

Abstract #5594: Healthcare access dimensions and uterine cancer survival: A National Cancer Database study

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Background:

- Racial disparities persist throughout the continuum of care for Black patients with uterine cancer
- Few studies have evaluated how multiple healthcare access (HCA) dimensions contribute to these disparities in those with advanced stage disease who meet criteria for adjuvant therapy after surgery

Methods:

- National Cancer Database study
- Patients with Stage III-IV uterine cancer diagnosed between 2004-2015
- Received adjuvant therapy after surgery
- Race and ethnicity collected: non-Hispanic (NH)-Black, Hispanic, NH-White
- HCA dimensions measured using variables defined in the NCDB: **affordability, availability and accessibility**
- Overall survival analyzed using Kaplan-Meier curves, log-rank test, and multivariable Cox proportional hazard

Race	Clinical + Affordability	Clinical + Availability	Clinical + Accessibility	Clinical + All 3
NH-Black	1.28 (1.23, 1.33)	1.32 (1.27, 1.36)	1.31 (1.27, 1.35)	1.29 (1.24, 1.34)
Hispanic	0.90 (0.85, 0.96)	0.93 (0.88, 0.99)	0.93 (0.87, 0.99)	0.91 (0.85, 0.97)

Table 1: Cox Proportional hazard models for survival adjusted for clinical characteristics and healthcare access variable(s)

Affordability, a health care access dimension, predicts survival but does not fully explain racial disparities in survival rates of patients with advanced stage uterine cancer.

NH-Black patients are more likely to have aggressive disease, receive chemotherapy alone, and have worse survival than NH-White patients regardless of pathogenic subtype of uterine cancer.

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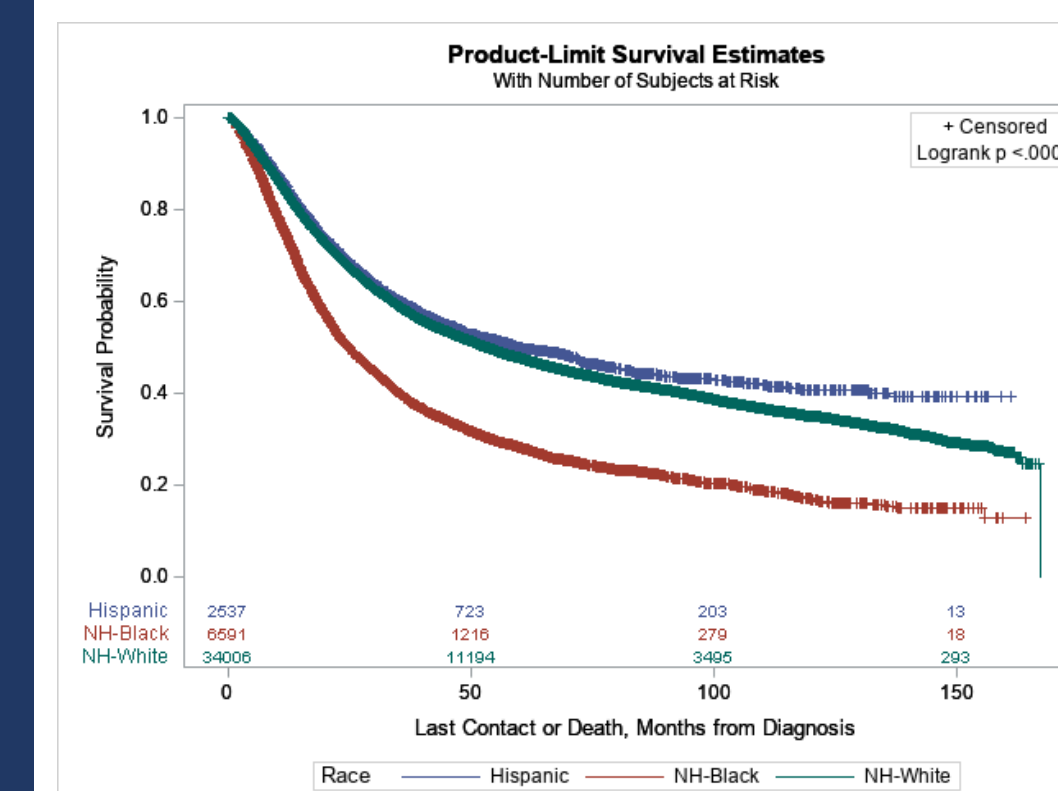
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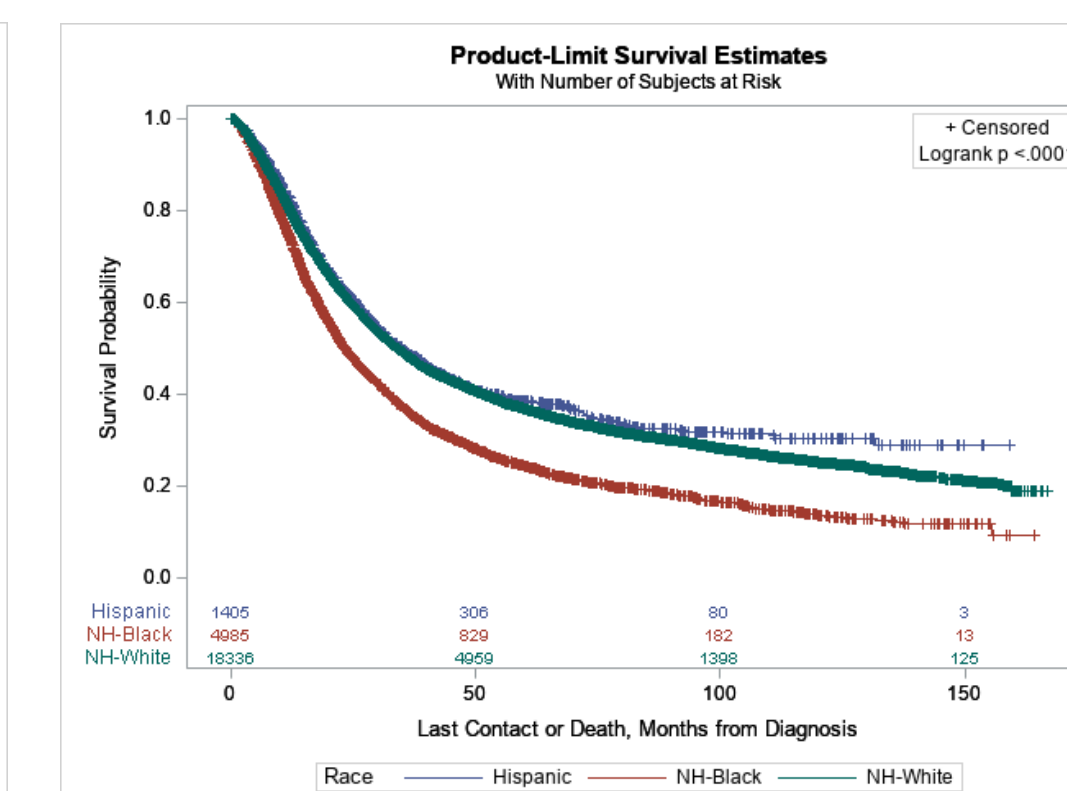
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Results:

- 43,134 patients:
 - 78.8% NH-White, 15.3% NH-Black, 5.9% Hispanic
- NH-Black patients compared to NH-White and Hispanic patients had higher rates of:
 - Type II disease (75.6% vs. 53.9% and 55.4%)
 - Stage IV disease (40.8% vs. 30.7% and 32.3%)
 - Receipt of adjuvant chemotherapy alone (53.5% vs. 43.1% and 46.2%)
 - Government funded insurance (58.6% vs. 50.3% and 50.4%)
 - Residence in lowest income quartile (46.4% vs. 14.2% and 29.9%)



A. Overall cohort



B. Type II uterine cancer

Figure 1: Kaplan-Meier curves for survival probability by race and subtype

Future Directions for Research:

- Investigating additional healthcare access dimensions may be critical to addressing racial disparities in uterine cancer.