

## Race may influence uterine cancer recurrence, despite treatment

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African Americans are more likely to have a recurrence of uterine cancer despite undergoing a total hysterectomy or a hysterectomy followed by radiation therapy, according to researchers at Henry Ford Hospital in Detroit.

"The [African American patients](#) in our study had similar surgeries and [radiation therapy](#) as the Caucasian patients in the study. So access to care certainly wasn't a factor in race being identified as a negative predictor for outcome," says lead author Mohamed Elshaikh, M.D., senior staff physician in the Department of [Radiation Oncology](#) at Henry Ford Hospital.

"At this point, our next step is to take a closer look at the underlying molecular biology of these [cancer cells](#) to help identify a cause for race being a negative predictor for uterine cancer outcome."

This [retrospective study](#) - one of the largest of its kind with 750 uterine cancer patients - will be presented Nov. 2 at the 52nd annual American Society for Radiation Oncology (ASTRO) meeting in San Diego. Results also are now online in the November issue of the International Journal of Radiation Oncology.

"What's notable about our study is that we were able to confirm on a larger scale the known prognostic factors in uterine cancer, and also identify African American race as a negative predictor for outcome despite adequate surgery and radiation treatment," says Dr. Elshaikh.

Endometrial cancers mainly arise from the tissue lining the uterus. They are the most common gynecologic cancers in the United States, with more than 43,000 women diagnosed and an estimated 7,950 dying from the disease in 2010, according to the National Cancer Institute. The most common type, endometrioid adenocarcinoma, typically occurs within a few decades of menopause.

While a total hysterectomy (surgical removal of the uterus) is the most common therapeutic approach, treating physicians often differ on the next step for treatment after surgery. Some recommend radiation treatment, while others recommend no further treatment.

For the Henry Ford study, Dr. Elshaikh and his colleagues identified 750 patients with stage I or II uterine cancer who underwent a total hysterectomy between 1987 and 2008. The median age was 64, and 30 percent of the study group were African American.

The study was limited to those patients who underwent surgery and received no further treatment, and those who underwent surgery and had radiation therapy.

Recurrence-free survival for the study group at 5 years and 10 years was 94 percent and 93 percent, respectively.

The median time for uterine cancer recurrence among the group was 1.2 years.

The site of recurrence was primarily vaginal (74 percent) for those who did not receive radiation therapy.

The study also found that higher tumor grade and cancer stage, along with age (older than 65), were risk factors for uterine cancer returning after treatment. African American patients in the study also were more

likely to have their cancer return than Caucasian patients.

Provided by Henry Ford Health System

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