

Poster 23: Identifying an At-Risk Population for Delayed Treatment of Ovarian Endometrioid Carcinoma: A SEER Study

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Topic

Ovarian

Objectives

Ovarian endometrioid carcinoma is the second most common type of malignant ovarian neoplasm. Recent studies have identified that delayed time to treatment of ovarian cancer significantly impacts overall survival rates. This study utilizes the SEER database to evaluate factors associated with delays in time to treatment of greater than 1 month and identify populations at risk for delayed care for ovarian endometrioid carcinoma.

Methods

The Surveillance, Epidemiology, and End Results (SEER) database was queried using SEER*Stat version 8.4.5 to identify females diagnosed with biopsy-confirmed cases of ovarian endometrioid carcinoma from 2010-2015. Statistical analyses were completed using SPSS version 29.0.2 and included Chi-square tests, Fisher's exact tests, and multivariable binary logistic regressions (statistical significance $p < 0.05$).

Results

A total of 2,906 patients were identified, of which majority were non-Hispanic White (65.6%), aged 50-59 (32.0%), had an annual income of $< \$75,000$ (53.1%), resided in urban communities (90.5%), and were diagnosed with AJCC stage 1 disease (62.0%). Regarding treatment, 94.6% of patients received treatment within 1 month of diagnosis, while 5.4% experienced a delay of over 1 month before starting treatment. To identify factors independently associated with treatment delays exceeding 1 month, multivariable binary logistic regression analysis adjusting for age at diagnosis, race and ethnicity, annual income, rural-urban living, marital status, and AJCC stage was utilized and revealed that American Indian and Alaska Native (AIAN) patients independently experienced a +376% increased likelihood of experiencing treatment delays exceeding 1 month (adjusted odds ratio [aOR] 4.76; 95% confidence interval [CI] 1.32-17.08; $p=0.017$).

Conclusions

These findings demonstrate the need to investigate underlying causes of delayed time to treatment for AIAN patients and coordinate targeted efforts toward reducing disparities in care for patients with diagnosed ovarian endometrioid carcinoma.