



## French Society of Onco-Evaluation Gynecology's of Endometrial Cancer Treatment Using a Delphi Survey

Romy Gaillard\*

Department of Obstetrics and Gynecology, Soroka University Medical Center, Ben-Gurion University of the Negev, Beer Sheva 8410101, Israel

### INTRODUCTION

Our goal was to evaluate the viewpoints of a group of specialists and come to a decision on how endometrial cancer should be treated in France and French Switzerland. A panel of French and French-speaking Swiss professionals took part in a Delphi poll. The management of low-risk, intermediate-risk, intermediate-high-risk, high-risk, and metastatic cancers; the histo-molecular characteristics and radiological data of endometrial cancer; and the characterization of experts. The first questionnaire had 65 questions and was divided into eight categories. On a 9-point scale, the experts were asked to rate each question's veracity and clarity. The same experts were handed a second questionnaire once the first one's responses had been examined [1,2].

Olaf Helmer and Norman Dalkey of the Rand Corporation created the Delphi approach in the 1950s for the American Army. By responding to a series of surveys and providing the associated comments to progress the conversation in each successive round, the Delphi method enables experts to arrive at a consensus. Based on the data supplied by the other experts taking part in the study, the experts' replies change during the course of the rounds. In order to get the opinions of professionals in a given subject, it is a form of consensus decision employed in medical research to review the data, we employed [3].

### DESCRIPTION

Since there is no proof that Delphi studies are trustworthy (i.e., if two panels are given the same question, they might not come to the same conclusion), the Delphi technique has certain limitations, and the success of a Delphi research is heavily reliant on the calibre and expertise of the expert panel. The

presence of consensus just aids in identifying the areas that a group of participants or experts think significant in connection to that issue; it does not imply that the correct response, opinion, or judgement has been reached. Another problem is that participants who are given the same topic repeatedly must maintain their interest, which may be one of the reasons why experts leave the research in later stages. Despite certain drawbacks of the Delphi technique, this research has helped us to agree on a number of topics brought up by the recommendations. Gynecologic oncology specialists have several issues about these recommendations, particularly the inclusion of molecular biology, which is not always accessible in all locations and is sometimes only examined after surgery. We were able to incorporate endometrial cancer specialists from many disciplines, which leads to greater acceptability. In addition, the European Society for Medical Oncology did not participate in the 2021 recommendations, resulting in a lack of knowledge and consensus on the adjuvant therapy of endometrial cancer.

Despite certain drawbacks of the Delphi technique, this research has helped us to agree on a number of topics brought up by the recommendations. Gynecologic oncology specialists have several issues about these recommendations, particularly the inclusion of molecular biology, which is not always accessible in all locations and is sometimes only examined after surgery. We were able to incorporate endometrial cancer specialists from many disciplines, which lead to greater acceptability. In addition, the European Society for Medical Oncology did not participate in the 2021 recommendations, resulting in a lack of knowledge and consensus on the adjuvant therapy of endometrial cancer [4].

The existence of a POLE mutation in patients with stages when molecular classification is known warrants skipping

**Received:** 28-November-22

**Manuscript No:** IPGOCR-23-15503

**Editor assigned:** 30-November-22

**PreQC No:** IPGOCR-23-15503 (PQ)

**Reviewed:** 13-December-22

**QC No:** IPGOCR-23-15503 (Q)

**Revised:** 19-December-22

**Manuscript No:** IPGOCR-23-15503 (R)

**Published:** 26-December-22

**DOI:** 10.36648/2471-8165.8.12.59

**Corresponding author:** Romy Gaillard, Department of Obstetrics and Gynecology, Soroka University Medical Center, Ben-Gurion University of the Negev, Beer Sheva 8410101, Israel; E-mail: rogallard.21@gmail.com

**Citation:** Gaillard R (2022) French Society of Onco-Evaluation Gynecology's of Endometrial Cancer Treatment Using a Delphi Survey. Gynecol Obstet Case Rep. Vol.8 No.12:59.

**Copyright:** © Gaillard R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

adjuvant therapy (III, research demonstrated that individuals with endometrioid carcinoma and a mutation had favourable prognoses). The study does not show the presence of a mutation. The literature's results are insufficient to support the lack of adjuvant therapy. It is highly advised to create a prospective database of patients with -mutations in order to assess their prognosis and course of treatment. The prognosis for the patient with mutations looks to be bad, and tumour expression is characterised as follows: Strongly positive tumour nuclei expression, total lack of tumour expression with a positive internal control, or considerable tumour cytoplasmic expression and regional [5].

In the event of invasion, these carcinoma tumours have a high probability of returning. With the exception of stage IA without endometrial invasion, the advantage of therapy for carcinomas is obvious regardless of whether they are Stage I mutant and should be treated generally as the high-risk category. Regarding the paucity of information from clinical trials, therapy may be explored in situations of tumours without invasion or cancers localised to a polyp [6-8].

## CONCLUSION

These unanimous proposals ought to standardise endometrial cancer treatment in France and French-speaking Switzerland and improve clinical procedures. They make an effort to respond to the majority of queries that doctors treating endometrial cancer get on a daily basis. We promote the treatment of endometrial cancer at specialist facilities, particularly in high-risk or advanced-stage patients, and that

cases should always be considered by a multidisciplinary tumour board due to the interdisciplinary character of the disease's therapy.

## REFERENCES

1. Roti E, Gnudi A, Breverman (1983) The placental transport, synthesis and metabolism of hormones and drugs which affect thyroid function. *Endocr Rev* 4(2):131-149.
2. Bettendorf, M (2002) Thyroid disorders in children from birth to adolescence. *Eur J Nucl Med Mol Imaging* 29(2):S439-S446.
3. Becks GP, Burrow GN (1991) Thyroid disease and pregnancy. *Med Clin North Am* 75(1):121-150.
4. Shields B, Hill A, Bilous M, Knight B, Hattersley AT, et al. (2009) Cigarette smoking during pregnancy is associated with alterations in maternal and fetal thyroid function. *J Clin Endocrinol Metab* 94(2):570-574.
5. Gierach GL, Pfeiffer RM, Patel DA, Black A, Schairer C, et al. (2014) Long-term overall and disease-specific mortality associated with benign gynecologic surgery performed at different ages. *Menopause* 21(6):592.
6. Falconer H, Yin L, Grönberg H, Altman D (2015) Ovarian cancer risk after salpingectomy: A nationwide population-based study. *J Natl Cancer Inst* 107(2):410.
7. Kauff ND, Barakat RR (2004) Surgical risk-reduction in carriers of BRCA mutations: Where do we go from here? *Gynecol Oncol* 93(2):277-279.
8. Ibeanu O, Modesitt SC, Ducie J, Von Gruenigen V, Agueh M, et al. (2011) Hormone replacement therapy in gynecologic cancer survivors: why not? *Gynecol Oncol* 122(2):447-454.