

Socio-Demographic Characteristics of Women with Endometrial Carcinoma

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ABSTRACT

The aim of the paper was to describe general health, socio-economic and demographic characteristics of endometrial cancer patients in comparison to healthy women. During years 1996–2002, 100 women with endometrial carcinoma and 100 healthy women were interviewed about their health, socio-economic and demographic status and compared. The endometrial cancer patients were more often older, postmenopausal, with higher body weight, and frequent history of hypertension and diabetes than controls. The healthy women had greater number of deliveries, used oral contraceptive and hormone replacement therapy, were smokers and alcohol consumers and lived in urban centers more often than patients. The cancer patients had worse socio-economic status, less education, and were more frequent single and widowed than controls. These data may be relevant for public health services in the future to improvement quality of life of the cancer patients.

Key words: endometrial carcinoma, epidemiology, Croatia.

Introduction

Endometrial carcinoma most often occurs in women in the sixth and seventh decades of life, at an average age of 60 years. Endometrial carcinoma is one of the few malignancies for which the etiology is fairly well understood. Current lab-

oratory, clinical and epidemiological data suggest a hormone-mediated origin. Researchers have hypothesized that women with constant exposure to endogenous or exogenous estrogens not opposed by progesterone are at increased risk for this

neoplasia. This hypothesis is supported by the increased risk of endometrial carcinoma in women with increased exposure to unopposed estrogens (related to obesity, early age at menarche, late age at menopause, low parity or nulliparity, certain types of ovarian tumors, history of menstrual disorders, history of infertility and use of estrogen replacement therapy)^{1–3}.

Incidence rates of endometrial carcinoma show wide inter-country variations. Carcinoma of the corpus uteri is a disease of affluent societies and countries with westernized lifestyles. Most recent data show incidence rates from 0.4 per 100.000 in Qidong, China, to 22.2 per 100.000 white women in the San Francisco Bay Area in the United States^{1–3}.

Approximately 600 new cases of endometrial carcinoma are diagnosed annually in Croatia.

Surprisingly little is known about the characteristics of women with endometrial carcinoma. Therefore, the study provides to describe general health, anthropologic, socio-economic and demographic characteristics of women with endometrial carcinoma and compared with healthy women.

Subjects and Methods

One hundred women with and 100 without endometrial carcinoma took part in this study. The patients were derived from women admitted to hospital for surgical treatment of endometrial carcinoma during years 1996–2002. The controls were recruited from women undergoing the regular gynecological checkups. All subjects were interviewed with a questionnaire including information on their health, gynecological history, socio-economic and demographic factors. Information collected at recruitment included details of age, height, weight, cigarette and alcohol consumption, past medical his-

tory, parity, education and socio-economic status. Each woman was categorized by her reported details.

For comparisons of metric or categorical variables between patients and control subjects Student's t-test or χ^2 test was used. In single variable comparisons the p values less than 0.05 were considered statistically significant.

Results

This study was based on data from one hundred women with and 100 women without endometrial carcinoma. The mean age of the endometrial carcinoma group was significantly older ($p < 0.01$) than the control group (63.8 vs. 58.3 years) (Table 1).

The patients with endometrial carcinoma had statistically significant higher body weights ($p < 0.01$) and body mass index ($p < 0.001$) versus controls, but controls were taller than cases ($p < 0.05$). The differences in the number of parity between patients and controls were observed (2.2 vs. 2.9, $p < 0.05$), and the patients were more often postmenopausal women ($p < 0.001$) than controls. A total of 2% of cases versus 8% of controls reported ever using any type of hormone replacement therapy ($p < 0.05$). Oral contraceptives had received 11% of the controls versus 6% of the patients ($p < 0.05$) (Table 1). The controls were more often smokers ($p < 0.01$) and alcohol consumers ($p < 0.001$) than patients with endometrial carcinoma. The patients with carcinoma had more frequent histories of hypertension ($p < 0.001$) and diabetes ($p < 0.001$) than controls (Table 1). In general, the controls had better general health than cancer patients.

Table 2 shows socio-demographic characteristics of the patients and controls. Women with carcinoma had significantly worse socio-economic status ($p < 0.01$) and less education ($p < 0.05$) compared to con-

TABLE 1
ANTHROPOMETRIC AND CLINICAL PROFILES OF EXAMINEES

	Patients (N=100)	Controls (N=100)	p
Age (years, X±SD)	63.8±7.2	58.3±6.9	<0.01**
Height (cm, X±SD)	164±6.8	169±7.5	<0.05**
Weight (kg, X±SD)	74.4±9.2	67.2±6.4	<0.01**
Parity	2.2	2.9	<0.05*
Body mass index (%)			
<28 kg/m ²	24	71	<0.001*
≥28 kg/m ²	76	29	<0.001*
Menopausal status (%)			
Peri	11	39	<0.001*
Post	89	61	<0.001*
Use of hormone replacement therapy (%)			
Ever	2	8	<0.05*
Never	98	92	0.422*
Use of oral contraceptives (%)			
Ever	4	15	<0.01*
Never	96	85	<0.05*
Smoking (%)			
Ever	19	34	<0.01*
Never	81	66	<0.05*
Alcohol consumption (%)			
Yes	12	25	<0.001*
No	88	75	<0.05*
History of hypertension (%)			
Yes	72	24	<0.001*
No	28	76	<0.001*
History of diabetes mellitus (%)			
Yes	67	19	<0.001*
No	33	81	<0.001*
General health (%)			
Very good	9	32	<0.001*
Good	53	61	<0.05*
Bad	27	6	<0.001*
Very bad	11	1	<0.001*

* = χ^2 -test; ** = t-test

trols. The patients were more often rural female inhabitants ($p<0.05$), more often single ($p<0.01$), widowed ($p<0.01$) and divorced ($p<0.01$) than controls. The con-

trols were more frequent married ($p<0.001$). In general, the controls had better socio-economic status ($p<0.01$) as compared to cancer patients (Table 2).

TABLE 2
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PATIENTS AND CONTROLS

	Patients (N=100)	Controls (N=100)	p*
Socio-economic status (%)			
Very good	14	22	<0.01
Good	52	57	0.404
Bad	23	16	<0.05
Very bad	11	5	<0.01
Educational status (%)			
Low	29	17	<0.01
Medium	63	69	0.451
High	8	14	<0.05
Urban (%)	81	90	<0.05
Rural (%)	19	10	<0.01
Marital status (%)			
Married	43	65	<0.001
Single	11	5	<0.01
Widowed	38	27	<0.01
Divorced	8	3	<0.01

*= χ^2 -test

Discussion

The quality of life in cancer survivors has attracted increasing attention during the past decade⁴⁻⁸. However, detailed studies are scarce with regard to socio-demographic characteristics of endometrial carcinoma patients in the current literature⁹. Our investigation has revealed that, in general, the women with endometrial carcinoma were in a poor condition. The profile of the general health in these women was unsatisfactory. The results of our study are consistent with previous studies on the role of various risk factors important in the epidemiology of endometrial carcinoma, including higher body weight, low parity, history of diabetes and hypertension, and reduced use of oral contraceptives¹⁰⁻¹². Cigarette smoking has been noted to reduce the risk of endometrial carcinoma in some studies^{10,11}, and we observed that the smokers were more often in control group. Evidence for an association between alcohol

consumption and endometrial carcinoma are also inconsistent^{4,13}. We did not observe the association among hormone replacement therapy users, nonusers and endometrial carcinoma. Several studies have suggested that higher education and better socio-economic status are possibly a risk factors for endometrial carcinoma^{10,13}. However, we found higher education and better socio-economic status in the healthy women.

Finally, we found that the patients were older, with higher body weight and body mass index, with a higher prevalence of diabetes and hypertension, and they have had a delicate general health. The endometrial carcinoma patients were low-educated and with worse economic condition.

In conclusion, the outcome of the life status in endometrial carcinoma patients was not optimistic in our study. These data may be relevant for public health services in the future to improvement quality of life of the cancer patients.

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SOCIO-DEMOGRAFSKE OSOBITOSTI ŽENA S KARCINOMOM ENDOMETRIJA

SAŽETAK

Cilj rada bio je ispitati zdravstveno stanje, socijalno-ekonomske i demografske osobine bolesnica s rakom endometrija i usporediti ih sa zdravim ispitanicama. Između 1996.–2002. godine ispitano je 100 žena liječenih od raka endometrija i 100 zdravih žena. Anketni listić sadržavao je zdravstvene, socijalno-ekonomske i demografske podatke. Bolesnice s rakom endometrija bile su uglavnom starije, u poslijemenopauzi, adipoznije, s hipertenzijom i dijabetesom. Zdrave ispitanice češće su rađale, koristile oralnu kontracepciju, hormonsko nadomjesno liječenje, pušile i konzumirale alkohol u odnosu na žene s rakom endometrija. Bolesnice s rakom pretežno su živjele na selu, imale su značajno lošiji socijalno-ekonomski status, obrazovanje, opći zdravstveni profil te su češće bile neudate ili udovice u odnosu na kontrolnu skupinu. Istraživanje može poslužiti ustanovama javnog zdravstva u poboljšanju kvalitete života oboljelih od raka endometrija.