Real-World Endometrial Cancer Mortality Outcomes at Brazilian Reference Women Healthcare Public Hospital

RWD149

Digital poster
Supplemental data
Narrated summary

André Mattar[1]; Graziela Bernardino[2]; Larissa Rodrigues[2]; Marcella Allemar[2]; Roney César Signorini Filho[1]; Pedro Navarro[1]; Renata Arakelian[1]; Gustavo Piotto[1]; Michelle Samora de Almeida[1]; Luiz Henrique Gebrim[3]; Straus Tanaka[2]

[1]Centro de Referência da Saúde da Mulher – Hospital da Mulher, São Paulo, Brazil; [2]GSK, Rio de Janeiro, Brazil; [3]Hospital Beneficência Portuguesa, São Paulo, Brazil.

Background

- Endometrial cancer (EC) is mostly diagnosed in an earlier phase; however, patients can present a poor prognosis when the disease recurs or in the advanced/metastatic disease with a median progression free survival shorter than 12 months.[1,3]

  In addition, there are studies that present correlation between recurrence in EC and reduction in overall survival (OS).[2,3]

Aim

- Due to the lack of local information, the aim of this study was to investigate the mortality data of patients with EC during the period of 2010 to 2021 in a Brazilian reference women healthcare public hospital located in São Paulo (SP) to provide clarity on mortality data in EC across different tumor characteristics.

Methods

- This was a retrospective database study using data from a reference public hospital. Database was structured from the hospital's electronic medical records (EMR)
- Patients were selected based on:

Inclusion criteria

- 18 years or older
- ICD-10 C54.1 (malignant neoplasm of endometrium)
- First medical consultation in the hospital between 2010 and 2021

Exclusion criteria

- Patients with inconsistency data (e.g. order of events inconsistent with Figure 1).
- Misfiling of EMR
- Missing treatment information

Figure 1: **Standard of care clinical pattern for EC:**

Neoadjuvant therapy → Surgery → Adjuvant therapy → Palliative treatment

- The cumulative mortality rate was calculated considering each tumor's characteristics (histology, staging, tumor location, and tumor relapse) as follows:

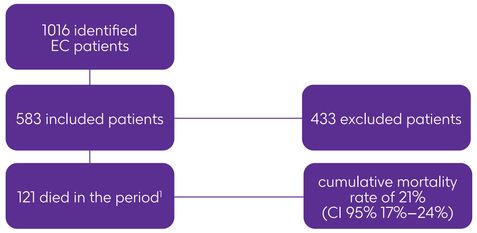
$$\frac{\#\textit{deaths by tumor characteristic}}{\#\textit{patients by tumor characteristic}}$$

Results

Cumulative mortality rate in the database

- From 583 cases of EC registered in the database, 121 patients died in the study period. This accounts for a cumulative mortality rate of 21%

Figure 2: **Included patients and general cumulative mortality rate**



[1]Not all information for the 121 patients was available in the EMR and therefore was not included in the database. Missing information for studied tumor characteristics was not considered in the cumulative mortality rate calculation and is described as "unknown" in each section.

Table 1: **Age**

Age	Years (mean)
At diagnosis	64 (8.90)

Table 2: **Distribution by ethnicity**

Ethnicity	Distribution of patients
White	60.3%
Brown	24.0%
Black	9.1%
Asian	3.3%
Unreported	3.3%

Table 3: **Time from diagnosis to death**

Age	Years (mean)
Overall study population	1.61 (1.39)
Among patients with stage I-II disease	2.29 (1.67)
Among patients with stage III disease	1.68 (0.97)
Among all relapsed patients	1.84 (1.34)

Stage III and relapsed patients presented similar time from diagnosis to death compared to overall population.

Figure 3: **Mortality by tumor stage**

- Database did not capture stage IV death cases and stage III was the most prevalent staging in death cases (45%)

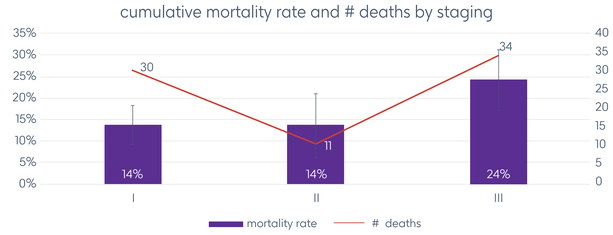
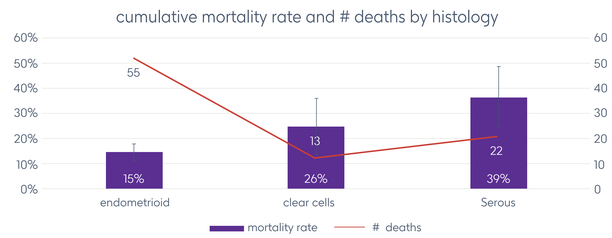


Figure 4: **Mortality by histology**

- Endometrioid presented the lowest cumulative mortality rate (15.3%); however, it is the most prevalent histology class (53.9%)

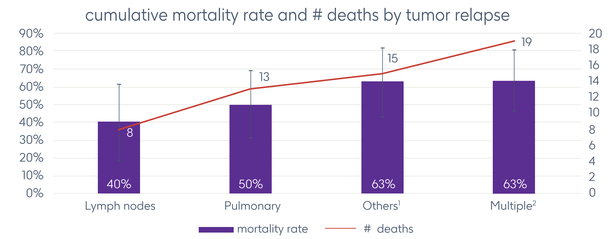


Unknown 7.8%

Mucinous, papillary and adenocarcinoma histology presented low incidence and death cases, preventing any calculation of the cumulative mortality rate with statistical significance (CI 95%).

Figure 5: **Mortality by tumor relapse site**

- Cumulative mortality rate was calculated across the following sites:



1. The Institution categorizes recurrence sites that are not predefined as "other." Also included in this category relapse sites with #deaths <10% (hepatic, abdomen, bone, and cerebral). 2. Multiple include relapses identified in 3 or more sites.

Unknown 55%

Mortality by tumor location

- Tumors that evolved beyond the endometrium had higher cumulative mortality rate

Table 4: **Cumulative mortality rate and number of deaths by tumor location at initial diagnosis:**

Tumor location	cumulative mortality rate (CI 95%)	# deaths
Limited endometrium or up to half myometrium	19.4% (15.6-23.2)	81
> half myometrium or up to cervical glands	19.5% (12.2-26.8)	22
Serosal invasion and/or appendages[1]	25.9% (9.4-42.5)	7
Beyond uterus but confined to pelvis[1]	33.3% (4.1-62.6)	1
Involves cervical stroma without extending beyond the uterus[1]	40.0% (0.8-79.2)	4

1. These tumor locations have very small population size and should be interpreted with care (e.g. wide CI 95% variation).

Tumor located as "invasion of the bladder and/or intestinal mucosa" and "vaginal metastases or parametrial involvement" presented low incidence and death cases, preventing any calculation of the cumulative mortality rate with statistical significance (CI 95%).

Conclusion

- Patients who relapse and those diagnosed at stage III or with further disease spread exhibited a poorer prognosis, reinforcing the importance of early diagnosis and the need to improve treatment options for advanced-stage patients and to delay recurrence. Those findings are aligned with international data
- Data should be interpreted with care due to limited events, database restrictions, and disease complexity

Abbreviations

EC: endometrial cancer; EMR: electronic medical records; ICD: International Classification of Diseases; OS: overall survival; SP: São Paulo.

References

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Disclosures

Graziela Bernardino, Marcella Allemar, and Straus Tanaka are GSK employees and hold shares. Larissa Rodrigues is a complementary worker at GSK. André Mattar, Roney César Signorini Filho, Pedro Navarro, Renata Arakelian, Gustavo Piotto, and Michelle Samora de Almeida are investigators at Centro de Referência da Saúde da Mulher – Hospital da Mulher. Luiz Henrique Gebrim is an investigator at Hospital Beneficência Portuguesa.

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Presenting author: Straus Tanaka; straus.y.tanaka@gsk.com