



## Written Statement

On Behalf of the Society of Gynecologic Oncology

House Appropriations Subcommittee on Labor, Health and Human Services, Education  
and Related Agencies

Department of Health & Human Services/National Institutes of Health

May 16, 2022

The Society of Gynecologic Oncology thanks the Subcommittee for the opportunity to submit comments for the record. Enclosed are our report language recommendations to encourage the National Institutes of Health/National Cancer Institute to prioritize research activities to address endometrial cancer disparities in people of color. The Society of Gynecologic Oncology (SGO) is the premier medical specialty society for health care professionals trained in the comprehensive management of gynecologic cancers. The SGO's 2,000 members, who include physicians, nurses, and other advanced practice providers, represent the entire oncology team dedicated to the treatment and care of patients with gynecologic cancers. The SGO's strategic goals include advancing the prevention, early diagnosis, and treatment of gynecologic cancers by establishing and promoting standards of excellence. Key priorities for the SGO are to advocate for more equitable care for all patients and to support research aimed at improving outcomes for diverse patient populations.

Endometrial cancer is the most common gynecologic cancer in the United States, and the fourth most common malignancy among American women, behind breast, lung, and colorectal cancers. According to the American Cancer Society, the incidence and mortality rate of uterine corpus cancers, over 90% of which arise from the endometrium, is rising. In 2012, there were an estimated 47,000 cases of uterine cancer and 8,000 deaths. This has increased by more than 140% over the last 10 years, with 65,950 expected new cases and 12,550 expected deaths in 2022.[1] While the majority of other cancers have seen improvement in survival rates, survival rates for endometrial cancer have worsened annually since 2010. Greater prevalence of key risk factors, such as obesity and delayed childbearing may be contributing to the increased incidence of endometrial cancer, but do not explain the worsening mortality.

Endometrial cancer was previously thought to be more common in White women, however as of 2007, the incidence of endometrial cancers in Black women surpassed that of White women and continues to increase each year [2]. The majority of endometrial cancers are the result of obesity, making this one of the only preventable cancers. Additionally, some of the distressing disparity between lower survival and outcomes for women who have endometrial cancer is missed opportunities at early detection. Bleeding, often accompanied by debilitating menstrual pain, is a symptom that allows early detection, but is sometimes misdiagnosed as fibroids, uterine cysts, or perimenopause. Unfortunately, fewer than 70% of endometrial cancers are now diagnosed while still confined to the uterus [3]. Thirty-eight percent (38%) of endometrial

cancers are diagnosed at advanced stages in Black women compared to 25% in White women [4].

Additionally, black women are less likely to receive evidenced based care. Moreover, disparities exist regarding social determinants of health, access to genetic testing, preventive services, and other aspects of care for patients with endometrial cancer. These disparities are creating enormous inequities in outcomes and survivorship in our health care system, particularly for endometrial cancer. Black women are more likely to be diagnosed with aggressive subtypes of endometrial cancer and the mortality and five-year survival rates are much worse for black women than white women. The five-year survival rate in black women is 63% compared to an 84% five-year survival rate in white women.[5] Black women are two times more likely to die from this disease compared to White women.[6]

Disparities in endometrial cancer outcomes may be furthered by inequities in access to appropriate screening, genetic testing, and preventive services. Identifying actionable targets to mitigate disparities in early detection and receipt of timely, guideline-concordant care remain critical to improving endometrial cancer outcomes among underserved populations. Research is critically needed to help understand barriers to care; elucidate differences in tumor biology; discover new approaches to screening, prevention, and treatment; and promote wider implementation of known strategies to facilitate optimal treatments to improve survival for all patients with endometrial cancer

Therefore, the SGO urges the Subcommittee to adopt the following report language on endometrial cancer in the report accompanying the Fiscal Year 2023 Labor-HHS-Education appropriations bill.

*National Cancer Institute*

*Endometrial Cancer - The Committee remains concerned about the significant disparities in mortality rates for endometrial cancer that adversely impact Black women. The age-adjusted mortality rate for Black women with endometrial cancer is much worse than it is for White women, which is partly attributed to cancer stage at diagnosis. The Committee urges the NCI to conduct research activities that will lead to the development of targeted interventions to improve early diagnosis among Black women with endometrial cancer and improved access to high quality care through innovative community-based outreach methods to increase the enrollment and participation by Black women in clinical trials. The Committee requests an update on NCI's activities regarding endometrial cancer in the fiscal year 2024 Congressional Justification, including progress made in endometrial cancer early diagnosis, survival rates, and clinical trial enrollment by ethnicity.*

Thank you in advance for your favorable consideration of this report language request. The SGO believes that pursuit of these important research objectives will help alleviate disparities in endometrial cancer outcomes and remove barriers to health equity for all underserved women diagnosed with this lethal disease.

## References

- 1) American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022. file:///C:/Users/mjc92028/Downloads/cancer-facts-and-figures-2012.pdf; American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>].
- 2) National Cancer Institute. Surveillance, Epidemiology, and End Results Program. Cancer Stat Facts: Uterine Cancer. Available at: <https://seer.cancer.gov/statfacts/html/corp.html>. Last queried February 13, 2020.
- 3) Memorial Sloan-Kettering Cancer Center, Stages of Uterine (Endometrial) cancer. <https://www.mskcc.org/cancer-care/type/uterine-endometrial/diagnosis/stages>
- 4) American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>].
- 5) American Cancer Society. Cancer Facts & Figures 2022. Atlanta: American Cancer Society; 2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>].
- 6) Giaquinto Obstet & Gynecol Feb 2022