Society of Gynecologic Oncology Sets New Standards to Monitor Recurrence of Gynecologic Cancer More Effectively
Recommendations Published in the *American Journal of Obstetrics & Gynecology*

Philadelphia, PA, June 1, 2011 – Although gynecologic cancers account for only 10 percent of all new cancer cases in women, these cancers account for 20 percent of all female cancer survivors. Because long-term survival is now more common, it is increasingly important to detect recurrence. The Clinical Practice Committee of the Society of Gynecologic Oncology (SGO) has released a Clinical Document outlining their expert recommendations for cancer surveillance, published today in the *American Journal of Obstetrics & Gynecology* (AJOG).

"The goal of follow-up evaluation for the detection of recurrent disease requires both clinical and cost-effectiveness," commented Ritu Salani, MD, MBA, Assistant Professor, Department of Obstetrics and Gynecology, The Ohio State University College of Medicine. "Currently, most recommendations are based on retrospective studies and expert opinion. Taking a thorough history, performing a thorough examination, and educating cancer survivors about concerning symptoms is the most effective method for the detection of gynecologic cancer recurrences. There is very little evidence that routine cytologic procedures or imaging improves the ability to detect gynecologic cancer recurrence at a stage that will impact cure or response rates to salvage therapy. This article reviews the most recent data on surveillance for gynecologic cancer recurrence in women who have had a complete response to primary cancer therapy."

SGO’s Clinical Documents are designed to improve the overall quality of women’s cancer care, to reduce the use of unnecessary, ineffective, or harmful interventions, and to facilitate the treatment of patients with a goal to maximum the chance of benefit with a minimum risk of harm and at an acceptable cost. The role of surveillance is to provide clinical and cost-effective practices that detect recurrence and impact survival outcomes.

“Prevention is a big part of our mission as a collective membership,” said SGO President John Curtin. “By sharing our best knowledge regarding surveillance of patients who have had a
gynecologic malignancy with the medical team in the best position to detect a recurrence, we are helping our patients who do have a recurrence obtain appropriate care as soon as possible.”

The article outlines in detail the surveillance techniques and appropriate monitoring intervals for endometrial, ovarian, nonepithelial ovarian, cervical, vulvar, and vaginal cancers. In some cases, certain techniques have been found ineffective in detecting recurrence and are discouraged in the recommendations. Patients should be counseled on the benefits and pitfalls of disease monitoring, which should include the psychologic impact of surveillance programs.

Coordination of care between gynecologic oncologists, primary care providers, other healthcare providers (such as radiation oncologists), and patients ideally will allow for compliance with cancer follow-up care and routine health maintenance. However, the Committee notes that as survivors are transitioned from oncology care to primary care, primary care providers may not be trained to deal with specific follow-up needs or practice standards for patients with cancer. The information in this clinical document is intended to help bridge that gap. The provision of a clear understanding of recommendations and responsibilities of appropriate surveillance will reduce unnecessary tests, ultimately result in cost savings, and better, earlier detection of disease recurrence.

The article is “Post treatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncology recommendations: by Ritu Salani, MD, MBA; Floor J. Backes, MD; Michael Fung Kee Fung, MB, BS; Christine H. Holschneider, MD; Lynn P. Parker, MD; Robert E. Bristow, MD, MBA; and Barbara A. Goff, MD (doi: 10.1016/j.ajog.2011.03.008). It will appear in the American Journal of Obstetrics & Gynecology, Volume 204, Issue 6 (June 2011) published by Elsevier.

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Full text of the article is available to journalists upon request. Contact Francesca Costanzo at 215-239-3249 or ajogmedia@elsevier.com to obtain a copy. Journalists wishing to schedule interviews with the authors should contact Susan C. Morris, Society of Gynecologic Oncology, at 312-676-3904 or Susan.Morris@sgo.org.

ABOUT THE AMERICAN JOURNAL OF OBSTETRICS & GYNECOLOGY

The American Journal of Obstetrics & Gynecology (www.AJOG.org), known as “The Gray Journal,” presents coverage of the entire spectrum of the field, from the newest diagnostic procedures to leading-edge research. The Journal provides comprehensive coverage of the specialty, including maternal-fetal medicine, reproductive endocrinology/infertility, and gynecologic oncology. It also publishes the annual meeting papers of several of its 7 sponsoring societies, including the Society for Maternal-Fetal Medicine and the Society of Gynecologic Surgeons.

The American Journal of Obstetrics & Gynecology’s 2009 Impact Factor is 3.278. It is ranked 7th out of 70 and continues to be ranked #1 in citations in the Obstetrics & Gynecology category, according to the latest Journal Citation Reports® 2010, published by Thomson Reuters. The Journal’s standard of excellence and continued success can be attributed to the strong leadership of the Editors-in-Chief, Thomas J. Garite, MD, and Moon H. Kim, MD, and their outstanding nationally and internationally recognized editorial board and reviewers. The journal has also been
recognized as one of the 100 most influential journals in Biology & Medicine over the last 100 years, as determined by the BioMedical & Life Sciences Division of the Special Libraries Association (2009).

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ABOUT SGO
The Society of Gynecologic Oncology (SGO) is a national medical specialty society for physicians trained in the comprehensive management of women’s cancers. The Society’s membership, totaling more than 1,300, is comprised of gynecologic oncologists -obstetrician/gynecologists with three-four years of additional, intensive training in the specific study of gynecologic cancers – as well as women’s cancer healthcare professionals including medical oncologists, radiologic oncologists, nurses, social workers, and pathologists. SGO members provide medical, surgical, and supportive care to women with ovarian cancer, cervical cancer, endometrial cancer, vulvar cancer, and vaginal cancer. They are trained in chemotherapy and radiation therapy administration, supportive care services and surgery in order to provide comprehensive patient care. More information on gynecologic oncology, the SGO, and its members can be found at www.sgo.org.