

Identifying Disparities in Gynecologic Cancer: Results and Analysis From a Patient Preference Survey

Eloise Chapman-Davis,¹ Kimberly J. Halla,² Shannon N. Westin,³ Ritu Salani,⁴ Jerfiz D. Constanzo,⁵ Timothy A. Quill,⁵ Kathryn Burn,⁶ Angeles Alvarez Secord⁷

¹Division of OB/GYN and Gynecologic Oncology, Weill Cornell Medicine-New York Presbyterian Hospital, New York, NY; ²Arizona Oncology, Phoenix, AZ; ³Department of Gynecologic Oncology and Reproductive Medicine, Division of Surgery, University of Texas MD Anderson Cancer Center, Houston, TX; ⁴David Geffen School of Medicine at the University of California Los Angeles, Los Angeles, CA; ⁵Clinical Care Options, LLC, Reston, Virginia; ⁶Smart Patients, San Jose, CA; ⁷Division of Gynecologic Oncology, Department of OB/GYN, Duke Cancer Institute of Duke University Health System, Durham, NC

Abstract #5561

Background

- Ovarian, endometrial, and cervical cancers remain the leading cause of cancer-related deaths for women worldwide¹⁻³
- Despite clinical progress in the past decade, health disparities exist in gynecologic cancers with data revealing lower survival among certain racial/ethnic groups⁴⁻⁹
- Studies suggest underrepresented patients of color with gynecologic cancers may not receive guideline-concordant care to adequately manage their disease, including molecular testing¹⁰⁻¹³
- In collaboration with the SMART Patients advocacy group, we conducted a patient preferences survey to learn about treatment choices and provider interactions influencing adherence to guideline-based care

Methods

- From July 7 to August 18, 2021, a survey was sent to women with gynecologic cancers who are active members in the Smart Patients advocacy group
- Survey questions covered topics of preparedness to discuss care with provider, biomarker testing specific to gynecologic tumor type, patients' considerations informing treatment choices, and confidence to work with providers to improve their clinical and survival outcomes
- Information regarding cancer diagnosis, stage, race, ethnicity, treatment, and genetic testing was obtained
- Survey responses between non-Hispanic White patients (W) vs non-White (NW) underrepresented women of color were compared and analyzed using descriptive statistics

Primary Objectives

- Educate on existing healthcare disparities in the treatment and management of gynecologic cancers that affect survival outcomes
- Educate on risk factors, biomarkers, and molecular testing currently recommended for patients with gynecologic cancers informing treatment decisions

Survey Participant Demographics

Patient Characteristics, n (%)

All gynecologic cancers	89 (100)
Ovarian, fallopian tube, or peritoneal	60 (67)
Endometrial	19 (21)
Vulvar or vaginal	8 (9)
Cervical	2 (2)
Tumor location	
Localized	49 (55)
Metastatic	32 (36)
Unknown	8 (9)
Race/ethnicity	
W	76 (86)
NW*	13 (14)

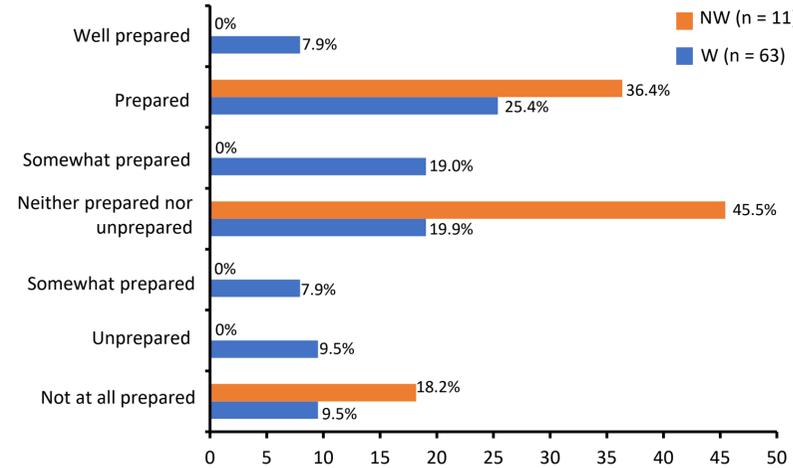
*Includes Asian, Black/African American, Native American or Pacific Islander, Hispanic/Latinx, or mixed race.

- Key Observations:** Most survey participants had a history of ovarian cancer (67%), followed by endometrial cancer (21%), despite endometrial cancer being the most common in the clinic; also, most identified as non-Hispanic W women (86%).

Results

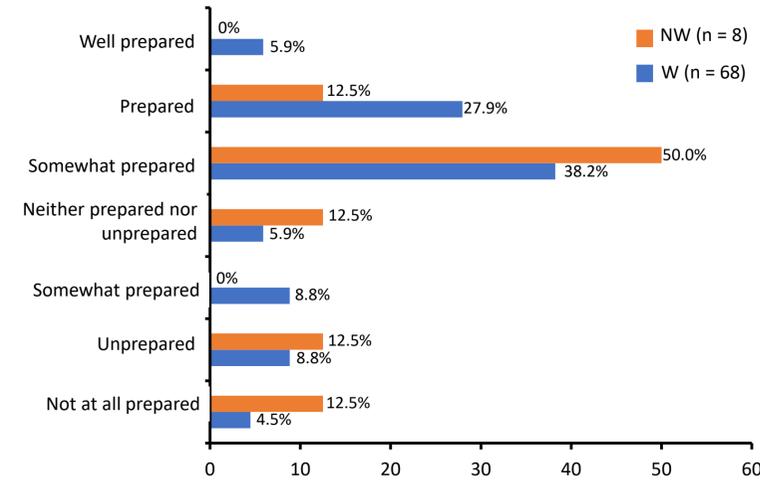
Participant Preparedness: Treatment Discussions

Preparedness to Discuss Cost of Treatment With Provider



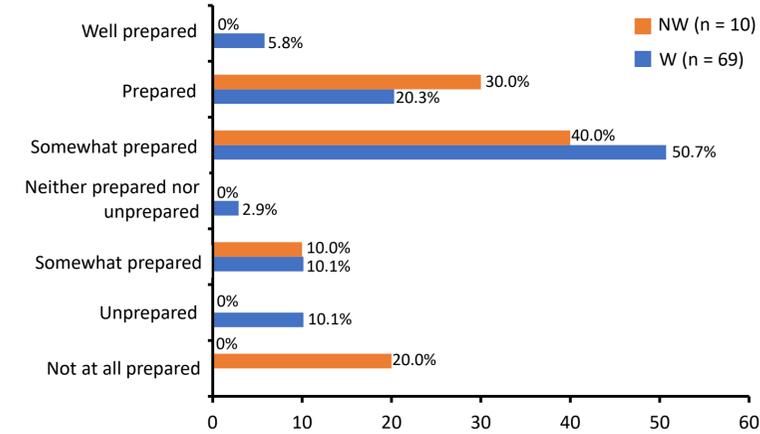
- Key Observations:** More NW vs W survey participants (18.2% vs 9.5%) indicated they were not at all prepared to talk with their doctor about the cost of treatment, with 0% vs 7.9% indicating they were well prepared, respectively.

Preparedness to Discuss Treatment Options: Differences Among Treatments



- Key Observations:** More NW vs W survey participants (12.5% vs 4.5%) indicated they were not at all prepared to talk with their doctor about the differences among treatments, with more NW vs W participants also indicating they were unprepared (12.5% vs 8.8%). Finally, 12.5% vs 27.9% of NW vs W participants indicated they were prepared to talk about the differences among treatments.

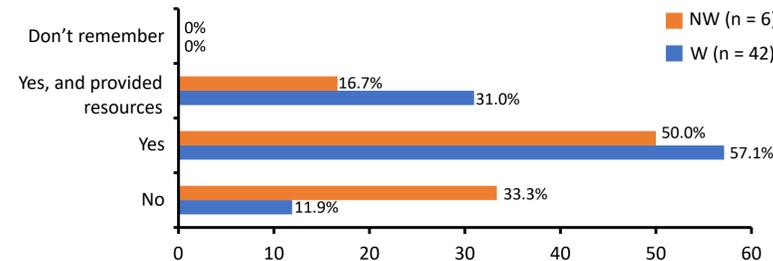
Preparedness to Discuss Potential Adverse Events of Treatment



- Key Observations:** More NW vs W survey participants (20% vs 0%) indicated they were not at all prepared to talk with their doctor about the treatment-related adverse events, although the majority indicated they felt somewhat prepared (40% vs 50%).

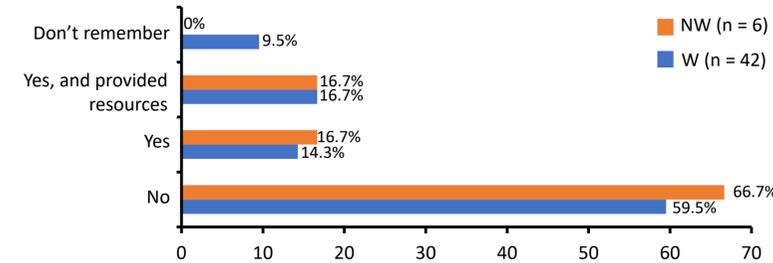
Discussion of Key Biomarkers Informing Treatment Decisions

Discussion of BRCA Mutation Testing for Ovarian Cancer



- Key Observations:** Fewer NW vs W survey participants (16.7% vs 31.0%) discussed BRCA testing and received resources from their provider. Moreover, 33.3% of NW vs 11.9% of W participants had not heard about BRCA testing at all.

Discussion of HRD Testing for Ovarian Cancer

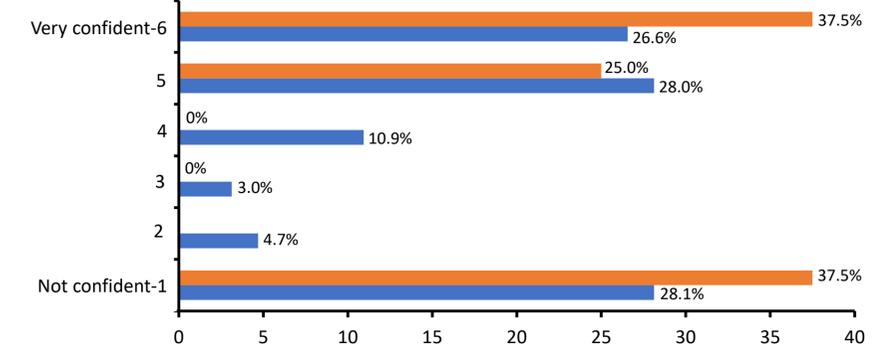


- Key Observations:** A similar proportion (both 16.7%) of NW and W survey participants indicated they had a discussion with provider about HRD testing, with 66.7% and 59.5% of NW and W, respectively, indicating they did not discuss HRD testing.

- Overall, among survey participants with endometrial cancer (n = 19), 46% had not discussed microsatellite instability or mismatch repair protein testing with their clinical care team.

Patients' Confidence to Improve Cancer-Related Outcomes

Confidence to Work With Healthcare Team to Improve Outcomes of Cancer



- Key Observations:** A substantial proportion of NW and W (37.5% and 28.1%) survey participants indicated they were not confident in their ability to work with their care team to improve treatment outcomes. This highlights a significant gap in communication and ensuring patients are engaged in the process affecting their care.

Other Analyses: High Ranking Patient Concerns

- Using a 5-point scale of 1 = not at all important to 5 = very important, the following were ranked of high-importance (4.5/5.0) by survey participants:
 - Personal responsibilities and physical adverse events of treatment (n = 75)
 - Convenience (eg, transportation, lodging, time in clinic, setting up appointments, calls with insurance company) (n = 73)
 - Out-of-pocket expenses (eg, copays, gas/parking money) (n = 72)
 - Impacts on activities of daily life (eg, bathing, dressing, nutrition, hobbies, and exercise) (n = 76)

Conclusions

- A higher proportion of NW vs W patients indicated they were not at all prepared to discuss cost of treatment (18.2% vs 9.5%), treatment options (12.5% vs 4.5%), and adverse events of treatment (20% vs 0%) with their provider.
- 31.0% of W patients discussed BRCA testing and received resources from their provider compared with only 16.7% of NW patients, and a higher proportion of NW vs W patients (37.5% vs 28.1%) indicated they were not confident in their ability to work with providers to improve their cancer treatment outcome.
- Although participation from diverse populations was low, the findings suggest that underrepresented NW patients felt less prepared to discuss treatment-related issues vs W patients.
- This patient survey also highlights an unmet need where patients (W and NW) are not hearing about genetic/molecular testing that could inform their treatment choices and outcomes.
- Together, these results highlight opportunities to enhance healthcare provider education, provider-patient communication, and community outreach to reduce gaps in gynecologic care delivery.

For correspondence regarding this poster, please contact Jerfiz Constanzo, PhD, MBA (jconstanzo@clinicaloptions.com). Copies of this poster obtained through QR code are for personal use only and may not be reproduced without permission from the authors.

Acknowledgements: The CME program that included the patient survey and online resources on health equity for gynecologic cancers was supported by educational grants from AstraZeneca, GlaxoSmithKline, and Merck Sharp & Dohme Corp.

References

- Hanker. Ann Oncol. 2012;23:2605.
- Creasman. Int J Gynecol Obstet. 2006;95:S105.
- Siegel. CA Cancer J Clin. 2021;71:7
- Makker. Oncology (Williston Park). 2019;33:239
- Doll. Am J Obstet Gynecol. 2017;216:324
- Henley. MMWR Morb Mortal Wkly Rep. 2018;67:1333.
- Graham. Ann Cancer Epidemiol. 2019;3:10.21037.
- Taylor. Gynecol Oncol. 2018;151:269.
- Doll. Am J Obstet Gynecol 2018;219:593.e1.
- Chatterjee. Front Oncol. 2016;6:36.
- Bandera. Clin Cancer Res. 2016;22:5909.
- Huang. Am J Obstet Gynecol. 2020;223:396.e1.
- Kurian. JCO. 2019;37:1305.

