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### **RADIANCE1: Reducing delAys in enDometrial caNcer CarE SymptomsThrough Gynecologic Oncology Referral**

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**Presenter Information**

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# RADIANCE1: Reducing delays in endometrial cancer care symptoms through gynecologic oncology referral



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## Introduction

- The American Cancer Society (ACS) estimates over 65,000 new diagnoses of uterine cancer will be made during 2022 in the US<sup>1</sup>
- ACS estimates over 12,000 deaths attributable to uterine cancer for 2022<sup>1</sup>
- Endometrial cancer is the most common type of uterine cancer in the US<sup>1</sup>
- Endometrial cancer more frequently impacts Black patients<sup>1</sup>
- Black patients are more likely to die of endometrial cancer than white patients<sup>1</sup>

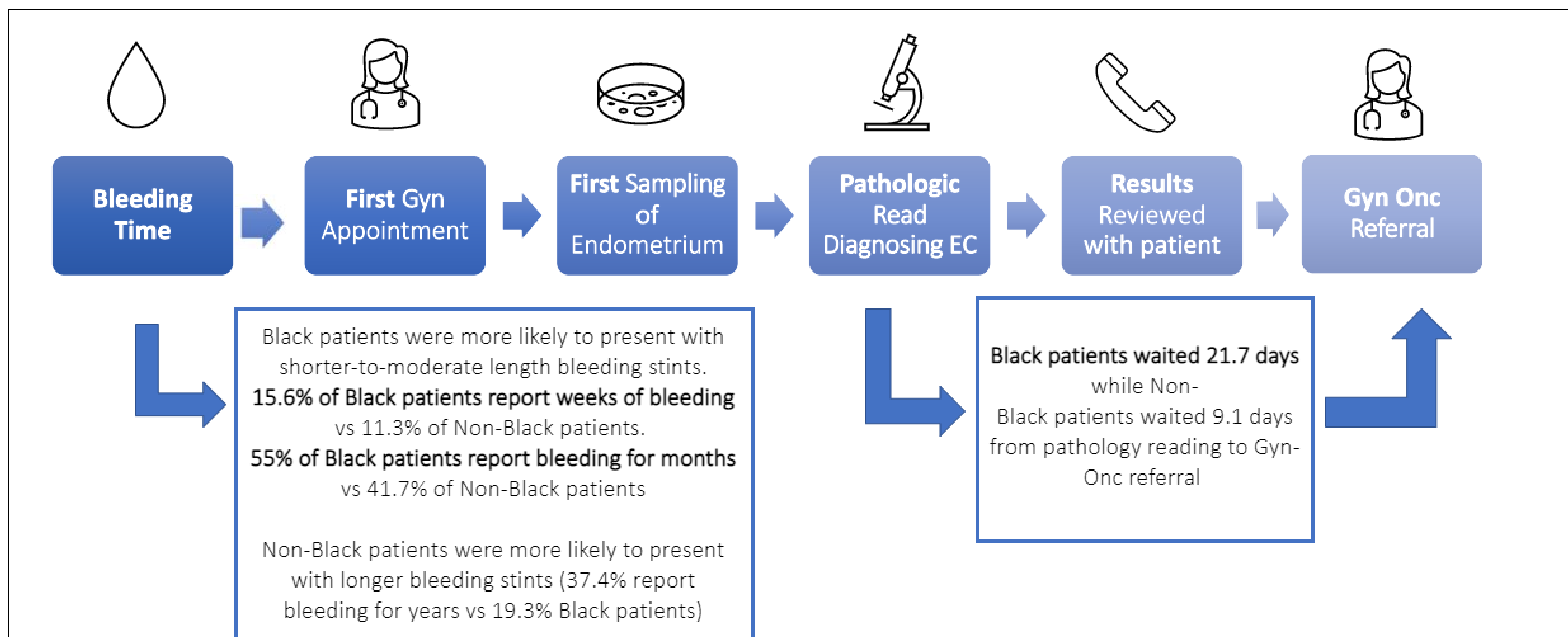
### Objective:

In this cohort of women seeking care at a university practice in the Gulf South, we aimed to identify specific delays from patient experience of abnormal uterine bleeding (AUB) to referral to gynecologic oncology (GON) with a diagnosis of endometrial cancer (EC).

## Methods

- Multicenter, IRB-approved retrospective chart review
- Included 449 women diagnosed with Stage I-IV endometrial cancer from 2013 to 2022
- Categorical covariates were compared across groups using a Fisher exact test, while continuous variables were compared using t-tests.
- Multivariable quasi-Poisson regression was performed to predict each treatment time difference for patients to determine if any disparities existed.
- Time periods were evaluated for difference with regards to race, insurance status, cancer stage, BMI, CCI and distance from the clinic site
- Ordinal logistic regression was performed to determine if there was an association between patient demographics and how long AUB had taken place.

## Results



**Figure 1:** A representative time-frame schematic for the typical patient with endometrial cancer from the time of AUB to the time of referral to gynecologic oncology.

- Black patients waited 2.64 times as long as other patients to be referred (95%CI=1.19-6.15, p=0.021)
- Time from pathologic diagnosis of EC to GON referral was similar between all groups with regards to insurance status, cancer stage, BMI, CCI, and distance from clinic site.

## Results Continued

	All (224)	Black patients (103)	Non-black patients (150)
Days of irregular bleeding	22 (9.8%)	11 (10.1%)	11 (9.6%)
Weeks of irregular bleeding	30 (13.3%)	17 (15.6%)	13 (11.3%)
Months of irregular bleeding	108 (48%)	60 (55.0%)	48 (41.7%)
Years of irregular bleeding	65 (28.9%)	21 (19.3%)	43 (37.4%)

*Table 1: Ordinal logistic regression demonstrating length of time Black vs. Non-Black patients reported experiencing AUB prior to workup for endometrial cancer. Data is presented as total number of patients experiencing AUB followed by percent of patients in parenthesis.*

Black patients were more likely than non-black patients to report shorter stints of AUB before presenting for evaluation: days (10.1% vs 9.6%), weeks (15.6% vs 11.3%), months (55.0% vs 41.7%), or years (19.3% vs 37.4%) (p value 0.025).

## Conclusion

- Black patients presented with more advanced disease and comorbidities but reported shorter duration of AUB leading up to their evaluation.
- This highlights the importance of an expedient work up in this patient population.
- Time from pathology read to GON referral was 2.6 times longer for Black patients than non-Black patients, representing an opportunity to address systematic delays.
- These results highlight barriers to diagnosis and work up of EC that are potentially actionable

### References

- American Cancer Society. *Facts & Figures 2022*. American Cancer Society, Atlanta, Ga. 2022.