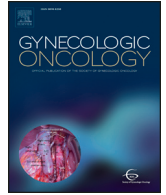




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journal homepage: www.elsevier.com/locate/ygynoRacial disparities in young women with endometrial cancer[☆]Barenya Mukerji^a, Caitlin Baptiste^b, Ling Chen^b, Ana I. Tergas^{b,c,d,e}, June Y. Hou^{b,d,e}, Cande V. Ananth^{b,c}, Alfred I. Neugut^{b,c,d,e}, Dawn L. Hershman^{b,c,d,e}, Jason D. Wright^{b,d,e,*}^a Department of Obstetrics and Gynecology, Monmouth Medical Center, United States^b Columbia University College of Physicians and Surgeons, United States^c Department of Epidemiology, Joseph L. Mailman School of Public Health, Columbia University, United States^d Herbert Irving Comprehensive Cancer Center, Columbia University College of Physicians and Surgeons, United States^e New York Presbyterian Hospital, United States

HIGHLIGHTS

- Young black women are more likely to present with aggressive, advanced stage tumors.
- Young black women with endometrial cancer have higher mortality than white women.
- Disparities in outcomes are most pronounced for early-stage disease.

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ABSTRACT

Objective. Although racial disparities in treatment and outcome for endometrial cancer are well recognized, little work has explored disparities in young women. We performed a population-based analysis to compare survival between black and white women with endometrial cancer at <50 years of age.

Methods. We used the National Cancer Data Base to identify women <50 years of age with endometrial cancer from 1998 to 2012. Clinical and demographic characteristics were compared between black and white women and survival by race analyzed using Kaplan-Meier curves and multivariable Cox proportional hazards models.

Results. We identified a total of 35,850 women <50 years of age including 31,947 (89.1%) white and 3903 (10.9%) black patients. Black women were more likely to have advanced stage, poorly differentiated, and non-endometrioid histology neoplasms ($P < 0.05$ for all). In a multivariable model, survival was 19% worse for black patients than white patients (HR = 1.19; 95% CI, 1.08–1.32). A similar effect was seen when limited to women with early-stage tumors (HR = 1.24; 95% CI, 1.04–1.49), while among patients with advanced stage tumors, no association between race and survival was seen (HR = 1.12; 95% CI, 0.89–1.41). Five-year survival rates were 90.6% (95% CI, 88.6–92.3%) for white and 81.5% (95% CI, 73.0–87.5%) for black women with stage IB tumors, and 75.1% (95% CI, 72.5–77.5%) and 63.3% (95% CI, 54.1–71.2%) for white and black women with stage III tumors, respectively.

Conclusions. Young black women are more likely to present with pathologically aggressive, advanced stage tumors. Even after adjusting for these pathologic differences, young black women with endometrial cancer have higher mortality than white women.

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Precis

Young black women are more likely to present with pathologically aggressive, advanced stage tumors and have inferior survival compared to their white counterparts.

1. Introduction

There are significant racial disparities in the incidence, treatment and outcomes for women with endometrial cancer [1]. While

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endometrial cancer is more common in white women, black women often present with more advanced stage tumors and often harbor more aggressive histologic subtypes [2–6]. Black women are also more likely to die from endometrial cancer; compared to white women, black patients have an 80% higher mortality rate, one of the greatest disparities seen among common solid tumors [7,8].

Patients under the age of 45 years account for 5–30% of all endometrial carcinoma cases [9–11]. There have been conflicting reports regarding the prognosis of endometrial cancer in younger patients, with some studies reporting favorable outcomes [9,10,12] and others

reporting no difference when compared to older women [13,14]. Endometrial cancer in young women often derives from favorable histologic subtypes and is more commonly diagnosed at earlier stages [10,12,15,16]. Hence, young onset endometrial cancer is sufficiently different to be potentially considered as a unique subgroup within endometrial cancer as a whole and merits further study.

Although racial disparities in treatment and outcome for endometrial cancer are well recognized, little work has explored disparities in outcomes for young women with endometrial cancer. We performed a

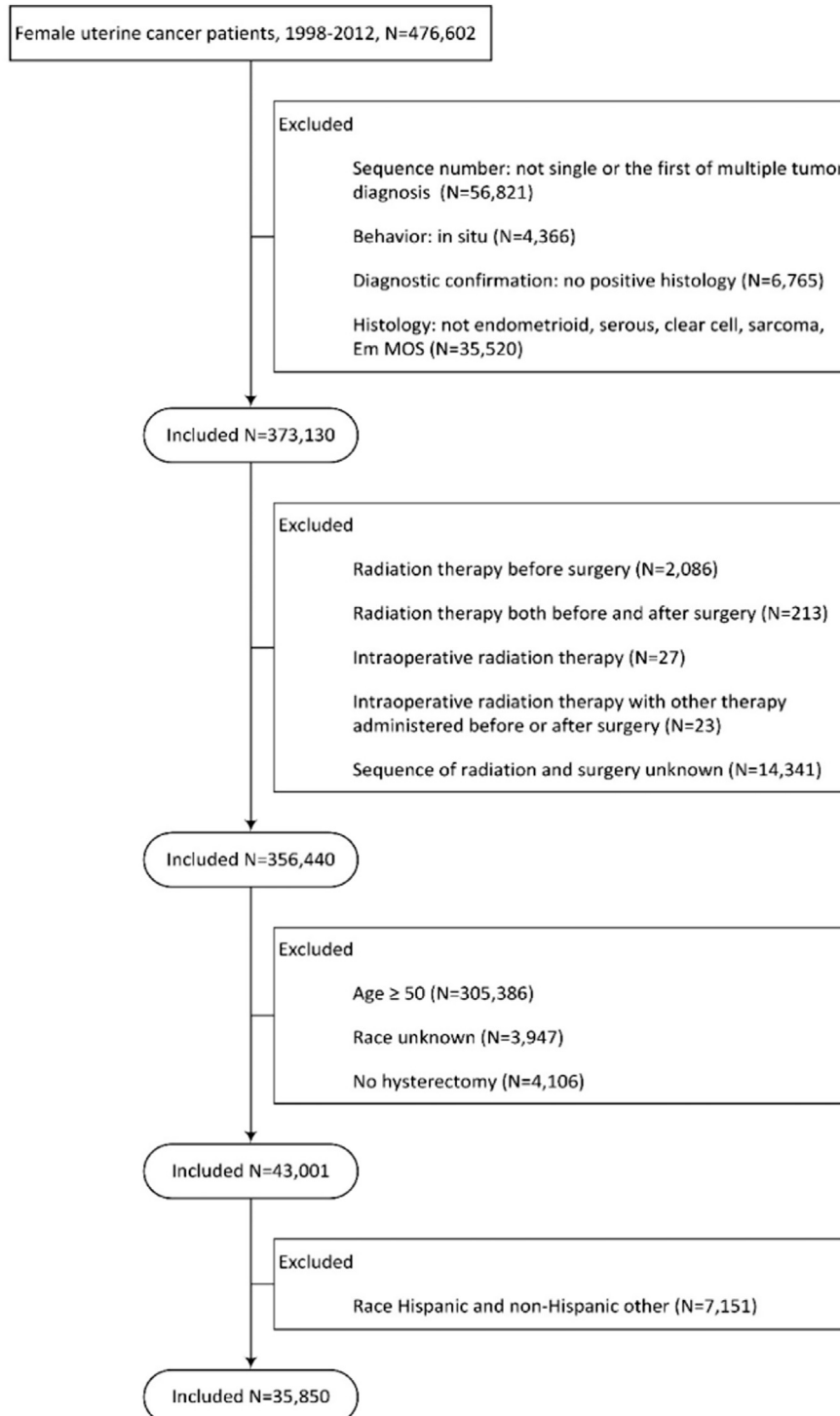


Fig. 1. Flowchart of cohort selection.

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