



Avoid suffering - What you should know about osteoprotection in gynaecological practice

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News in the detection of endometrial carcinoma

Prof Michael Mueller in conversation with Prof Martin Widschwendter, Director of the Institute for Prevention and Screening (EUTOPS)

Curriculum Vitae Martin Widschwendter



Martin Widschwendter, born in 1968, worked at the University of Innsbruck after completing his training in gynaecology and obstetrics 2001 at the Norris Comprehensive Cancer Center in Los Angeles (USA) and subsequently founded the first breast health centre certified in Austria.

In 2005, he moved to University College London (UCL), where he trained as a specialist in gynaecological oncology and established a large research group focusing on the role of early detection, risk prediction and prevention. From 2010 to 2020, he headed the UCL Department of Women's Cancer. In 2017, he was the first Austrian doctor to receive the "Advanced Grant", the highest award of the European Research Council (ERC). Since 2020, Martin Widschwendter has headed the Institute for Prevention and Screening (EUTOPS) in Hall in Tyrol, which was founded by the state of Tyrol and is also implemented in cooperation with the University of Innsbruck. In addition to his professorship at UCL and a visiting professorship at the Karolinska Institutet in Stockholm, Martin Widschwendter has held a professorship for cancer prevention and screening here since January 2020.

The research work of Martin Widschwendter focuses on the early detection, risk prediction and prevention of cancer, particularly gynaecological malignancies and breast cancer.

Prof Michael Mueller: Professor Widschwendter, thank you very much for taking part in this interview. Why are you interested in the diagnosis of endometrial cancer?

Prof M. Widschwendter: Endometrial carcinoma is the most common gynaecological malignancy, and the rapidly increasing incidence of non-endometrioid corpus carcinomas, which have a poorer prognosis, is particularly worrying.

Is there currently a screening procedure for endometrial cancer?

No, specific screening for endometrial carcinoma does not yet exist and only 3-13% of cases with postmenopausal bleeding actually have endometrial carcinoma.

And what about abnormal bleeding in the premenopause?

In the premenopause, only approx. 0.5 % of bleeding is caused by endometrial cancer.

What are the consequences of a delayed diagnosis of corpus carcinoma?

A delay in diagnosis has a direct impact on the survival of corpus carcinomas, as with other malignancies. For example, a delay in diagnosis and treatment of just one month in England would lead to 10, 81 and 117 additional deaths per year from cervical, ovarian and corpus carcinomas. A delay of six months would lead to 75, 464 and 939 additional deaths per year.

What methods do the current guidelines recommend for diagnosing endometrial cancer in the case of abnormal bleeding?

The current awmf S3 guidelines recommend a clinical examination, cytology and transvaginal ultrasound examination in the event of abnormal bleeding. However, these procedures are subjective and highly dependent on the examiner's level of experience.

What are the limitations of these diagnostic methods?

A clinical examination can detect cervical carcinoma, for example, but not endometrial carcinoma. Cytology has a sensitivity of only 45% for the detection of endometrial carcinoma in symptomatic women. Trans-vaginal sonography is used to determine the thickness of the endometrium.



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However, the detection rate varies among different ethnic groups and the specificity is rather low with values between 25.7 % and 42.1 %.

How could the diagnosis of endometrial cancer be improved?

A test is needed that is easy to perform, can be quickly analysed automatically and provides reliable results. This test should have a sensitivity comparable to ultrasound, but a significantly improved specificity.

Is there such a test?

Yes, there is a new test, the WID-qEC, also known as the WID-easy Test. The excellent results of the test were recently published in *The Lancet Oncology*.

Can you tell us more about this test?

The WID-qEC test was developed by Herzog C. and co-workers primarily at UCL and published in *J Clin Oncol*. It is based on the analysis of DNA methylation in cervicovaginal smears. Two regions of the genes ZSCAN12 and GYPC are completely methylated in the presence of a carcinoma. The test shows high sensitivity and specificity and is suitable for rapid

throughput of clinical samples.

How effective is the WID-qEC test in practice?

In the above-mentioned study, published by Evans et al. last year in *The Lancet Oncology*, the test was validated in women aged ≥ 45 years with abnormal bleeding. The test showed a sensitivity of 91 % and a specificity of 97 %, which is significantly better than the results of transvaginal ultrasound. The WID-qEC test could drastically reduce the number of unnecessary surgical interventions.

What could be the practical implications of introducing the WID-qEC test?

Women with a positive WID-qEC test should quickly undergo a histological diagnosis and appropriate treatment. In contrast, women with a negative test can be treated and monitored conservatively for the time being. Overall, the test could reduce the rate of unnecessary surgical interventions by over 90 % and thus significantly improve the diagnosis and treatment of endometrial cancer.

Thank you very much for this exciting interview, we are looking forward to the introduction of this important test!!!