Breast cancer patients are at increased risk of developing uterine serous cancer: implication for counseling – A SEER analysis

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Objectives
Several studies have investigated whether patients with prior breast cancer (BC) are at increased risk for endometrial cancer/uterine serous cancer (USC). We aimed to study this relationship and analyze the effect of prior BC on the incidence and prognosis of USC patients.

Methods
With permission of the Surveillance, Epidemiology and End Results (SEER) program of the United States National Cancer Institute, clinicopathological information of women diagnosed with BC and following USC were analyzed. The recorded data included age at diagnosis, stage of disease, cause of death, interval time between BC and USC diagnosis and overall survival.

Results
The SEER database included 10021 patients with USC during the years 1975–2015. 698 (6.96%) of these patients had been previously diagnosed with breast cancer (BC). The incidence of USC in patients with BC history was 57 times higher than in women without BC history (p value < 0.001). The incidence of USC did not differ between ER positive and ER negative BC patients (p. value 0.94). The mean survival of USC patients with previous BC history was 8 years (96 months, 95% CI 85.7–106.2), shorter than in USC patients with no BC history presenting a mean survival of 10.6 years (127 months, 95% CI 124.0–130.8) (p. value =0.002).

Conclusions
Our results highlight the relationship between BC and USC, suggesting an increased risk for USC among BC patients. This clinical association should be introduced to BC patients, and physicians should be alert to any EC presenting symptom in BC survivors.

The equity challenges of a large-scale ovarian cancer patient experience study in low- and middle-income countries: The Every Woman Study™

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Objectives
Ovarian cancer patient experience data is limited, especially in low- and middle-income countries (LMICs). The World Ovarian Cancer Coalition’s online study in 2018 attracted 1531 responses from 44 mainly high-income countries. Recognising the need for robust data to support national efforts to improve women’s survival and quality of life, the Coalition has partnered with the International Gynecologic Cancer Society to adapt the Study for LMICs.