

Advancing Uterine Cancer Survivorship Among African American Women

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Abstract: Background: Few studies have examined health behavior interventions for African American women who are uterine cancer survivors. Black-white differences in uterine cancer survival suggest that there are unmet needs among these survivors.

Methods: This article identifies opportunities to address disparities in uterine corpus cancer survival and quality of life, and thereby to increase uterine cancer survivorship among African American women.

Results: For cancer survivors, common side effects, lasting for long periods after cancer treatment, include fatigue, loss of strength, lymphedema, and difficulty sleeping. A variety of interventions have been evaluated to address physical and mental health concerns, including exercise and dietary interventions. Considerable information exists about the effectiveness of such interventions for alleviating distress and improving quality of life among cancer survivors, but few studies have focused specifically on African American women with a uterine corpus cancer diagnosis. Research-tested culturally tailored lifestyle interventions are lacking.

Conclusions: There is a need for a better understanding of uterine cancer survivorship among African American women. Additional evaluations of interventions for improving the quality of life and survival of African American uterine cancer survivors are needed.

Keywords: African Americans ■ Cancer survivorship ■ Diet ■ Health disparities ■ Physical activity ■ Quality of life ■ Nutrition ■ Uterine cancer

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<http://dx.doi.org/10.1016/j.jnma.2017.08.002>

Cancer of the uterine corpus is the most common gynecologic malignancy and the fourth most common cancer in U.S. women. Incidence rates for endometrial cancer rose over the past decade and are projected to continue to increase.^{1,2} About 95% of cancers of the uterine corpus arise from the endometrium.³ Type I endometrial cancer, a low grade form of uterine cancer, tends to be diagnosed among younger women. Type II disease includes high-grade endometrioid, serous, and clear-cell carcinoma, and malignant mixed Mullerian tumors (carcinosarcomas). Type II endometrial cancer tends to occur in older women and is more likely to be metastatic at the time of diagnosis.³ African American women are more likely than non-Hispanic white women to be diagnosed with Type II endometrial cancer and have poorly

differentiated tumors.^{4–7} Compared to their white counterparts, African American women diagnosed with uterine cancer have lower survival rates.^{5,6}

In recent decades, there has been progress in understanding how people diagnosed with cancer respond to health challenges and adapt to their diagnosis over long periods of time. Studies have provided important information about the physical and mental health, as well as the quality of life of women who are uterine cancer survivors.^{8,9} African American women who have been diagnosed and treated for uterine cancer have a higher risk of obesity and diabetes, and impaired quality of life than their white counterparts.¹⁰ However, there is a dearth of studies of the experiences of African American women who are uterine cancer survivors. Black-white differences in uterine cancer survival suggest that there are unmet needs among these survivors.

To advance uterine cancer survivorship among African American women, the present article identifies opportunities to address disparities in uterine cancer survival. First, black-white disparities in uterine cancer survival are summarized. Also covered are topics in uterine cancer survivorship, including cancer survivorship plans and physical activity and nutritional interventions. At the end, a discussion and several conclusions are provided.

BLACK-WHITE DISPARITIES IN UTERINE CANCER SURVIVAL

Compared to their white counterparts, Black women in the U.S. have an 80% higher uterine cancer mortality rate.¹¹ The 5-year survival rate of endometrial cancer patients is 64% for non-Hispanic Black women compared with 86% among non-Hispanic white women. Several factors likely account for these disparities including socioeconomic status, stage-at-diagnosis, tumor characteristics, barriers to access to care, and treatment decisions.^{6,7} Higher rates of comorbidities may also have a role. Black patients with endometrial cancer have been found to be more likely to be obese or morbidly obese.⁷ Black patients with stage I endometrial cancer may have shorter disease-free survival than their white counterparts even in clinical trials in which patients receive similar treatment and follow-up.⁷ Several studies have examined socioeconomic factors

that may partly account for racial differences in endometrial cancer stage-at-diagnosis and survival.^{12–14} In the Black/White Cancer Survival Study,¹³ risk of death among black women with endometrial cancer was 4 times that of white women after adjustment for age and geographic location (95% confidence interval 1.8, 5.6). About 80% of the excess mortality among black women was explained by racial differences in stage at diagnosis, tumor characteristics, treatment, sociodemographic characteristics, hormonal and reproductive factors, and factors related to comorbidities and health behavior.¹³ Having no usual source of care increased the risk for stage III or IV disease (odds ratio [OR] = 5.5, 95% confidence interval [CI] 1.4 to 20.9) as did high-grade (poorly differentiated) lesions (OR = 8.3, 95% CI 3.4 to 20.3) and serous histologic subtype (OR = 3.5, 95% CI 1.4 to 8.8). In a population-based study of endometrial cancer in the Detroit area, Madison et al.¹⁴ found that lower income was associated with advanced-stage disease, lower likelihood of having received a hysterectomy as primary treatment, and diminished survival. A retrospective cohort study of 12,307 women ages 65 and older who underwent surgical treatment for endometrial cancer between 1991 and 1999, which was based upon data from 11 Surveillance, Epidemiology and End Results (SEER) cancer registries, found that Black women were more likely to have a gynecologic oncologist perform their surgery than a general surgeon and to be treated at hospitals that were higher volume, larger, teaching, NCI-designated cancer centers.¹⁵ However, these positive findings may not be generalizable to African American women who live in parts of the U.S. not covered by SEER registries such as the rural South.

In the U.S., uterine cancer incidence rates are higher among white women than African American women. Because women who have had a hysterectomy are no longer at risk for uterine cancer and hysterectomy rates have changed over time, incidence rates that have not been corrected for hysterectomy rates do not accurately reflect the underlying risk of disease.³ The hysterectomy-corrected incidence of uterine corpus cancers among African American women is increasing 3.1% per year, which is almost twice the annual increase based upon uncorrected incidence rates.³

CARE PLANS FOR GYNECOLOGIC CANCER SURVIVORSHIP

To assist with the coordination and completeness of post-treatment care, the Institute of Medicine (IOM) recommends that clinicians use care plans for cancer survivors that include a treatment summary and a follow-up plan.¹⁶ A detailed survivorship care plan includes follow-up

schedules for visits and testing, recommendations for early detection, and management of treatment-related effects and other health problems.¹⁷ There is a dearth of information regarding the use of care plans among uterine cancer patients, however, such plans provided to breast cancer survivors, the most common female cancer often do not address all of the recommendations by the IOM, and few oncologists and primary care providers provide a written survivorship care plan to patients or have survivorship discussions with their patients.^{18–23} Barriers to more widespread use of such plans include lack of personnel, limited time of providers, difficulties with accessing information, inadequate patient knowledge of cancer survivor issues, and lack of third-party reimbursement.^{17,24}

Two national medical specialty organizations have developed patient education regarding care plans for uterine cancer. The American Cancer Society's information is directed to uterine cancer survivors who have completed initial treatment.²⁵ The Society of Gynecologic Oncology's patient education is also geared toward women who have completed initial treatment; it provides an endometrial cancer treatment summary and survivorship plan²⁶ in addition to a Survivorship Toolkit.²⁷ The Toolkit includes a patient Self Care Plan that highlights the importance of healthy behaviors that reduce risk of cancer recurrence.²⁷

PHYSICAL ACTIVITY AND NUTRITION INTERVENTIONS FOR UTERINE CANCER SURVIVORS

Observational studies of endometrial cancer survivors have shown that obesity is inversely associated with quality of life and physical wellbeing and positively associated with fatigue.^{9,28} We conducted bibliographic searches in PubMed with relevant search terms to identify published studies of lifestyle interventions for uterine cancer survivors. Papers published in English through August 2016 were identified using relevant MeSH search terms and Boolean algebra commands: (uterine cancer) and (cancer survivors) and ((physical activity) or (diet) or (nutrition)). A small number of intervention studies have examined the feasibility and efficacy of lifestyle interventions aimed at increasing physical activity or improving diet and nutrition among uterine cancer survivors.^{8,29–32} One additional study focused on endometrial and breast cancer patients.³² However, none of the studies specifically targeted African Americans or used interventions that were culturally tailored for African American women. Rossi et al.³¹ conducted a feasibility study of a physical activity intervention for obese,

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