEDIAN FOLLOW-UP

All survival estimates are from the published cohort.

RESULTS & PROGNOSTIC ANALYSIS

MULTIVARIABLE COX REGRESSION

Independent predictors of overall survival



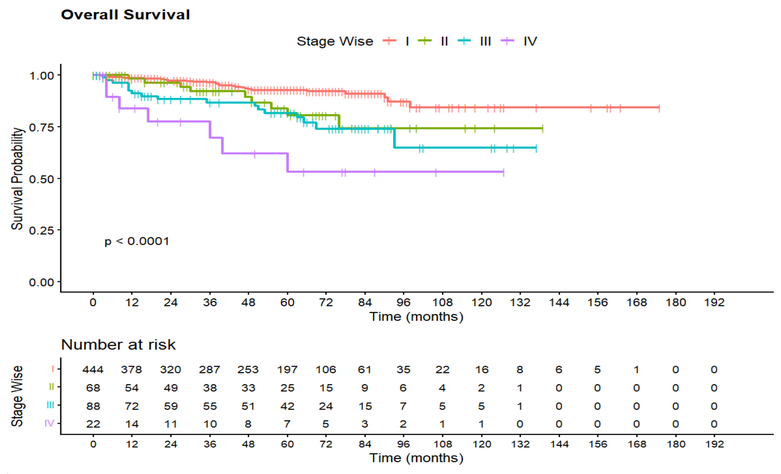
Nodal positivity: HR 5.89 (95% CI 2.00–17.3), p=0.001

Stage IV: HR 5.82 (95% CI 2.43–13.9), p<0.001

RESULTS

Survival differed significantly across FIGO stages (log-rank p < 0.0001). Stage IV disease had the lowest estimated 5-year OS (53.1%), while stage IA had the highest (93.1%).

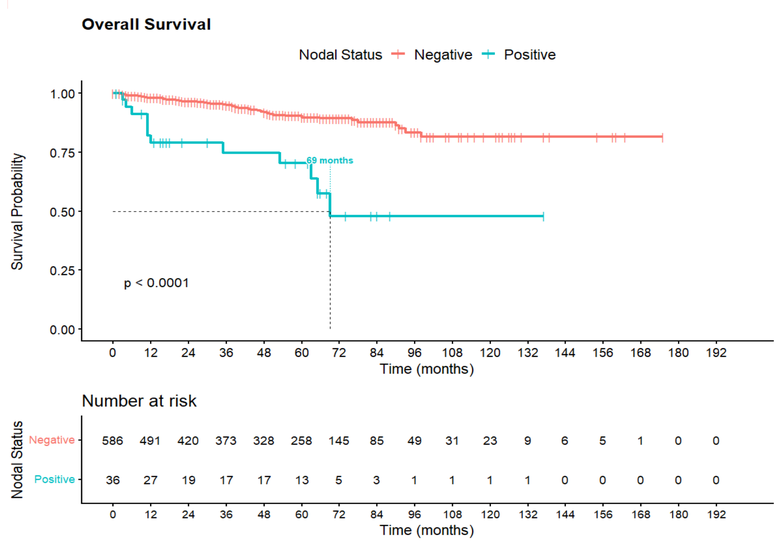
Fig 1: Overall Survival By FIGO STAGE



5-year OS by stage

IA 93.1% | IB 92.4% | II 80.5% | IIIA 92.9% | IIIB 81.5% | IIIC 70.3% | IV 53.1%

Fig 1: Overall Survival By NODAL STATUS



Node-positive disease showed significantly inferior OS compared with node-negative disease (log-rank p < 0.0001).
Median OS ≈69 months in the node-positive group; not reached in node-negative patients.

Key multivariable findings

- Stage II and IV: independently associated with higher mortality
- Positive nodes: strong independent adverse prognostic factor
- Increasing age: independently associated with poorer OS
- BMI: statistically significant inverse association with mortality

CONCLUSION

This 10-year tertiary-care experience provides long-term outcome data for endometrial cancer in Pakistan.Overall survival was favorable, with 88.6% estimated 5-year OS and 76.5% 10-year OS.Advanced FIGO stage and nodal involvement were the major adverse prognostic determinants, supporting complete staging and risk-adapted multidisciplinary management.Prospective studies incorporating molecular classification may further refine risk stratification in Pakistani women.

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