Poster #3: Lenvatinib for Endometrial Cancer: Reducing Healthcare Disparities and Emphasizing Equitable Medication Access through Quality Improvement
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Topic: Quality & Healthcare systems

Objectives
Combination pembrolizumab with lenvatinib (len/pem) has revolutionized second-line treatment and survival outcomes for patients with mismatch repair-proficient (MMRp) recurrent endometrial cancer (EC). We sought to define existing barriers to medication access and, through quality improvement (QI) techniques, improve access and decrease healthcare disparities in a high risk, medically underserved population.

Methods
Following IRB approval, we identified all patients with MMRp EC dispositioned to receive len/pem in our institution. Clinico-demographic data were abstracted from medical records. Lag time was defined as time from decision to treat until specialty medication received or initiation of len/pem. QI interventions included internal process mapping, multidisciplinary roundtable collaboration, and engagement of pharmaceutical access resources. The effect of the interventions on lag time were then assessed after a 10 month follow up period. Comparative statistics were performed for pre/post-intervention metrics using Chi square, Fisher’s exact, and t-tests.

Results
From Oct 2019 – Mar 2023, 41 patients were identified and included in analysis. 32 and 9 patients received len/pem in the pre- and post-intervention groups, respectively. Average age was 60 years old, 55% were Hispanic, 29% were non-Hispanic black patients, and 80% had either Medicaid or county/charity healthcare coverage. After interventions, average lag time significantly decreased from 32.5 days (range 10-74) to 15.7 days (range 7-31, p = .005). Utilization of patient access resources (PAP) increased from 40 to 78%. Barriers to medication access were identified to be internal communication breakdowns, uncertainty regarding PAP usage, patient distrust of unverified outside calling numbers, and external specialty pharmacy communication breakdowns.

Conclusions
Medication access disparities can be significantly reduced among vulnerable patients with MMRp EC through QI interventions.