North America Regional Plenary
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VARIATIONS IN ENDOMETRIAL CANCER RISK AND HISTOLOGIC DISTRIBUTION BY CARIBBEAN NATIVITY

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Objectives Prior data suggest that within subpopulations of racial and ethnic minorities, endometrial cancer (EC) risk varies. Nativity as mediator of risk has been poorly studied. Our objective was to determine if Caribbean nativity influences EC risk and presentation.

Methods Using the Florida Cancer Data System (FCDS), we identified women diagnosed with EC from 1981–2013. Demographics and pathologic factors were abstracted. Caribbean nativity included countries of both African and Hispanic lineage. Statistical analyses were performed using logistic regression and chi-square, with statistical significance at p<0.05.

Results Of the 23,690 women in the FCDS identified with EC, 840 had Caribbean nativity. Among Caribbean immigrants with EC, a higher proportion had type II histologies compared to US natives (35.6% vs. 27.5%, p<0.01), with very high prevalence seen among Haitian (54.2%, p<0.01) and Jamaican (47.1%, p<0.01) women. In comparison to US-born women, uterine serous carcinoma was more prevalent in women from Guyana (22.2% vs. 6.5%, p=0.03) and Jamaica (13.8% vs. 6.5%, p=0.001), with carcinosarcoma more prevalent in women from Haiti (13.5% vs. 4.6%, p<0.01) and Jamaican (13.8% vs. 4.6%, p<0.01). More Caribbean immigrants presented with distant disease (10.1% vs. 6.9%, p<0.01). Relative to US natives, significant increases in type II EC risk were seen in women born in Haiti (OR 3.08 [2.06–4.62], p<0.01) and Jamaica (OR 2.32 [1.66–3.25], p<0.01).

Conclusions Women of Jamaican and Haitian birthplace have increased risks of type II EC compared to US-born women. Caribbean natives also have a higher prevalence of type II histologies. Effect of nativity on EC warrants further study.

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AGE, HISTOLOGY AND STAGE PREDICT SURVIVAL FOLLOWING ADJUVANT CHEMOTHERAPY AND RADIATION VERSUS RADIATION ALONE IN HIGH-RISK ENDOMETRIAL CANCER: A STUDY BASED ON PORTEC-3 CRITERIA

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Objectives Evaluate the impact of age, stage and histology on survival in high-risk endometrial cancer (EC) following treatment with chemotherapy and radiation (CTRT) vs. radiation alone (RT).

Methods Eligible patients were diagnosed with high-risk EC from 2004–2014 in the National Cancer Database based on PORTEC-3 criteria and treated with pelvic beam radiation and/or radioactive implants. The CTRT group also received multiple-agent chemotherapy. A propensity score approach controlled for differences in clinical factors. Survival was evaluated using weighted Kaplan-Meier and Cox model analyses with interaction testing.