PROJECT INFORMATION

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Comparing Surgeries for Women Who Have Both Cancer of the Uterus and Bladder Problems

Principal investigator

Katina Robison, MD

Organization

Women & Infants Hospital of Rhode Island

What was the research about?

Endometrial cancer, or cancer of the uterus, is a common cancer for women in the United States. More than half of women with this cancer also have stress urinary incontinence, or SUI. Women with SUI may leak urine when doing things like coughing, sneezing, or lifting heavy objects. Endometrial cancer and SUI can both be treated with surgery.

In this study, the research team looked at results for women who had surgery for SUI at the same time as cancer surgery, compared with women who had cancer surgery alone.

What were the results?

Women who had both surgeries were more likely to report better quality of life after one year than women who had cancer surgery alone.

Women who had both surgeries were more likely to need a foley catheter, a tube to drain their urine, when they left the hospital. The two groups also had small, but not meaningful, differences in

- The way surgery went, including the number of days until they had surgery or the length of their surgery
- How much blood they lost during surgery

The two groups didn't differ in

- How many transfusions they had

- Problems from surgery including pain and infections
- How likely they were to need an intermittent catheter, a tube placed and removed several times a day to drain the bladder, when they left the hospital
- Sexual function

Who was in the study?

The study included 539 women with cancer of the uterus and SUI. All received care at one of eight hospitals across the United States. Of these women, 84 percent were white, 10 percent were African American, 4 percent were Hispanic, and 2 percent were another race or more than one race or ethnicity. The average age was 62.

What did the research team do?

When women went to see their cancer doctor, they were offered a visit with another doctor to talk about treating SUI. About half of the women went to this visit; about 21% of women in the study decided to have both surgeries at once. The others had cancer surgery alone and chose nonsurgical treatment or no treatment for SUI.

The research team surveyed women about quality of life and sexual function at the start of the study and again six weeks, six months, and one year after surgery. The team also reviewed women's health records.

Women with past endometrial cancer, doctors, and a case manager helped plan the study.

What were the limits of the study?

Most women in the study were white. Results may differ for women of other races and ethnicities. Women who had worse bladder control problems were more likely to have both surgeries than women who had less severe problems. Fewer women had both surgeries than expected, making it hard to find differences in health outcomes.

Future research could look at results for more women who choose both surgeries at once.

How can people use the results?

Doctors and patients with cancer of the uterus can use the results when considering treatment for SUI.

To learn more about this project, visit www.pcori.org/Robison322.