RADIANCE2: Reducing delAys in enDometrIAl caNcer CarE Gynecologic Oncology Care

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Introduction

- **According to the American Cancer Society, 65, 950 new cases of uterine cancer will be diagnosed in 2022.**
- **Early and timely screening, diagnosis and treatment of cancer are crucial for improved patient outcomes.**
- **Many factors play a role in delays in care such as patient demographics and accessibility, as well as institutional resources, referral processes, and patient load.**

Objective

We aim to identify actionable delays in care that for women with endometrial cancer (EC) from the time of gynecologic oncology (GON) referral through adjuvant therapy.

Methods

- **A multicenter, IRB-approved retrospective chart review was performed.**
- **Women diagnosed with Stage I-IV endometrial cancer from 2013 to 2022 were included.**
- **Demographic, pathologic, treatment, and survival data were collected. Symptom duration and key appointment, procedure, or result dates were recorded.**
- **Time frames between key events were calculated.**
- **Timed events were censored if there was insufficient data to make a calculation.**
- **Time periods were evaluated for difference with regards to race, insurance status, cancer stage, BMI, CCI and distance from the clinic site.**

Demographics

Of the 449 women included:

- **43.7% of our population was Black not Hispanic**
- **Most had Medicare Insurance (35.0%)**
- **Most had stage I-II EC (76.2%)**
- **The mean BMI was 37.22 (SD= 10.35) and the mean Charleston Comorbidity Index (CCI) was 4.77 (SD= 2.41)**

Table 1

	N (%)
Race	
White, Not Hispanic	204 (48.5%)
Black, Not Hispanic	184 (43.7%)
Other	61 (13.6%)
Insurance Type	
Private	125 (27.8%)
Medicare or other public insurance	100 (22.3%)
Medicaid	157 (35.0%)
Uninsured	42 (9.4)
Endometrial Cancer Stage	
Stage I-II	(76.2%)
Stage III-IV (Advanced Stage)	(23.8%)

Results

- **Days from GON referral to visit was 1.78 times longer for Black patients than non-black patients (95%CI 1.07-2.99, p= 0.029).**
- **Time from first GON visit to surgery was longer with increasing BMI (1.05, 95%CI= 1.02-1.08, p= 0.003) and CCI (1.22, 95%CI= 1.04-1.42, p= 0.014).**
- **No differences were noted for time from surgical therapy to pathologic read.**
- **Women with a higher BMI experienced a longer time from surgery to initiation of adjuvant therapy (1.03, 95%CI 1.01-1.05, p=0.002).**

Time Delays

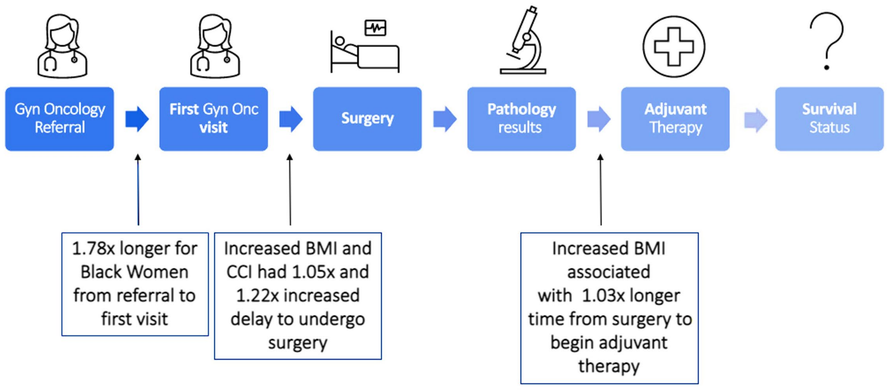

Figure 1

We have identified 3 areas of time delays in patient care post- GON referral to adjuvant therapy initiation (Figure 1) . These are potentially actionable areas that can be improved upon for better patient care and outcomes.

Conclusion

- **Black patients experienced longer delays from GON referral to first GON visit. This likely reflects systemic processes as well as patient factors that contribute to delays in initiation of GON care.**
- **Increased BMI and CCI were associated with 1.05 and 1.22 times increase in time delays from date of first GON visit to surgery. This is expected given that these patients may require additional preoperative optimization.**
- **Obesity is also more strongly associated with type I endometrioid cancers rather than more aggressive type II histologies; this may mean that physicians are more willing to tolerate delays to adjuvant therapy in these patients**