Poster 6: Primary care providers' perspectives of endometrial cancer in rural New Mexico: A qualitative study

Presenting Author: Jenny Mao, University of New Mexico

Topic
Endometrial

Objectives
The purpose of this study was to describe and understand rural primary care providers' (PCP) perspectives and experiences in their evaluation of symptoms concerning for endometrial cancer, along with identifying unique barriers and facilitators in their evaluation in a rural setting.

Methods
We enrolled PCP (MD, DO, physician assistant, nurse practitioner (NP), and certified nurse midwife (CNM)) practicing in a rural setting, who see and evaluate rural patients with symptoms and risk factors for endometrial cancer. Providers were recruited by email and phone, and after consent, completed a survey assessing knowledge of endometrial cancer symptoms. After completion of the survey, providers completed semi-structured interviews about their experiences in the initial encounter, work-up, and post-evaluation process for endometrial cancer. The interview data was analyzed using inductive coding to develop themes, with codes verified by two researchers.

Results
With the goal of 15, we enrolled and interviewed 7 rural PCP who 4 were MDs, 1 was a NP, and 2 was a CNM. Providers worked in diverse clinical settings, including solo private practice, community group practice, and Indian Health Services with 2-32 years of experience. In our qualitative analysis, major common themes regarding barriers in access to care included providers' knowledge gaps especially in premenopausal and perimenopausal patients, difficulty in obtaining imaging in a timely manner, and difficulty in referral to gynecology after initial evaluation in rural New Mexico. Additionally, patients' perceptions of their symptoms play a role in delaying time from initial visit to being seen by a gynecologist. All providers expressed interest in obtaining further education regarding early diagnosis of endometrial cancer.

Conclusions
Primary care providers practicing in rural New Mexico face unique circumstances in evaluating patients for endometrial cancer. Our preliminary data revealed common barriers such as dearth of knowledge in recognition of risk factors of endometrial cancer and appropriate symptom evaluation in premenopausal and perimenopausal patients, along with logistical barriers. Using this data, we'll create and implement an intervention that may benefit and better address the needs of PCP in the process of evaluation for endometrial cancer in rural settings.

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