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LUIZA CUPERTINO BÉRGOMI

**SOCIODEMOGRAPHIC AND CLINICOPATHOLOGICAL FACTORS AFFECTING
SURVIVAL IN YOUNG WOMEN: REAL-WORLD DATA FROM BRAZIL**

**Rio de Janeiro
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Trabalho de Conclusão de Curso
apresentado ao Instituto Nacional de
Câncer como requisito parcial para a
conclusão do Programa de Residência
Médica em Oncologia Clínica.

Orientadora: Prof^a Dr^a Andréia Cristina de Melo

Revisão: Prof^a Dr^a Shirley Burburan

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*Dedico este trabalho à Lígia
Cupertino Bérigomi, minha irmã, que
sempre busco quando estou cansada e
recebo de volta a faísca que estava
precisando.*

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O mundo não é simples o suficiente para ser explicado em palavras.

Hayao Miyazaki

RESUMO

BÉRGOMI, LUIZA C. **Fatores sociodemográficos e clinicopatológicos que afetam a sobrevida de mulheres jovens:** dados baseados em fontes do Brasil. Trabalho de Conclusão de Curso de Residência Médica em Oncologia Clínica — Instituto Nacional de Câncer (INCA), Rio de Janeiro, 2025.

O câncer de colo do útero possui grande impacto na vida das pacientes. Espera-se encontrar o diagnóstico em mulheres mais velhas, devido ao tempo de desenvolvimento da infecção crônica por HPV. Porém, casos de pacientes jovens tem se tornado frequentes. Este estudo retrospectivo buscou avaliar fatores sociodemográficos e clinicopatológicos e seus efeitos no prognóstico do câncer de colo do útero em mulheres jovens, com 18 a 39 anos, tratadas exclusivamente no INCA entre janeiro de 2017 e dezembro de 2021. Das 475 pacientes analisadas, a maioria foi composta por não brancas, solteiras, com nível escolar < 8 anos e média de idade de 33.6 anos. Os resultados indicaram consumo de álcool, baixa escolaridade, carcinoma de alto grau e estágio avançado como fatores que implicam redução de sobrevida livre de progressão. Enquanto sobrevida global foi negativamente afetada por baixa escolaridade, carcinoma de alto grau e estágio avançado. Os dados apontam para necessidade de melhoria em políticas públicas em saúde, principalmente quanto à conscientização e ao tratamento para mulheres jovens com câncer de colo do útero.

Palavras-chave: câncer de colo do útero; adulto jovem; prognóstico; mulheres; sobrevida.

ABSTRACT

BÉRGOMI, LUIZA C. **Sociodemographic and clinicopathological factors affecting survival in young women:** real-world data from Brazil. Final paper of Medical Residency in Clinical Oncology — Brazilian National Cancer Institute (INCA), Rio de Janeiro, 2025.

Cervical cancer has a major impact on the lives of patients. It is expected to diagnose older women due to the time it takes for chronic HPV infection to be developed. However, cases of young patients have become frequent. This retrospective study sought to evaluate sociodemographic and clinicopathological factors and their effects on the prognosis of young women with cervical cancer, aged from 18 to 39 years, treated exclusively at INCA between January 2017 and December 2021. Among the 475 patients analyzed, the majority was non-white, single, with education <8 years and a mean age of 33.6 years. The results indicated alcohol consumption, lower education, high-grade carcinoma and advanced stage as factors that imply a reduction in progression-free survival. While overall survival was negatively affected by lower education, high-grade carcinoma and advanced stage. The data indicates the need for improvements in public health initiatives, especially regarding awareness and treatment for young women with cervical cancer.

Keywords: cervical cancer; young adult; prognosis; women; survival.

Sociodemographic and clinicopathological factors affecting survival in young women: Real-world data from Brazil.



Background:

Cervical cancer (CC) typically develops years after persistent HPV infection, yet its prevalence has been rising globally until recently, resulting in significant morbidity. This study sought to assess the influence of sociodemographic and clinicopathological factors on survival outcomes in young women with CC treated at a comprehensive public cancer center in Brazil.

Methods:

Data were retrieved from medical records of women diagnosed with CC (adenocarcinoma, squamous, or adenosquamous), aged between 18 and 39 years, and enrolled at the Brazilian National Cancer Institute (INCA) between January 2017 and December 2021. Continuous variables were analyzed using Student's t-test, and categorical variables with Pearson's chi-square test. Progression-free survival (PFS) and overall survival (OS) were estimated with the Kaplan-Meier method. Multivariate analysis included variables with $p < 0.05$ from univariate analysis.

Results:

A total of 475 patients met the eligibility criteria. The mean age was 33.6 years (SD 4.3). Most of the patients were non-white (67.7%), single (68.0%), had lower education (< 8 years) (86.1%), grade 2 tumors (61.6%), and squamous cell carcinoma (83.1%). Advanced-stage (III/IV) compromised 42.3% of cases. Multivariate analysis indicated that lower education was associated with advanced-stage ($p=0.001$). Recurrence or disease progression occurred in 224 patients (47.2%), predominantly as distant metastases (56.7%). The median follow-up was 59.1 months (95% CI, 56.0–61.4) for the overall population, and the median PFS was 19.8 months (95% CI, 17.1–24.8). The estimated 2-year PFS for stages I, II, III, and IV was 81.6%, 45.7%, 28.2%, and 6.2%, respectively. Factors associated with shorter PFS included lower education ($p=0.009$), alcohol consumption ($p=0.026$), high-grade carcinoma ($p=0.007$), and advanced-stage ($p<0.001$). The median OS was 35.1 months (95% CI, 28.2–51.4) for the overall population. The estimated 5-year OS for stages I, II, III, and IV was 82.9%, 42.7%, 23.7%, and 9.7%, respectively. Lower education ($p=0.005$), high grade carcinoma ($p=0.006$) and advanced-stage ($p<0.001$) were associated with shorter OS.

Conclusions:

High-grade carcinomas and advanced-stage negatively impact prognosis in young women with CC. Sociodemographic factors, such as lower education and alcohol consumption, are supposed to be associated with poorer outcomes. Comprehensive public health initiatives focused on education, early detection, and equitable treatment are essential to reduce disease burden and improve survival outcomes.

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