

ENDOMETRIAL HYPERPLASIA AND RISK OF CANCER: WHO AND EIN CRITERIA COMPARED. A SYSTEMATIC REVIEW AND META-ANALYSIS.

Obiettivo: To evaluate which subjective classifications of EH (WHO or EIN) has a better prognostic value, by assessing the risk of coexistent cancer.

Metodi: MEDLINE, EMBASE, Web of Sciences, Scopus, ClinicalTrial.gov, OVID, Cochrane Library and Google Scholar were searched for relevant articles from the inception to March 2018. All studies assessing the presence of cancer on hysterectomy specimen after a preoperative histologic diagnosis of EH were included. Relative risk (RR), sensitivity and specificity were calculated with 95% confidence interval (CI).

Risultati: sixteen cohort studies and three case-control studies, assessing 2582 EH, were included. WHO criteria showed a RR of 7.33 (95% CI, 5.63-9.55), a sensitivity of 0.87 (0.84-0.90) and a specificity of 0.69 (0.66-0.71) for coexistent cancer. Subjective EIN system had similar RR (7.06, 3.19-15.61; $p=0.93$), higher sensitivity (0.98, 0.94-0.99) and lower specificity (0.29, 0.24-0.34).

Conclusioni: WHO and subjective EIN system have similar prognostic value. However, EIN criteria appear more sensitive and thus more suitable for selecting women who need to be treated, while WHO criteria, based on cytologic atypia, seem more specific for lesion at higher risk of cancer. Therefore, an integration of EIN system with cytologic atypia should be considered.