Poster 29: Delays in Surgical Treatment for Endometrial Cancer: Long Lasting Impacts of COVID-19

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Topic
Quality & Healthcare Systems

Objectives
The COVID-19 pandemic strained hospital resources and delayed care for patients (pts) with gynecologic malignancies. We sought to evaluate the impact of the delay on pts with endometrial cancer (EC).

Methods
Pts with EC between 1/1/2015-4/30/23 treated with primary surgery at a single institution were included. The primary objective was to evaluate differences in the time to surgery divided by the following periods: pre-pandemic: 1/1/15-3/16/20 (n=751), during: 3/17/20-2/28/22 (n=357), post-pandemic: 3/1/22-4/20/23 (n=197). Secondary objectives included evaluating differences in surgical outcomes by period: 1) node positive rate 2) stage IA rate 3) adjuvant radiation or chemotherapy. Demographic and clinical characteristics were summarized with medians/IQRs or means/standard deviations. ANOVAs were used to evaluate the differences in time to surgery. Chi-squared tests were used to evaluate differences in the proportion of node positivity, proportion of Stage 1A, receipt of adjuvant chemotherapy or radiation, by pandemic period. Multivariable logistic regression models were used to evaluate relationships between these endpoints and pandemic period, adjusting for clinical and demographic factors.

Results
A total of 1,286 pts with EC met inclusion criteria and 971 (76%) self-identified as White, 240 (19%) Black, 28 (2%) Asian, 47 (4%) Other. Of this group, 1083 (83%) had Stage I, 70 (5%) Stage II, 149 (11%) Stage III. The mean time from diagnosis to surgery was 32.7 days pre-, 35.5 during, 49.3 days post-pandemic (P< 0.0001). There was a lower rate of node positive diagnoses during the pandemic compared to pre- and post-pandemic periods (P=0.048, 4.1% vs 8.2% and 8.2%, respectively). Compared to pre-pandemic, post-pandemic pts had a greater odd of not having Stage IA disease in a multivariable model (OR=1.48; 95%CI 1.0-2.08, P=0.015). Adjuvant radiation rates increased during the 3 periods (19%, 20%, 24%) but were not statistically significant. Race, grade, COVID-19 period were associated with time to surgery from diagnosis in a multivariable model. Only grade was significantly associated with adjuvant chemotherapy and/or radiation, FIGO Stage 1A, node positivity.

Conclusions
There was a significant increase in wait time, which was the longest post-pandemic. Rates of positive nodal detection decreased during the pandemic and patients were less likely to be diagnosed with Stage IA disease. This delay could be due to case backlog caused by health care system disruption, delay in seeking care, and/or insufficient operating room time, increase in pts at our institution. Examining larger databases can help measure the

impact of delays in care regarding recurrence risk and survival.