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## CA125 as a predictor for lymph node metastasis in endometrial cancer

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**Background:** Endometrial cancer is the most common gynecological tumor. Previous studies have shown that there is a controversy regarding the preoperative predictive role of CA125 as a serum marker for the lymph node metastasis and prognosis of endometrial cancer. The current study aims at adding more evidence for the predictive role of CA125 for lymph node metastasis among patients with endometrial cancer.

**Methods:** A retrospective study of all patients with endometrial cancer who had been operated in the National Guard Hospital in Jeddah, Saudi Arabia in the period from 2004 to 2014 (n=80). The pre-operative serum level of CA125 was evaluated for all the patients and the postoperative lymph node evaluation was recorded for 53 patients. In addition to the description of the clinical and demographic characteristics of the patients, Fisher exact test was carried out to find out the association between CA125 level, staging of the tumor and treatment modalities.

**Results:** The majority of the patients who were operated for endometrial cancer were fifty years old or older (83.7%), these patients were mostly obese (82.5%) and multiparous (62.5%). Slightly more than one-half were diabetic (52.5%) and 50% were hypertensive. Serum level of CA125 exceeding 35U/ml was detected in 13.8% of the patients, a significantly higher proportion of the patients who had CA125>35U/mL (36.4%) than patients who had CA125<35U/mL (7.2%) were discovered later to have an advanced stage of the tumor (3 or 4) p<0.05. Regarding treatment modalities, most of the cases with CA125>35U/ml needed extra measures such as radiotherapy or chemotherapy after being operated by TAHBSO with lymphadenectomy.

**Conclusion:** Endometrial cancer is more common among elderly, obese, diabetic females with a positive family history of cancer. Preoperative serum cutoff level of CA125>35U/ml could predict prognosis and seriousness of the cases in terms of advanced stage and treatment modalities.

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