

Influence of Marital Status on Stage at Presentation and Disease-Specific Survival in Sebaceous Carcinoma

Mitchell A. Taylor BA^{1,2}, Sierra Thomas BS¹, Megan Wackel MS¹, Divya Sharma MD¹, Erin X. Wei MD¹

- 1. Department of Dermatology, University of Nebraska Medical Center; Omaha, NE
- 2. School of Medicine, Creighton University; Omaha, NE

Background

- Sebaceous carcinoma (SC) is an uncommon, highly aggressive form of skin cancer¹
- Originates from the adnexal epithelium of sebaceous glands
- Previous studies exploring the impact of marital status on other cutaneous malignancies have revealed poorer survival outcomes among unmarried individuals²
 - Mycosis Fungoides³
 - Merkel Cell Carcinoma⁴
- There is a paucity of literature examining the impact of marital status on stage at diagnosis and disease-specific survival (DSS) in patients diagnosed with SC, which is explored herein

0.8 0.7 0 50 100 150 200 250 300 Survival (months)

Figure 1. Univariate Kaplan-Meier analysis demonstrating enhanced DSS in married SC patients compared to unmarried individuals.

Methods

- The Surveillance, Epidemiology, and End Results (SEER) database was queried to identify biopsy-proven cases of cutaneous SC
- Timeframe 2000-2020
 - ICD-O-3 histology code 8410/3
 - Primary site codes C44.0-44.9
- Statistical analysis was conducted using SPSS version 29.0 and included:
 - Chi-squared
 - Binary logistic regression
 - Kaplan-Meier with log-rank
 - Multivariate Cox proportional hazards
 - Statistical significance was set to p<0.05

Results

- A total of **4,466 patients** were identified:
- Male (61.9%)
- White (81.1%)
- 80+ years of age (31.2%),
- Married (62.2%)
- Localized stage (90.9%)
- Head and neck (73.2%)
- Binary logistic regression:
- Unmarried patients at higher odds of being diagnosed with regional/distant disease than married individuals (Table 1)
- **OR**: 1.50 (p=0.007)

- Univariate Kaplan-Meier analysis:
- Married individuals had better DSS (p<0.001) (Figure 1)
- Married:

5-year: 92.0%10-year: 87.0%

• Unmarried:

5-year: 85.0%10-year: 82.0%

Multivariate analysis
adjusting for confounders
showed increased mortality
risk in unmarried patients

• aHR: 1.61 (p=0.027)

| Table 1. Binary logistic regression examining variables associated with regional/distant disease | | | |
|--|------------|-----------|---------|
| Characteristic | Odds Ratio | 95% CI | p-value |
| Age at diagnosis | | | |
| <50 years | Reference | | |
| 50-75 years | 0.61 | 0.37-1.00 | 0.051 |
| 75+ years | 0.66 | 0.40-1.08 | 0.657 |
| Race and Ethnicity | | | |
| White | Reference | | |
| Black | 0.62 | 0.24-1.59 | 0.319 |
| AIAN | 0.64 | 0.08-5.19 | 0.68 |
| API | 2.18 | 1.37-3.47 | <0.001 |
| Hispanic (any race) | 1.18 | 0.76-1.84 | 0.461 |
| Sex | | | |
| Male | Reference | | |
| Female | 1.20 | 0.89-1.60 | 0.230 |
| Marital status | | | |
| Married | Reference | | |
| Unmarried | 1.50 | 1.13-2.03 | 0.007 |
| Annual Income | | | |
| \$80k+ | Reference | | |
| \$65-75k | 1.37 | 0.93-2.03 | 0.111 |
| <\$65k | 1.71 | 1.25-2.34 | <0.001 |
| Primary tumor site | | | |
| Lower extremity | Reference | | |
| Trunk | 0.72 | 0.20-2.58 | 0.618 |
| Upper extremity | 1.60 | 0.42-6.07 | 0.494 |
| Head and neck | 2.83 | 0.87-9.19 | 0.083 |

Discussion

- Our findings underscore the potential role of support social structures in shaping cancer trajectories and highlight the importance of considering broader socioenvironmental factors in cancer care
- Highlight the need for further research to elucidate the mechanisms driving these associations and to explore targeted interventions aimed at addressing social determinants of health in comprehensive care

