

Current Management Practices for Endometrial Cancer (EC) in the UK: A National Healthcare Professional Survey (KNOW-EC)

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Abstract

The clinical management of Endometrial Cancer (EC) in the UK is undergoing significant changes with the incorporation of new guidelines and targeted therapies. The KNOW-EC (Knowledge of Endometrial Cancer) survey, conducted *via* telephone interviews with 63 Healthcare Professionals (HCPs) in late 2021, aimed to capture current and anticipated real-world practices in EC care. The survey, which aligned with British Gynaecological Cancer Society and European Society for Medical Oncology recommendations, revealed considerable variations in diagnostic and treatment practices. While 89.7% of respondents reported using Mismatch Repair (MMR) deficiency testing routinely, only 9.8% had access to polymerase epsilon (POLE) sequencing. Key barriers to the swift adoption of new therapies included funding, staff, and insufficient resources. The survey also emphasized the need for improved access to comprehensive biomarker testing and greater educational support for HCPs. These findings underscore the necessity for standardized practices and enhanced resources to optimize EC management across the UK.

Keywords: KNOW-EC; Endometrial Cancer; Barriers; Patients; Society

Introduction

Endometrial Cancer (EC) is the fourth most common cancer among women in the United Kingdom [1]. The incidence and mortality rates of EC have been steadily increasing, attributed to lifestyle factors and hereditary conditions such as Lynch syndrome [2,3]. The treatment landscape for EC has evolved significantly, incorporating new guidelines and targeted treatment options [3-5]. Understanding current management practices is essential for optimizing care and adapting to new advancements. This review investigates the findings of the KNOW-EC survey, which explored the real-world practices of Healthcare Professionals (HCPs) involved in the management of EC in the UK.

Method

The KNOW-EC survey involved structured interviews with 63 UK-based HCPs, including oncologists, pathologists, and specialist nurses. Conducted in late 2021, the survey covered topics from diagnosis and treatment to follow-up, aligning with recommendations from the British Gynaecological Cancer Society (BGCS) and the European Society for Medical Oncology (ESMO) [4,6]. The survey aimed to capture variations in practice, barriers to adopting new treatments, and the structure of Multidisciplinary Teams (MDTs) involved in EC care.

Findings

Multidisciplinary team structure

All respondents had access to specialist gynaecological cancer MDTs, which commonly included pathologists, surgeons, radiologists, clinical nurse specialists, and oncologists. However, the survey revealed that not all EC patients were discussed in these meetings, suggesting potential inconsistencies in practice. The reasons for this were not explicitly explored but may warrant further investigation.

Diagnostic and staging practices

The survey revealed a preference for traditional diagnostic tools like Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) scans, with 93.9% and 89.8% of respondents using these modalities, respectively. There was a strong agreement among HCPs (75.5%) that lymph node assessment should be conducted for patients with low-stage but high-grade disease to guide adjuvant therapy. This aligns with BGCS recommendations but underscores the need for consistency in applying these guidelines.

Molecular biomarker testing

A significant finding was the widespread use of Mismatch Repair (MMR) deficiency testing, with 89.7% of respondents employing it as mainstream testing. However, access to other key molecular biomarkers,

such as polymerase epsilon (POLE) sequencing, was limited, with only 9.8% of HCPs reporting its use. This gap demonstrates the need for better access to comprehensive biomarker testing to enable personalized treatment approaches.

Immunotherapy knowledge and practices

While 85.1% of Healthcare professionals (HCPs) would continue immunotherapy for responding patients if toxicity was acceptable, a substantial 42.6% admitted to uncertainty about the duration of treatment. This indicates a need for further education and guidelines on the use of immunotherapies in EC.

Barriers to adoption of new therapeutic options

Practical barriers identified included funding for Mismatch Repair (MMR)/ Microsatellite instability (MSI) testing, infusion capacity, and the need for additional staff education and support. These obstacles must be addressed to facilitate the adoption of new treatments and improve patient outcomes.

Variations in practice and divergence from guidelines

The survey revealed variations in practice across the UK and deviations from national and international guidelines. For instance, while British Gynaecological Cancer Society (BGCS) and European Society for Medical Oncology (ESMO) recommend molecular testing to inform treatment stratification, not all HCPs followed these protocols [4,6]. This variation may be due to limited access to testing facilities, differing levels of awareness, and resource constraints.

Discussion

The KNOW-EC survey provides valuable insights into the current management practices for EC in the UK. The findings reveal several areas for optimization, including the need for standardized application of guidelines, improved access to biomarker testing, and enhanced education on immunotherapy. The survey also underscores the importance of addressing practical barriers to ensure equitable and evidence-based care across the UK.

Recommendations

Enhance access to comprehensive biomarker testing: Increasing the availability of tests like POLE sequencing is essential for enabling personalized treatment approaches. Efforts should be made to integrate these tests into routine clinical practice.

Standardize guideline implementation: National efforts are needed to ensure that BGCS and ESMO guidelines are uniformly applied

across all centres. This can help reduce variation in practice and improve patient outcomes.

Invest in education and training: Providing continuous education and training for HCPs on the latest advancements in EC management, particularly immunotherapy, can improve treatment consistency and efficacy.

Address practical barriers: Strategies to overcome funding, staffing, and resource limitations should be developed to facilitate the adoption of new therapeutic options.

Conduct regular surveys: Repeating surveys like KNOW-EC can help track changes in practice, identify emerging needs, and ensure that care evolves in line with the latest evidence and guidelines.

Conclusion

The KNOW-EC survey sheds light on the current practices and challenges in managing endometrial cancer in the UK. While there are areas of excellence, such as the widespread use of MMR testing, significant gaps remain in access to comprehensive biomarker testing and the consistent application of guidelines. Addressing these issues through targeted interventions and ongoing education will be vital for optimizing EC care and improving patient outcomes. Future research should continue to monitor these developments and support the development of a more standardized and effective approach to EC management across the UK.

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