

**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.