Objectives

• To evaluate the clinical prognosis of different types of hysterectomy for the treatment of patients with clinical stage IA endometrial cancer.

Materials and methods

• The study included 1157 patients with clinical IA EC who underwent hysterectomy. 1:1 propensity-score matching (PSM) was performed between type A hysterectomy (simple total hysterectomy) and type B/C hysterectomy (modified or radical hysterectomy). Disease-free survival (DFS) and overall survival (OS) were assessed using Kaplan–Meier curves. Cox proportional hazards regression analysis was used to analyze the risk factors for DFS.

Results

• A total of 960 (92.6%) patients underwent type A hysterectomy and 97 (9.4%) underwent type B/C hysterectomy. Patients in the type B/C group showed worse surgical details, included greater estimated blood loss (median 200 vs. 120 mL, P < 0.001), longer postoperative hospital stays (median 19 vs. 11 days, P < 0.001), and more postoperative complications (6.2% vs. 2.0%, P = 0.009). The two groups showed no significant differences in DFS and OS before and after matching (P > 0.05). Multivariate Cox analysis revealed that cervical involvement and lymph node metastasis were prognostic factors for survival.

Conclusions

• Radical or modified radical hysterectomy did not affect the clinical prognosis of patients with clinical stage IA endometrial carcinoma. However, these procedures could result in worse surgical details, like greater blood loss, more postoperative complications, and longer hospital stays. The choice of radical hysterectomy needs to be carefully considered in clinical practice.

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