Srinagarind Hosp Med J 1986; 1(4): 245-51

Gynecologic Cancers in Srinagarind Hospital (1976-1985)

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มะเร็งอวัยวะสืบพันธุ์สตรีในโรงพยาบาลศรีนครินทร์ (2519–2528)

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ได้ศึกษาผู้ป่วยที่เป็นมะเร็งอวัยวะสืบพันธุ์สตรีทั้งหมดตั้งแต่เปิดโรงพยาบาล (พ.ศ.2519) ถึงสิ้นปี 2528 ทั้งหมด 1,033 ราย เป็นมะเร็งปากมดลูก 815 ราย (ร้อยละ 78.90), มะเร็งรังไข่ 130 ราย (ร้อยละ 12.58), มะเร็งตัวมดลูก 59 ราย (ร้อยละ 5.71), มะเร็งปากช่องคลอด 23 ราย (ร้อยละ 2.22), มะเร็งช่องคลอด 5 ราย (ร้อยละ 0.48) และมะเร็งของท่อนำไข่ 1 ราย (ร้อยละ 0.10) จำนวนผู้ป่วยมะเร็งกลุ่มนี้เพิ่มขึ้นเรื่อย ๆ ทุกปี โดยเฉพาะมะเร็งปากมดลูกและมะเร็งรังไข่, อายุเฉลี่ยของผู้ป่วยของมะเร็งปากมดลูก, รังไข่, ตัวมดลูก, ปากช่องคลอด, ช่องคลอด และท่อนำไข่เท่ากับ 47.53 ปี, 43.10 ปี, 54.21 ปี, 52.00 ปี, 57.00 ปี และ 55.00 ปี ตามลำดับ และจำนวนบุตรของผู้ป่วยเท่ากับ 6, 4, 3, 7, 8 และ 0 คน ตามลำดับ ผู้ป่วย 28% มีภูมิลำเนาในจังหวัดขอนแก่น นอกนั้นมาจากจังหวัดต่าง ๆ ในภาคตะวันออกเฉียงเหนือ ผู้ป่วยส่วนใหญ่เป็นคนไทย ศาสนาพุทธ อาชีพส่วนใหญ่เป็นชาวนา (ร้อยละ 73–100) ระยะของโรคส่วนใหญ่ขึ้นกับชนิดของมะเร็งและอวัยวะที่เป็น การรักษาส่วนใหญ่ในมะเร็งปากมดลูก และมะเร็งช่องคลอดเป็นรังสีรักษา ในมะเร็งรังไข่เป็นการผ่าตัดร่วมกับเคมีบำบัด ในมะเร็งตัวมดลูก, มะเร็งปากช่องคลอด และมะเร็งของท่อนำไข่ เป็นการผ่าตัด ผลการรักษาและการติดตามผู้ป่วยจะได้นำเสนอต่อไป

การทำทะเบียนผู้ป่วยโรคมะเร็งเป็นสิ่งสำคัญ ในการแก้ปัญหาเรื่องโรคมะเร็งทั้งในด้านการวางแผนการรักษาและการวิจัย

The total 1033 cases of gynecologic cancers were collected from 1976 to the end of 1985 in the hospital-based cancer registry (Cancer Unit) of the faculty of medicine, Khon Kaen University. Cervical cancer comprised 815 cases (78.90%), while there were 130 cases of ovarian cancer (12.58%), 59 cases of uterine corpus cancer (5.71%), 23 cases of vulvar cancer (2.22%), 5 cases of vaginal cancer (0.48%) and one case of fallopian tube cancer (0.10%). The number of the cancer patients increased year by year. The average age for cervical, ovarian, uterine corpus, vulvar, vaginal and fallopian tube cancer were 47.53, 43.50, 54.21, 52.00, 57.00 and 55.00 years respectively and the parity were 6, 4, 3, 7, 8 and 0 respectively. Twenty-eight percent of the patients resided in Khon Kaen area, while the rest were from different part of the northeastern area of Thailand. Most patients were Thai, Bhuddhist, and farmer. The FIGO Stages of the diseases varied as the histological types and organs. The treatment for cervical and vaginal cancers were mostly radiotherapy while for the ovarian cancer were surgery plus chemotherapy and for the uterine corpus, vulvar and fallopian tube cancer were surgery. The follow-up profile and survival analysis will be presented later. The authors recommended that cancer registry is the best method for handling cancer problems in Thailand.

INTRODUCTION

Cancer epidemiology is an analytical discipline focusing on the patterns on distribution of neoplasia in human. It is concerned primarily with disease as it manifests itself in populations as opposed to individuals, and its primary goal is prevention rather than cure.[1] According to Doll[2], epidemiologic studies have contributed to knowledge of cancer in five ways.

1. By demonstrating geographical and temporal variations in incidence.
2. By correlating incidence in different communities with the prevalence of social habits and environmental agents.
3. By comparing the experience of persons with and without cancer.
4. By intervening to remove suspected agents and observing the results.
5. By making quantitative observations that test the applicability to humans of models of the mechanism by which the disease is produced.

Man recognized cancer and named it over two thousand years ago, but for all except the last hundred years he could do little against it[3]. The first significant action on cancer was the 1937 National Cancer Institute Act, the Congress of the United States, called for cancer control as "the useful application of .....(research)..... result with a view to the development and prompt widespread use of the most effective methods of prevention, diagnosis and treatment of cancer. When the 1937 Act was amended as the National Cancer Act of 1971, congressional intent was reaffirmed[4]. To develop, the rough research and development efforts, the means to significantly reduce the morbidity and mortality from cancer were by preventing as many cancers as possible, curing patients who developed cancer, providing maximum palliation to uncured patient, and rehabilitating treated patients to as nearly normal state as possible.

In Thailand, cancer ranked third among the major causes of death[5], and cancer of the uterine cervix is the most common malignancy in every region of the country[6]. Khon Kaen University Hospital was set up in 1974 under the name of Her Majesty the King's Mother "Srinagarind Hospital". All facilities for cancer treatment has been set up since 1976. From 1976 to 1982, most of the cancer cases were surgical cases until 1982 when the radiotherapy was opened. Gynecological tumor clinic was also begun for the staging and planning of treatment by radiotherapists and gynecological oncologists. Cancer unit of the Faculty of Medicine was set up in 1984 and the hospital-based cancer registy began. The primary purpose of the hospital-based cancer registry

is to improve the care of cancer patients seen in hospitals, and evaluation of treatment.[7]

This presentation is the summary of the results of cancer registry in the part of gynecologic cancers from the beginning of the hospital up to the end of 1985.

MATERIALS AND METHODS

The data from 1976 to 1984 were collected retrospectively from the record books of the department of Obstetrics and Gynecology, the operation rooms, the outpatient department, the department of pathology and gynecological tumor clinic. The information from 1984 to the end of 1985 were the records of the hospital-based cancer registry. The data were analysed simply according to organs of genital tract.

RESULTS

1. Number of the gynecological cancer patients.

Table I showed the collection of the patients from 1976 to 1985. For gynecological cancers, carcinoma of the uterine cervix is the leading cancer (78.90%), followed by ovarian cancer (12.58%), uterine corpus cancer (5.71%), vulvar cancer (2.2%), vaginal cancer (0.48%) and the fallopian tube cancer was the rarest cancer (0.1%). The total number of gynecological cancers increased gradually year by year up to 1982 and abruptly after 1983, (Figure I). The increasing in total number was the result of increasing in both cervical and ovarian cancers.

Table I Percentage of Gynecological cancers in Srinagarind Hospital, 1976-1985.

Organs	No. of Patients	Percent
1. Uterine cervix	815	78.90
2. Ovary	130	12.58
3. Uterine corpus	59	5.71
4. Vulva	23	2.22
5. Vagina	5	0.48
6. Tubes	1	0.10
Total	1,033	100.00

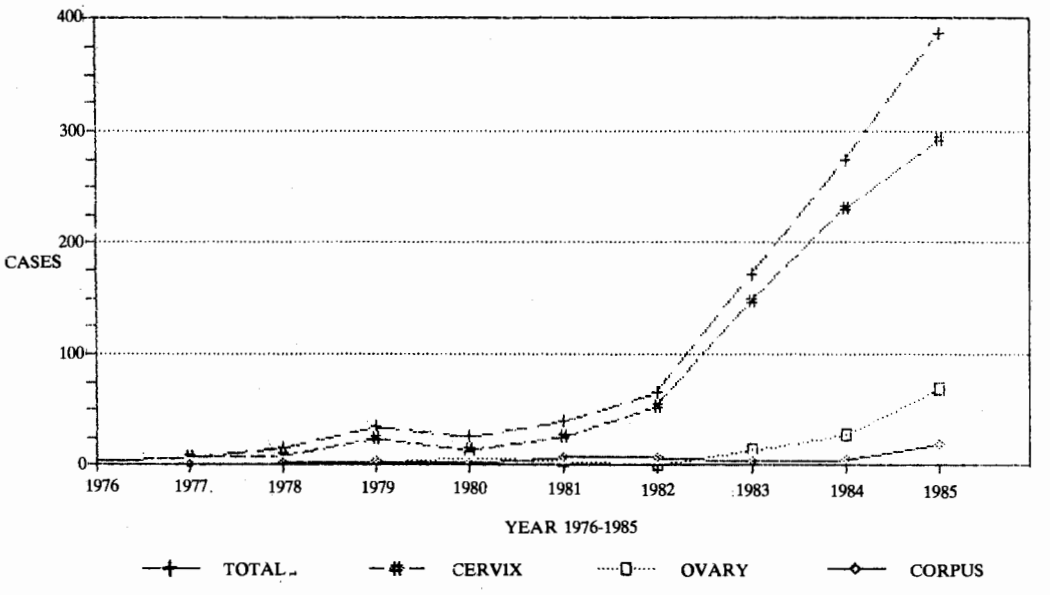

Figure I Number of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

2. Age distribution

There were differences in age distribution for each organs (Figure II). Ovarian cancer had wide range and the average age lower than other types of cancer. The average age for cervical cancer patients was younger than for the uterine corpus, vulvar, and vaginal cancer patients.

3. Geographical distribution

Twenty-eight percent of the patients had the address at Khon Kaen, whereas the rest were from every provinces of the north-east of Thailand and other areas as shown in Table II.

Table II Geographical distribution of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

Address	Total	Uterine cervix	Ovary	Uterine corpus	Vulva	Vagina	Fallopian tube
1. Khon Kaen	28.07 (290)	27.73 (226)	23.06 (30)	45.61 (30)	30.45 (7)		100.00 (1)
2. Udorn	17.23 (178)	17.91 (146)	16.15 (21)	15.78 (9)	4.35 (1)	20.00 (1)	-
3. Kalasin	8.03 (83)	7.12 (58)	12.30 (16)	12.28 (7)	0	40.00 (2)	-
4. Mahasarakam	7.55 (78)	6.58 (55)	10.76 (14)	8.77 (5)	17.39 (4)	-	-
5. Loei	5.03 (52)	5.40 (44)	3.84 (5)	1.75 (1)	8.69 (2)	-	-
6. Nongkai	8.03 (83)	7.85 (64)	11.53 (15)	3.50 (2)	8.89 (2)	-	-
7. Chaiyapoom	6.39 (66)	5.89 (48)	10.00 (13)	3.50 (2)	8.69 (2)	20.00 (1)	-
8. Roi-et	4.65 (48)	4.66 (38)	5.38 (7)	3.50 (2)	4.35 (1)	-	-
9. Sakolnakon	3.58 (37)	3.43 (28)	3.07 (4)	1.75 (1)	13.04 (3)	20.00 (1)	-
10. Korat	2.23 (23)	2.45 (20)	1.53 (2)	1.75 (1)	0	-	-
11. Burirum	1.45 (15)	1.72 (14)	0.76 (1)	0	0	-	-
12. Ubol	3.29 (34)	39.3 (32)	0.76 (1)	0	4.35 (1)	-	-
13. Surin	0.09 (1)	0.12 (1)	0	0	0	-	-
14. Sisakes	0.09 (1)	0.12 (1)	0	0	0	-	-
15. Yasothon	0.29 (3)	0.37 (3)	0	0	0	-	-
16. Nakonpanom	1.94 (20)	2.45 (20)	0	0	0	-	-
17. Mookdaharn	0.09 (1)	0.12 (1)	0	0	0	-	-
18. Petchaboon	0.68 (7)	0.74 (6)	0.76 (1)	0	0	-	-
19. Bangkok	0.19 (2)	0.24 (2)	0	0	0	-	-
20. Others	0.87 (9)	0.98 (8)	0	1.75 (1)	0	-	-
Total	100.00 (1,033)	100.00 (815)	100.00 (130)	100.00 (59)	100.00 (23)	100.00 (15)	100.00 (1)

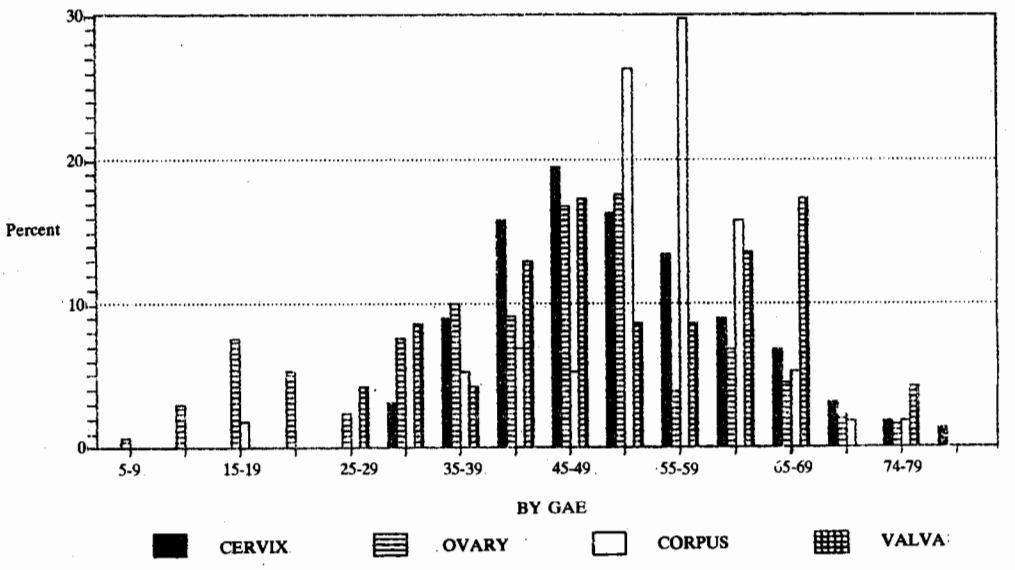

Figure II Age distribution of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

4. Parity

The patients with cancer of the uterine cervix, vulva and vagina had a higher parity than that of the ovarian and uterine corpus cancers (Figure III). There were higher proportion of nulliparous in patients with ovarian cancer (29.23%) and uterine corpus cancer (31.58%) than patients with cervical cancer (1.8%).

5. Socio-economic

Ninety-nine percent of the patients were Thai, Bhuddhist and 73% of them were farmers. (Figure IV)

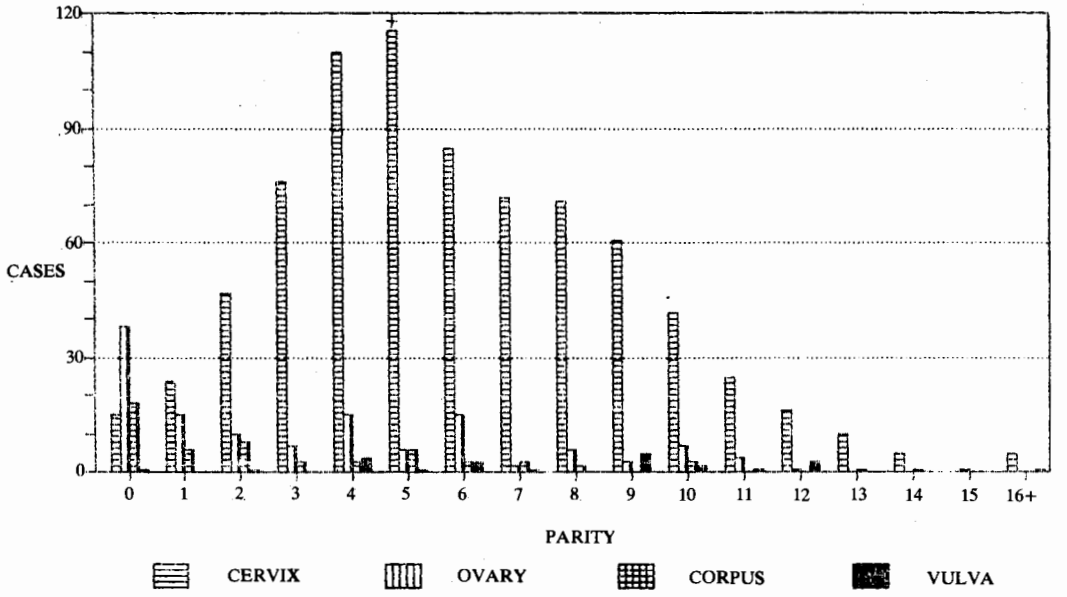

Figure III Parity of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

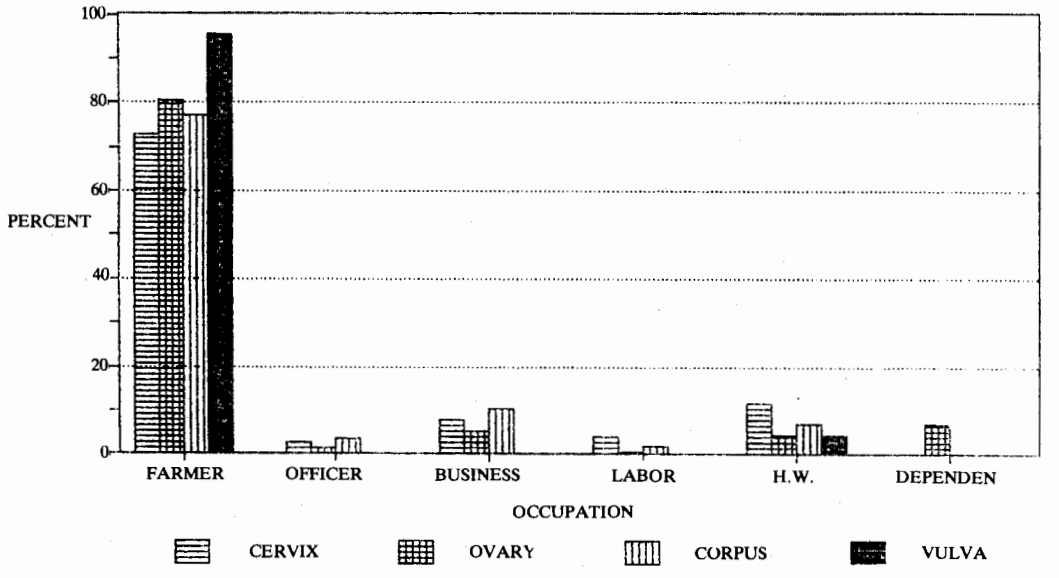

Figure IV Distribution of Occupation of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

6. FIGO stage

Most patients with uterine cervix cancers, ovarian cancers, vulvar and vaginal cancers were in advanced stage (Table III). Only uterine corpus cancer had 63.13% of the patients in stage I.

7. Treatment

Table V showed the primary treatment of all of the gynecologic cancer patients. The main treatment for ovarian, uterine corpus and vulvar cancers were surgery whereas the treatment for the uterine cervix and vaginal cancers were radiotherapy. Chemotherapy was used primarily in ovarian and uterine corpus cancers but not quite a high number. For ovarian cancer patients, chemotherapy was used mainly as adjuvant therapy.

Table III Figo stage distribution of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

Figo stage	Percent					
	Uterine cervix	Ovary	Uterine corpus	Vulva	Vagina	Uterine tube
I	17.3	25.36	63.13	26.00	20.00	-
II	32.8	1.53	5.26	43.48	20.00	-
III	40.3	37.69	15.78	26.09	0	-
IV	5.1	30.06	10.52	4.35	60.00	100.00
Recurrent	1.8	1.53	3.50	-	-	-
Unknown	2.2	3.83	1.75	-	-	-
Total	100.00	100.00	100.00	100.00	100.00	100.00

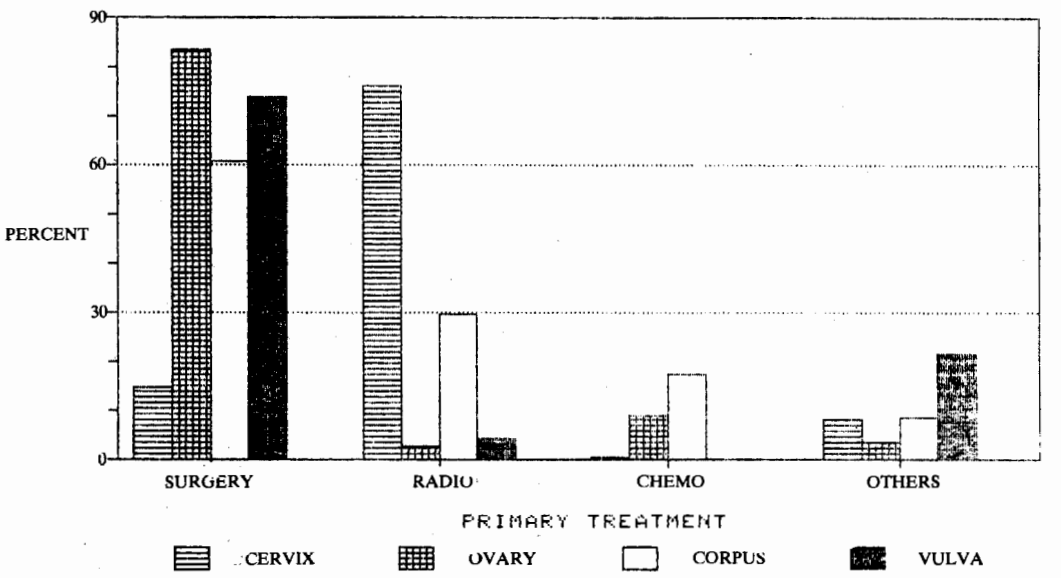

Figure V Primary treatment of Gynecologic cancer patients at Srinagarind Hospital 1976-1985

DISCUSSION

Apart from the two annual reports of the tumor registry[8-9], this is the first report of gynecologic cancers in Srinagarind Hospital, Faculty of Medicine, Khon Kaen University. As Shanmugaratnum[10], the hospital-based cancer registry aimed to facilitate the follow-up of patients, to assess the results of treatment in relation to the quality and duration of survival and to participate in clinical research and education. This paper enables the staffs in the faculty and all physicians who are interested in the field of cancer control and research to get the quideline for their research and treatment planning.

Despite being the third cause of death in Thailand, cancer going to be the major problem in the near future like Japan or other developed countries[11]. Cervical cancer was the first in incidence in this hospital, it comprised about 80% of all gynecologic cancers. Next was ovarian cancer (12.58%), of which the treatment result was very disappointed. For uterine corpus cancer, the most frequent genital tract malignancy in the United States and European countries[12], was the third rank in our series. As a tertiary-care referral center, the number of cancer patients in this hospital is increased strikingly, especially for cervical and ovarian cancers. However, it is now limited by admission beds, economy and cooperations in health centers. Also the lack of adequate information and education of the populations, refusal to the treatment or escape from the hospital with incomplete treatment were noted in 3-20% in this series.

In order to overcome the cancer problem, a nationalized cancer control program and population-based cancer registry must be set up. In the gynecologist point of view, attention must be focused on cervical and ovarian cancers. The aims is to reduce the incidence, morbidity, and mortality of cancers through organized activities and at the same time clinical research must be accompanied to increase the number of patients cured and improve both their length of survival and quality of life.

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