E-poster viewing: Genetics and epidemiology

TRENDS IN UTERINE CANCER MORTALITY IN UNITED STATES: A 50-YEAR POPULATION-BASED ANALYSIS

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Objectives To analyze mortality trends in uterine cancer in the United States over 50 years.

Methods Mortality data for uterine cancer from 1969–2018 were collected from the National Center for Health Statistics. Mortality rates were extracted using SEER*Stat 8.3.9. Trends (average annual percent change, AAPC) were calculated with Joinpoint 4.9.0.0. Age-adjusted mortality rate was adjusted by the US 2000 standard population. Mortality rates were adjusted by hysterectomy and pregnancy from 2001 to 2018.

Results Uterine cancer mortality decreased from 1969–1997 but increased from 1997–2018. From 2001–2018, mortality rates increased across all age groups after adjusting for hysterectomy and pregnancy. Specifically in 2018, compared to younger patients (50–59 years) the mortality of older (60–69 and 70+ years) was 3x and 7x higher. Mortality rate for non-Hispanic Black (NHB) women was at least 2.2x higher than other races/ethnicities (NHB 17.6/100,000; non-Hispanic White (NHW) 7.82/100,000; Hispanic 6.54/100,000; non-Hispanic Asian/Pacific Islander 4.24/100,000). Current AAPC in NHB women shows greater annual change than some prior reports (1.87%). Intersection analysis of age and race in the over 60 age group shows NHB women had 3x higher mortality than NHW (72 vs 24/100,000). Notably, young NHB and Hispanic women (30–39 years) had a higher increase in mortality at 3.3% and 3.8% annually compared to 2.2% in NHW women.

Conclusions Uterine cancer mortality has increased from 1997 to 2018. Older NHBs had the highest mortality rates, and mortality is increasing rapidly in younger minorities. Further studies of molecular, social, and environmental factors are needed to explain and reduce these trends and disparities.

FACILITATED CASCADE TESTING FOR FAMILIES WITH IDENTIFIED MUTATIONS ASSOCIATED WITH HEREDITARY GYNECOLOGIC CANCERS

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Objectives We evaluated the feasibility of a facilitated referral pathway for cascade genetic testing (GT) for patients with mutations associated with gynecologic cancers.

Methods This is a prospective cohort study of patients with BRCA1, BRCA2, BRIP1, MSH2, MLH1, MSH6, PMS2, EPCAM, RAD51C, and RAD51D mutations from March 2019-March 2022. Eligible patients were offered a facilitated referral pathway for GT for first and second-degree relatives (figure 1). Decision Regret Scale and Impact of Events Scale assessed psychological impact at 3-months. The primary outcome was the proportion of patients with a relative who successfully completed GT.

Results Of 583 eligible patients, 73 (13%) enrolled in our study. Reasons for declining participation were: no eligible relatives or previously tested (23%, 40%), lost to follow-up