

Poster 23: Cancer care navigation, access to care, and adherence to guideline-based cervical cancer treatment across the 2nd largest US public healthcare system

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Topic: Quality & Healthcare Systems

Objectives

To determine the role of a Cancer Care Navigation Program (CCNP) in patients with a new diagnosis of cervical cancer including access to care, time to initiation of cancer treatment, and adherence to treatment plans.

Methods

Retrospective study of patients in a prospectively collected CCNP database with a new diagnosis of cervical cancer between 11/1/2022 and 12/31/2023 cared for in a large public healthcare system serving a majority minority patients. All data was abstracted from the CCNP database and the EMR.

Results

For the 82 eligible patients, average time from diagnosis to first gynecologic oncology visit was 8.8 days; 78% of patients were seen within 14 days of diagnosis. Reasons for delay included additional testing (n=8), patient unable to be reached (n=6), clinic capacity (n=3), and patient no showed (n=1). Average time from diagnosis to treatment start was 50.9 days; 84% of patients started treatment within 60 days of diagnosis. Reasons for delay included additional testing (n=5), patient unable to be reached (n=3), patient no showed/rescheduled (n=4), and clinic capacity (n=2). Initial treatment is summarized in table 1. The 44 patients undergoing primary chemoRT received on average 5.3 chemotherapy cycles. Reasons for < 5 cycles included lab abnormalities (n=1), patient no showed (n=1), and medical co-morbidities (n=1). Average time from starting external beam radiation therapy to ending brachytherapy was 51.8 days; Reasons for > 56 days included patient no showed (n=2), lab abnormalities (n=1), medical co-morbidities (n=1), technical delays (n=1), clinic capacity (n=1), unable to tolerate treatment (n=1), additional treatment (n=1), and unknown (n=1). All 9 patients with delay received their radiation therapy at out of network facilities. At the end of this study period, 53/82 cases (65%) were closed for navigation as patients achieved treatment outcomes. Average time to case closure was 233 days.

Conclusions

A majority of cervical cancer patients with a CCN in our hospital system had prompt access to care, treatment initiation, and guideline-based treatment adherence. Receiving radiation therapy out of network was associated with treatment delays. Identification of reasons for treatment delays will inform the CCNP and help improve future outcomes.

Abstract Table or Graph

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