

Poster 1: Drivers of delay and treatment prolongation in locally advanced cervical cancer**Presenting Author:** Joyce Wang, MD, University of WashingtonTopic: Cervical

Objectives

In definitive treatment of locally advanced cervical cancer (LACC) with chemoradiation (CRT), prolonged total treatment duration portends inferior survival. However, there is no accepted definition of delay in initiating CRT, and little is known about causes of treatment delay or prolongation. We sought to quantify delays in initiating CRT and identify actionable drivers of delay and treatment prolongation.

Methods

In this retrospective cohort study of LACC patients receiving definitive CRT from 2013-2024 at an NCI-designated Cancer Center, we collected granular, chronologic data on care intervals from cancer diagnosis to CRT completion, as well as sociodemographic and clinical variables. Primary outcome was total patient delay from diagnosis to CRT completion, described by delay in initiating treatment (diagnosis to start of CRT >75%ile of cohort) and prolonged treatment duration (>56 days) (Fig 1). Secondary outcomes were factors associated with delay in starting or completing treatment (chi-squared tests, logistic regression) and association with progression free survival (PFS) and overall survival (OS).

Results

Of 92 patients, median time from diagnosis to CRT initiation was 49 days (IQR 40-62) and median treatment duration was 57 days (IQR 52-60). Insurance type, receipt of external beam radiation therapy (EBRT) at an outside hospital, increased driving distance to the cancer center, and adenocarcinoma histology were associated with treatment prolongation ($p < 0.05$). Other sociodemographic variables were not associated with primary outcomes. Delay in initiating treatment was associated with longer time from cancer diagnosis to LACC staging completion (OR 2.1, 95% CI 1.6-2.7) and time from gynecologic oncology consult to radiation oncology consult (OR 2.2, 95% CI 1.5-3.2). Treatment prolongation was associated with longer time from EBRT completion to brachytherapy (BT) start (OR 2.6, 95% CI 1.6-4.2) but not with time to EBRT initiation or EBRT duration. Primary outcomes were not significantly associated with PFS or OS.

Conclusions

LACC patients waited 7 weeks on average—with one-quarter waiting more than two months—to initiate CRT. Half experienced prolonged treatment duration. The complex transition from EBRT to BT contributes to treatment prolongation, exacerbated in patients receiving multi-institutional care.

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Abstract Table or Graph

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