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Unmet Needs in Endometrial Cancer: Bridging Gaps in Treatment and Equity

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, Dr. Brian Slomovitz will discuss rising mortality and disparities in endometrial cancer. He's the Director of Gynecologic Oncology and Co-Chair of the Cancer Research Committee at Mount Sinai Medical Center as well as a Professor of Obstetrics and Gynecology at Florida International University in Miami. Here's Dr. Slomovitz now.

Dr. Slomovitz:
Endometrial cancer is probably one of the more frustrating diseases that we're treating to the point that the incidence of disease is getting higher, the prevalence of disease is getting higher, and mortality's going up. When we look at other cancers that we treat—specifically other gynecologic cancers—the number of deaths from ovarian cancer is going down, and cervical cancer is as well. Actually, the number of deaths from endometrial cancer now outnumbers the death for ovarian cancer. So we need to do better with endometrial cancer. Treatment options represent a huge unmet need. We need to take a deeper dive and come up with better treatment options for our patients.

So when we think of the subtypes of endometrial cancer, we've gone away from the traditional, what we call "type one" and "type two" subtypes. And ever since some molecular work was done through the cancer genome atlas in 2012 or 2013, we've divided endometrial cancer into four molecular subtypes. Quickly, POLE mutations are one. What we call microsatellite instability, MSI High, or deficient mismatch repair is two. Then there's no specific molecular profile, or NSMP. And then the last group is what we call the P53 Mutated Group.

It's interesting—when we break down those subgroups by different ethnic and racial backgrounds, we know that the P53 mutated cancers are more highly represented in Black women. They're more aggressive cancers, and we used to be afraid to talk about this or not willing to talk about this. Now, I think it's important to talk about it. Black women are twice as likely to die of endometrial cancer than women of other races. It doesn't mean that White women don't get disease across the different groups, and it's not mutually exclusive. But we're seeing a higher prevalence of some of the aggressive types in some of the more diverse populations, which makes us really say we need to come up with not only better treatment options, but better treatment options across different disparities.

I think that endometrial cancer is a systemic disease of some of the other risk factors that we see—diabetes, hypertension, and obesity—so we need to help control those comorbidities to decrease the number of cases of endometrial cancer. And it's also important to highlight in disparities that endometrial cancer is a heterogeneous disease. The diseases that we see across populations, particularly across ethnic and racial backgrounds, can be different. So when we come up with better treatment options, we have to treat the population at large, not just subsets of the population. So I'm excited about where we are with the current research, and I'm excited about where we're going, but we need to get there in order to improve the outcomes for our patients who suffer from this disease.

Announcer:
That was Dr. Brian Slomovitz sharing insights about current challenges in endometrial cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!