In a sub-study, 50 endometrial cancer survivors participated in a home visit service where nurses:
- Withdrew self-collected gut and vaginal microbiome specimen kits
- Collected validated patient-reported measures on sexual and bowel function

To further characterize the experiences of endometrial cancer survivors, we aimed to:
- Assess the feasibility and acceptability of self-collection gut and vaginal microbiome samples
- Assess the burden of lower extremity lymphedema
- Determine the prevalence of bowel and sexual dysfunction

Home Visit Survivor Sample (N=50)
- 54% White, 44% Black, and 2% Multiracial
- Age at diagnosis: Mean=60.7 years, SD=11.5 years
- Body mass index (BMI): Mean=34.9 kg/m², SD=4.2 kg/m²
- Time from cancer diagnosis: Mean=18.7 months, SD=4.8 months

Survivor Reported Measures
- Lower Extremity Lymphedema:
  - Self- and nurse-measured (gold standard) 10% difference in lower extremity circumference area (n=46)
- Gynecologic Cancer Lymphedema Questionnaire (GCLQ) (≥4 symptoms)

Bowel Function:
- Colorectal Anal Distress Inventory (CRADI)
  - 13% (24%) of women had lymphedema
  - Based on GCLQ responses, 27 (54%) survivors had lymphedema
  - GCLQ score range: 0 to 20 symptoms

Home Visit Feedback
- Refusal Reasons for Self-Collection Kits
  - Vaginal Sample
    - Refused: N=1 (disabled)
    - Replacement kit in transit: N=1
    - Anticipate submitting sample later: N=1

Microbiome Self-Collection Kits
- Self-Collected Stool Samples (n=43)
  - Comfortable: 31%
  - Neither comfortable nor uncomfortable: 48%
  - Uncomfortable: 21%

Self- versus nurse-measured lymphedema
<table>
<thead>
<tr>
<th>Nurse-Measured LEL</th>
<th>Nurse-Measured No LEL</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Discussion
- **Low concordance** between self and nurse measurements suggest that it is not a reliable indicator of lymphedema
  - Survivors perceived leg measurement process as difficult and frustrating, partly due to comorbid ailments
  - Bowel function is a moderate concern overall, but white survivors have better functioning compared to Black survivors
  - Low sexual activity reported among survivors, but sexual function scores were generally favorable

Strengths
- Novel home visit intervention targeting endometrial cancer survivors, with an emphasis on patient-reported measures
- Comparison of self-reported and gold standard nurse measurement available for lower extremity, height, and weight
- Ability to assess multiple contributors to quality of life among endometrial cancer survivors

Limitations
- Small sample size
- Limited geographic region for home visits
- Unable to assess quality of life or microbiome prior to diagnosis and treatment

Conclusions
- Endometrial cancer survivors are able and willing to provide self-collected microbiome samples
- Leg measurements appear feasible for survivors and should be collected by a nurse if needed

Future efforts will continue to incorporate survivor feedback from preliminary pilot data to be implemented across the full cohort

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