Poster 32: Challenges in evaluating rural disparities in endometriosis and endometriosis-associated ovarian carcinoma

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Topic
Financial Toxicity and Disparities

Objectives
Endometriosis is a chronic pain condition associated with ovarian epithelial carcinoma (OEC) with a prolonged time to diagnosis and well-described genetic variations. The Colorado Center for Personalized Medicine (CCPM) Biobank is a repository of genetic samples. Our goal was to evaluate clinical and genetic data for patients with symptoms of endometriosis with and without the diagnosis of endometriosis and/or OEC with the goal to evaluate disparities in access to care based on rural residence.

Methods
We developed three cohorts from participants in the CCPM Biobank. Cohort 1 has symptoms of endometriosis (chronic pelvic pain), Cohort 2 has symptoms and a diagnosis of endometriosis, Cohort 3a has OEC with symptoms and/or diagnosis of endometriosis and Cohort 3b has OEC without symptoms/diagnosis. We collected demographic and clinical data, evaluating time to intervention (TTI) as a proxy for healthcare access. Time to first intervention included lab evaluation, hormonal treatment, pain control and surgery; we hypothesized that TTI would be longer for rural compared to urban patients.

Results
130 patients were included: 100 in cohort 1, 24 in cohort 2, two in cohort 3a and four in cohort 3b. There were two rural patients, both in cohort 1. Racial demographics differed by cohort (cohort 1: 47.5% White race, 23.2% Black race, 1% American Indian or Alaska Native, 9.1% Multiple and 19.2% Other; cohort 2, 70.8% White race, 8.3% Black race, 8.3% Multiple and 12.5% Other). We evaluated comorbid conditions that are associated with symptoms/diagnosis of endometriosis and found high rates of psychiatric conditions and low rates of obesity.

Conclusions
Rural patients were poorly represented in our cohort. Due to small numbers across categories, we were unable to make conclusions about TTI and our hypothesis. The results of this descriptive study echo the current literature on endometriosis. The difference in percentage of Black patients between cohort 1 (23.2%) vs cohort 2 (8.3%) may be due to variations in incidence or disparate access to diagnosis, possibly due to socioeconomic barriers. National and international collaboration is needed to develop a large cohort to develop a risk algorithm for endometriosis-associated ovarian cancer that incorporates clinical, demographic, and genetic data.

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