

# HEALTH INDICATORS IN TYPE I ENDOMETRIAL CANCER WOMEN

#### ALEX OLIVEIRA DA CAMARA<sup>®</sup>; NATHÁLIA SILVA DE PAULA<sup>®</sup>; AMANDA MOTA<sup>®</sup>; JOÃO PAULO FERNANDES<sup>®</sup>; AMINE FARIAS COSTA<sup>°</sup>, FERNANDO TREVISAN FRAJACOMO<sup>d</sup>; CLÁUDIA BESSA PEREIRA CHAVES<sup>®</sup>, GABRIELA VILLAÇA CHAVES<sup>f</sup>

aMasters student in Oncology, Nutrition Department of Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil. bDietitian, Nutrition Oncologic Research Group of the Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil. cDietitian, PhD, Nutrition Department of Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil. dPhysiotherapist, PhD, Visiting Researcher of Molecular Carcinogenesis Program (INCA), Rio de Janeiro, Brazil. eOncologic Surgeon, PhD, Assistant Researcher in Oncology Gynecology, Clinical Research Department, Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil. dPhysiotherapist, PhD, Visiting Researcher of Molecular Carcinogenesis Program (INCA), Rio de Janeiro, Brazil. eOncologic Surgeon, PhD, Assistant Researcher in Oncology Gynecology, Clinical Research Department, Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil. f Dietitian, PhD, Permanent Professor at the Post-graduate Program in Oncology, Brazilian National Cancer Institute – INCA, Rio de Janeiro, Brazil.

# BACKGROUND

Endometrial cancer is the sixth most common cancer among women worldwide<sup>1</sup> and excess body weight is the main risk factor. In addition, obesity can affect the quality of life, survival, and prognosis of endometrial cancer survivors<sup>2-4</sup>. The identification of the health indicators of this population can support multiprofessional intervention measures in order to positively impact the quality of life and prognosis of women diagnosed with endometrial cancer.

Table 2. Nutritional status characteristics, biochemical, functional capacity and quality of life of endometrial cancer patients of National Cancer Institute of Brazil.

Characteristic	n (%)
<i>BMI (kg/m<sup>2</sup>)</i> (n = 156)	
Underweight	1 (0.6)

# AIMS

To characterize the profile of health indicators of newly diagnosed women with type I endometrial cancer.

# METHODS

The present study is part of a major research project that aim to implement and evaluate the effect of a counseling program to promote healthy eating and physical activity in EEC outcomes. Patients between 20 and 69 years, referred to the Cancer Hospital II/INCA between November 2016 and June 2018 were enrolled (n=159). Data were collected and analyzed for sociodemographic, anthropometric (weight, height and waist and hip circumferences), biochemical profile (fasting glucose, fasting insulin, cholesterol, HDL, LDL, triglycerides and C-reactive protein), functional capacity (Handgrip strength, 30-s chair stand test, Up and go, 6-min walk distance), and quality of life (EORTC QLQ-C30 score and global health status). This project was approved by INCA's Ethics and Research Committee, under protocol Nº. 1,563,774, on May 29, 2016.

	1 (0.0)
Normal weight	21 (13.2)
Overweight	43 (27.0)
Obese class I	32 (20.1)
Obese class II	33 (20.8)
Obese class III	26 (16.4)
Waist circumference (cm)	
Least risk (<80)	20 (12.6)
High risk (≥80 e <88)	28 (17.6)
Very high risk (≥88)	111 (69.8)
Waist-to-hip ratio (n = 158)	
$\leq 0,85$	82 (51.6)
>0,85	76 (47.2)
Handgrip strength (kg) (n=157)	
Median (min – max) kg	22.5 (10.5 - 36.0)
Quartile 1	19.5
Quartile 2	22.5
Quartile 3	26.8
30-s chair stand test (repeat) (n=103)	
Median (min – max) repetitions	10 (5-18)
Quartile 1	9
Quartile 2	10
Quartile 3	12
Up and go (Seconds) (n=114)	
Median (min – max) seconds	9.0 (5.0-17.0)
Quartile 1	8.0
Quartile 2	9.0
Quartile 3	11.0
6-min walk distance (m) (n=98)	
Median (min – max) distance (m)	444 (221 - 805)
Quartile 1	387.40
Quartile 2	444.00
Quartile 3	493.60
Global health status*	65.3 (±26.1)*
QLQ-C30 score*	77.0 (±17.9)*
Fasting glucose (mg/dL) (n=153)	
Median (min – max) mg/dL	100 (76-330)
<100mg/dL <sup>a</sup>	76 (49.7)
≥100mg/dL <sup>a</sup>	77 (50.3)
Fasting insulin µU/mL (n=152)	
Median (min – max) $\mu$ U/mL	14.12 (4.39-79.62)
Cholesterol (mg/dL) (n=153)	
Median (min – max) mg/dL	209 (79-385)
$\leq 200 \text{mg/dL}^{a}$	70 (45.8)
>200mg/dL <sup>a</sup>	83 (54.2)

# RESULTS

Table 1. Sociodemographic and clinical characteristics of endometrial cancer patients (n=159) of National Cancer Institute of Brazil.

Characteristic	n (%)
Age category, y	
<60 years	129 (81.1)
≥60 years	30 (18.9)
Comorbidity	
Hypertension	115 (72.3)
Diabetes	42 (26.4)
Dyslipidemias	25 (15.7)
Others <sup>a</sup>	38 (23.9)
Smoking (current ou former)	65 (40.9)
<i>Staging</i> (n = 86)*	
Ι	66 (76.8)
II	10 (11.6)
III	10 (11.6)
Educational level	
Middle School	82 (51.5)
High School	61 (38.4)
University	14 (8.8)
Not Informed	2 (1.2)
Income level (IBGE 2016)	
R\$ 9 370.01 – R\$18 740.00	4 (2.5)
R\$ 3 748.01 - R\$9 370.00	16 (10.1)
R\$ 1 874.01 – R\$3 748.00	67 (42.1)
R\$ 0 - R\$ 1 874.00	66 (41.5)
Not informed	6 (3.8)
Ethnic group	
Caucasian	77 (48.4)
Mixed	62 (39.0)
Black	10 (6.3)
Índian	1 (0.6)
Others	8 (5.0)
Not informed	1 (0.6)

BMI - Body Mass Index; QLQ-C30: Quality of Life Questionnaire-Core 30; \*Mean (standard deviation) ; a Absolute and percentage values in parentheses.

## CONCLUSION

The health profile was characterized by excess body weight and high cardiovascular risk can significantly impact clinical outcomes, quality of life and prognosis of women diagnosed with type I endometrial cancer. This group can benefit from multiprofessional interventions aimed at controlling their health indicators.

\*According to International Federation of Gynecology and Obstetrics (FIGO, 2009); aOthers: hypo or hyperthyroidism; arthrosis; hepatic steatosis; labyrinthitis.

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