

Assessing Feasibility and Acceptability of Risk Reducing Strategies for Uterine Cancer

Lead author: Rachel Woima¹

Co-authors: Dr. Andrea Neilson¹, Dr. Tim Rowe¹, Dr. Mary Jung², Dollina Dodani³, Sabine Halabi¹, Malak Ibrahim¹, Dr. Elise Abi Khalil¹, Dr. Jessica McAlpine,¹ Dr. Aline Talhouk¹

Affiliations:

¹ Department of Obstetrics and Gynecology, Faculty of Medicine, University of British Columbia

²School of Health and Exercise Sciences, Faculty of Health and Social Development, University of British Columbia

³Bioinformatics Graduate Program, University of British Columbia

Introduction: Endometrial cancer (EC) is the most common gynaecological cancer in Canada. There have been no improvements in survival rates for EC in the past thirty years. The current method of diagnosis is through an invasive endometrial biopsy. No screening is currently recommended despite established risk factors that can be used to predict disease outcomes for EC early on.

Objective: To evaluate the feasibility and acceptability of a screening protocol that identifies and tailors a risk reduction approach to individuals at high risk for EC.

Methods: We will use known risk factors to identify postmenopausal individuals who are at the highest risk of developing EC. Those at high risk will undergo a non-invasive hormonal screening test to further identify those with endometrial proliferation, which could indicate the presence of endometrial disease. Those at high risk with endometrial proliferation will receive a biopsy and undergo a diet and exercise program to reverse known lifestyle risk factors. In addition, we will ask participants to self-collect samples by wearing tampons and using vaginal swabs that can be mailed from the participants homes to further advance molecular techniques for more non-invasive screening in the future.

Anticipated Results: The proposed screening, intervention, and self-collection methods will be found acceptable and feasible by postmenopausal women in British Columbia.

Conclusion: Early detection would allow for better disease outcomes due to earlier access to interventions and overall increasing rates of EC prevention.