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Differences In Clinical Pathological Features And Outcomes In Endometrial Carcinoma (EC) Population In French Overseas: A Retrospective Study From Martinique, French Polynesia (FP) and Wallis And Futuna (WF)

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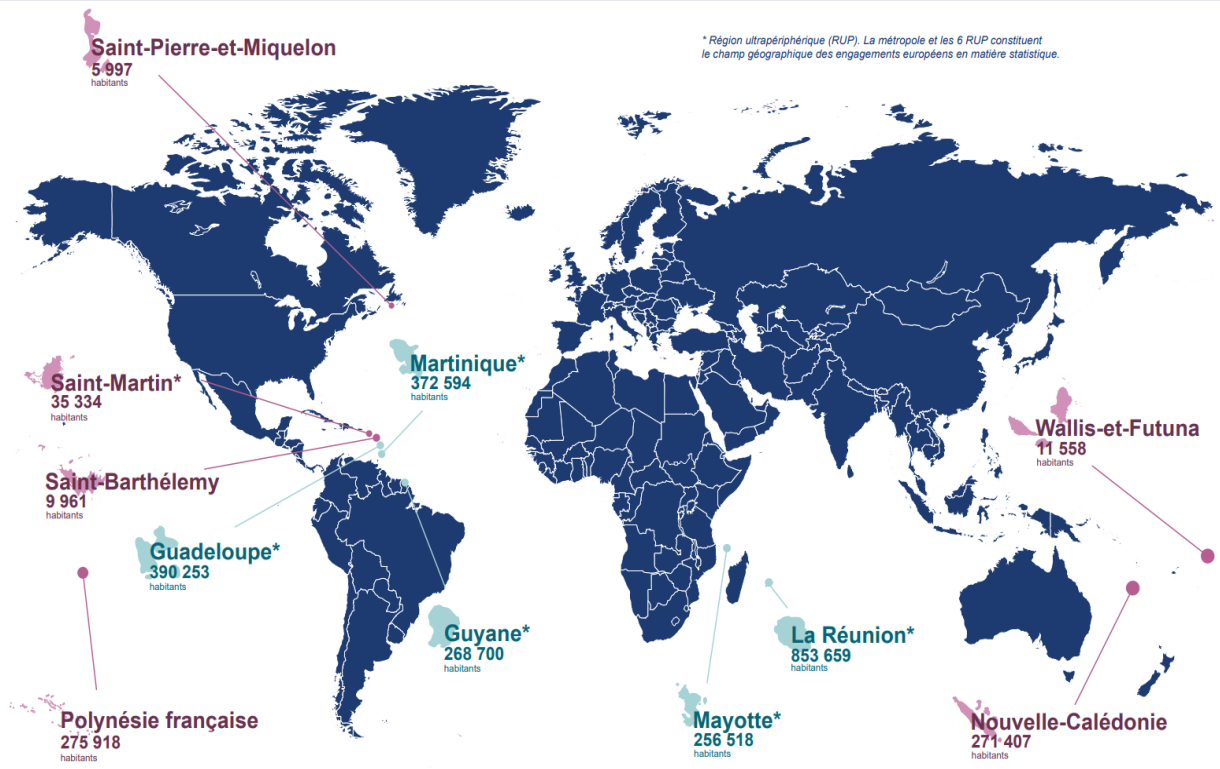
INTRODUCTION

- **Ethnic disparities in cancer care access is an issue. Outside metropolitan France, with overseas territories, France extends far beyond the Europe (Indian, Atlantic and Pacific Oceans and land borders).The epidemiology of cancers are different in indigenous populations compared to mainland France (FRANCIM 2019 data).**
- **These populations are under-represented in clinical trials, and little is known about profiles and outcomes.**
- We reported clinic-pathological features and survival in **3 different populations of patients with EC from different French overseas territories (Martinique, French Polynesia (FP) and Wallis and Futuna (WF)**

METHOD

- A **multicentric retrospective study** from medical reports from 3 hospital.
- In **Caribbean** : **Martinique** . In the **South Pacific : French Polynesia and Wallis and Futuna**



RESULTS

- **444** patients were included in the analysis :**72 from Martinique, 372 from French Polynesia and 43 from Wallis and Futuna**.
- In **Martinique cohort** : Median age was **79.5 years** (57-90), median BMI was **33.4 and was≥30 in 43%.** Histology was **endometrioid in 51%, serous in 40%, clear cell in 3%, and mixed in 3%**. FIGO stage at diagnosis was I, II, III and IV in 44%, 4.1%, 23.7%, 25% respectively (missing in 2.7%). With a follow up of 2.7 years.
- **The five years overall survival of the global population was 65%** (95%IC 57.1-74.5).
- In **FP cohort** : Median age was **58 years** (20 - 88), **median BMI was 34.6 kg/m2. BMI was≥30 in 43% in all pts (N=372) but in 75% of pts ≤50 years (N=116)** (missing BMI in 20%). Histology was **endometrioid in 80%, serous in 6% and clear cell in 2%, none carcinoma and mixed** (missing 12%). FIGO stage at diagnosis was I, II, III and IV in 51.7%, 6.5%, 12.1%, 14.5% respectively (missing in 15.1%).
- **The five years overall survival of the global population was 60.8% (95%IC 54.2-68.2).** The median OS was 10.5 months for FIGO IV.
- In **WF cohort** : median age at diagnosis was **56 years** (47-65.5). **Median BMI was 37 and BMI >30 represented 87.8%**. Histology was predominantly **endometrioid (over 88%), serous (7%) and clear cell (2.3%)**. FIGO stage at diagnosis was predominantly stage I (over 80%), stage III (9.3%) and stage II or IV (2.3%).
- **Overall survival at 5 years of the global population was 76.4% (95% CI 61.9-94.2).**

	French Polynesia	Wallis and Futuna	Martinique
N	372	43	72
Median Age at diagnosis	58 (20 – 88)	56 (47-65.5)	79.5 (57-90)
Mean BMI ≥30	34.6 43.4%	37.4 87.8%	29.3 43%
FIGO stage at diagnosis			
Stage I	51.7%	81.4%	44%
Stage II	6.5%	2.3%	4.1%
Stage III	12.1%	9.3%	23.7%
Stage IV	14.5%	2.3%	25%
Missing	15%	4.7%	2.7%

Table 1. Patient and tumor features

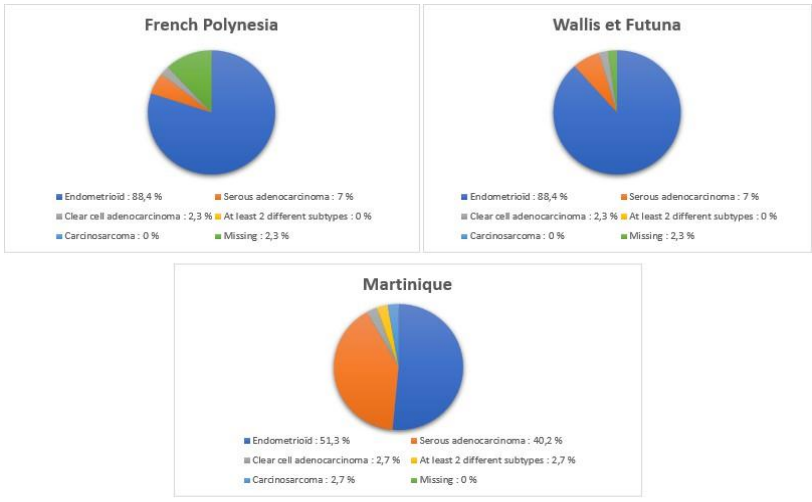


Fig. 1. Distribution of histological types according to department

CONCLUSIONS

We reported for the first time, **3 overseas French population of EC.FP and WF patients were younger** probably linked to obesity prevalence (around 70% in WF) **. In WF,** the incidence of uterine cancer is 5 to 11 times higher. In **Martinique**, **histology was unusual with 40% serous compared to only 5% in FP.**

The lower overall survival rate than expected (Martinique and FP especially) in this cancer context address the question of disparity population. **Socioeconomic factors may drive this disparity. Genomic factors may contribute to differences in the incidence and mortality rates.** The local inadequacy of care pathways, leading to disparities in access to imaging, may explain as well poorer prognosis. A new initiative from a collaborative group with health **authorities, caregivers, politicians and patient's advocacy is actively working to improve cancer patient's outcomes.**

More investigations should be carried out to identify genetic and/or environmental risk factors in order to be able to propose prevention strategies and treatment adapted to each population. In the future, we should design trials addressing the question of personalized medicine by including more patient cohort from diversity.

REFERENCES

Amazones
Sé Lanmou, tout' koulè

Thanks to Amazone patients association for pictures

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