Poster #5 | Clinical trial availability vs distribution of disease among gynecological cancers at a National Cancer Institute Comprehensive Cancer Center (NCI-CCC)

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Topic: Financial Toxicity and Disparities

Objectives
Given disparities in incidence among racial/ethnic groups and differences in patient (pt) characteristics among the 3 main types of gynecological cancer, our goal was to examine if availability of clinical trials for ovarian cancer (OC), uterine cancer (UC), and cervical cancer (CC) reflects the clinical volume of each cancer, assess if pts consented reflect the racial/ethnic distribution of each cancer type, and evaluate for differences in industry sponsorship, as historically industry studies are more likely to report a positive outcome.

Methods
All pts consented to OC, UC, or CC trials at an NCI-CCC from 2013-2018 were included. Cancer center records were reviewed; pt and clinical trial data was collected. County reported cancer incidence was used to reflect clinical volume of disease for the catchment area. Chi-square and Fisher’s exact tests were used to compare the observed vs expected proportion of pts with each cancer type consented for a clinical trial based on incidence.

Results
County incidence rates per 100,000 were 11.7 for OC, 27 for UC, and 7.8 for CC. A total of 24 NCI-CCC trials consented at least 1 pt: 16 (67%) OC, 5 (21%) UC and 3 (12%) CC. Fifteen (94%) OC and 2 (40%) UC trials were industry sponsored; no CC trials were industry sponsored. A total of 202 pts were consented for trials: 165 (82%) OC, 18 UC (9%) and 19 (9%) CC pts.

The observed proportion of pts consented to OC, UC and CC trials was significantly different than expected based on incidence of each cancer in the county (p< 0.001). The observed vs expected proportion of pts of different racial/ethnic groups was significantly different for OC (p< 0.001) and CC trials (p=0.005). Black and Asian pts were under-represented in both OC and CC trials; Hispanic patient were under-represented in UC trials. Of note, 9 (5%) OC, 4 (22%) UC and all 19 (100%) CC pts were consented for trial through the NCI-CCC’s partnership with a local safety-net hospital.

Conclusions
The proportion of studies available and pts consented to OC, UC, and CC trials differed from the incidence of each cancer in the catchment area. Pts consented to OC and CC trials did not reflect racial/ethnic distribution of these cancers in the catchment area. The role of study sponsor and partnership with safety-net hospitals present areas for investigation to bring greater equity to clinical trials.

Abstract Table or Graph
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