Poster #24 | Disparities in carcinosarcoma: public vs private hospital system

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Topic: Quality & Healthcare systems

Objectives
To investigate prognostic factors and outcomes in patients with carcinosarcoma treated at a public vs private hospital system by the same physician team

Methods
Women diagnosed with stage I-IV uterine and ovarian carcinosarcoma between 1992-2022 were eligible. An IRB approved retrospective cohort study was performed. Stage and comorbidity index were analyzed using the Mantel-Haenszen test for trend. The Pearson chi-square test was utilized for other categorical variables. Continuous variables were analyzed by the Studentâ™s t-test or the Wilcoxon rank-sum test. Progression-free and overall survival were calculated using Kaplan-Meier estimates and compared with the log-rank test.

Results
The household income by zip code was lower in the public (p 0.005) than in the private hospital. Most common race in the public hospital was Non-Hispanic Black (52%) vs Non-Hispanic White (61%) in the private system ($p < 0.001$). Most patients in the public system were uninsured (59%) vs Medicare (61%) in the private system ($p < 0.001$). Patients in the public hospital were more likely to be diagnosed at a later stage than patients in the private hospital (p 0.045). There was no difference in progression-free or overall survival between the hospital systems.

Conclusions
While household income, race, and stage differed by hospital system, progression-free and overall survival did not. The lack of outcome disparity may be attributable to the same physician team.

Abstract Table or Graph

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