Referral Patterns of Uterine Sarcomas in South Louisiana

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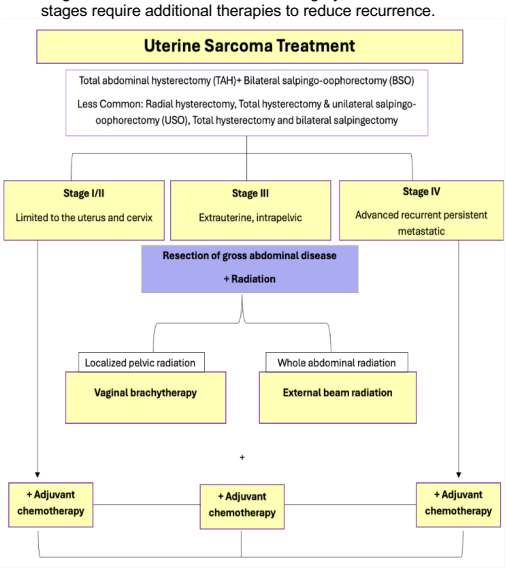
Introduction

- Uterine sarcomas are rare, aggressive tumors with poor prognosis even when confined to the uterus; while early stages of cancer can be cured with surgery, advanced stages require additional therapies to reduce recurrence.



- Timely referral of the patient to a gynecologic oncologist specialist is critical for initial diagnosis and treatment, frequently a surgery if operable.
- Referral to uterine sarcoma specialists and receipt of specialized sarcoma molecular panels are critical if treatments are recommended.
- Certain populations are at a greater risk for disparities in care due to the lack of access of uterine sarcoma specialists in the state.

Objectives

- Identify risk factors that are associated with advanced versus earlier presentation of uterine sarcomas in South Louisiana.
- Determine the specific factors associated with barriers to specialist referral and/or receipt of indicated specialized tumor testing, and subsequent targeted treatments for advanced stages of uterine sarcomas in South Louisiana.

Hypothesis

Women who have been diagnosed later stages of uterine sarcomas will have limited access to healthcare, lower social economic status, and have an ethnic background.

Methods

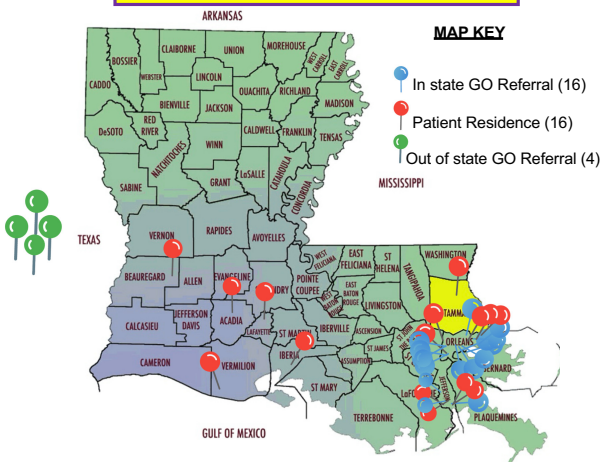
- **Population**: Patient were identified through a large GYN cancer database.
- **Data Collection**: Patient demographic, cancer information, and selected outcomes were collected in HIPPA compatible *REDCap*. All uterine sarcomas were included with irrespective stage and histology.
  - Patient factors and cancer factors were tested to establish association with certain socioeconomic, racial or ethnic to who successfully received specialized sarcoma care
- **Statics**: Summary statics were performed to test for association between patient stage and referral pathway.

Results

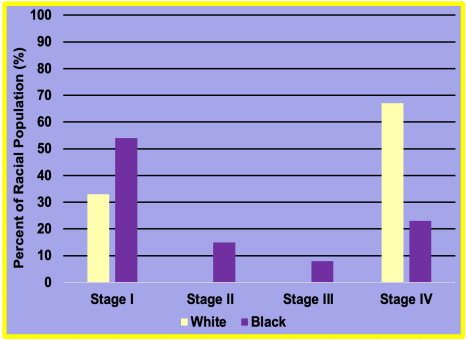
Patient Demographics

Category	Sub-Category	Number	Percentage
Age	<30	0	0%
	30-45	2	12.5%
	46-50	1	6.25%
	>50	13	81.25%
Tobacco	Smoker	5	31.25%
	Non Smoker	11	68.75%
BMI	Underweight <18.5	1	6.25%
	Healthy 18.5-24.9	3	18.75%
	Overweight 25-29.9	2	12.5%
	Obese 30-39.9	7	43.75%
	Extremely Obese >40	3	18.75%
Alcohol	Drinker	8	50%
	Non Drinker	8	50%
Race/Ethnicity	African American	13	81.25%
	White	3	18.75%
Insurance	Medicaid/Medicare	8	50%
	Private Insurance	8	50%

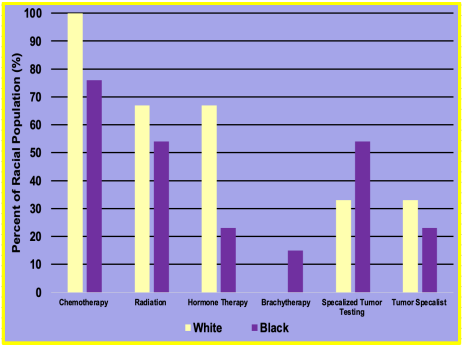
Patient Referral Travel Distance



Tumor Staging



Patient Treatment



Discussion

- Patients within our study received different qualities of treatment for their cancers based on cancer progression without limitations of race, socioeconomic status, or travel.
- **Referral**: All patients that were referred to an in state gynecologic oncologist traveled at an average distance of 51miles, but those who received an additional referral out of state traveled an average of 300 miles. All patients followed through with their referral.
- **Tumor specialist**: Of the 4 patients who were treated by tumor specialist, 3 had late-stage uterine sarcomas, 3 were Black, and 1 was white. Both private and public insurance were expressed.
- **Risk Factors**: smoking, alcohol consumption, and BMI had little affect on tumor progression.

Conclusion

These findings highlight that a lack of healthcare resources affects all patients in similar patterns in this unpredictable and potentially aggressive cancer. In the future, more research should be done to explore targeted interventions and systemic improvements that can reduce disparities and ensure timely, equitable care for all individuals facing this diagnosis.