

Poster 4: Practice Patterns for Patients Diagnosed with Gynecologic Cancer and Co-existing Intellectual/Developmental Disabilities

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Topic

Financial Toxicity and Disparities

Objectives

The purpose of this study was to assess treatment patterns for those with co-existing intellectual/developmental disabilities (IDD) and gynecologic cancers in accordance with guideline-based treatment recommendations from the National Comprehensive Cancer Network (NCCN).

Methods

This was a retrospective study from 2004 – 2023 at a single academic institution. Patients included were newly diagnosed with a gynecological cancer and IDD. IDD was defined as lifelong cognitive disorders diagnosed before the age of 18 years old.

Results

A total of 15 patients were included in this study. Eighty percent of patients were identified as independent and cognitively intact. However, 9/15 (60%) of patients had designated decision makers other than themselves. Of the 15 patients, 4 (26.7%) had ovarian cancer, 9 (60%) had endometrial cancer, and 2 (13.3%) patients had cervical cancer. A total of 7 (46.7%) patients were diagnosed with early-stage cancer, and 8 (53.3%) patients were diagnosed with late-stage cancer. Six (40%) patients had low grade histology compared to 9 (60%) patients with high grade histology. The average time from diagnosis to surgical treatment was 2.3 months. All patients were recommended and received surgery as a part of standard of care. All patients were appropriately recommended adjuvant treatment per NCCN guidelines except for one patient. A total of 5/7 (71.4%) patients received recommended adjuvant chemotherapy. Of the patients that were recommended radiation, 5/6 (83.3%) received treatment.

Conclusions

In this study, patients diagnosed with IDD and gynecological cancer appear to receive treatment according to NCCN guidelines. Most patients had designated decision makers that may have contributed to patients receiving recommended cancer treatment.

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Abstract Table or Graph

Table 2:

Individual patient information regarding cancer treatment received and recommended adjuvant treatment. Accordance to NCCN guidelines were recorded.

Patient	Cancer Type	Stage (FIGO)*	Primary treatment received	Adjuvant treatment recommended	Recommendations within NCCN guidelines?
1	Ovarian	IIIC	Surgery	Chemotherapy	Yes
2	Ovarian	IIIC	Surgery	Chemotherapy	Yes
3	Endometrial	IIIC	Surgery	Severe IDD, chemotherapy and radiation not recommended	No
4	Endometrial	IA	Surgery	No adjuvant treatment indicated	Yes
5	Endometrial	IA	Surgery	No adjuvant treatment indicated	Yes
6	Cervical	IB1	Surgery	No adjuvant treatment indicated	Yes
7	Endometrial	IB	Surgery	Radiation	Yes
8	Cervical	IVB	Surgery	Chemotherapy and radiation	Yes
9	Ovarian	IIIC	Surgery	Chemotherapy	Yes
10	Endometrial	IIIC1	Surgery	Radiation, Declined chemotherapy	Yes
11	Endometrial	IIIC1	Surgery	Declined adjuvant chemotherapy and radiation	Yes
12	Endometrial	IB	Surgery	Radiation	Yes
13	Endometrial	IA	Surgery	No adjuvant treatment indicated	Yes
14	Ovarian	IIIA	Surgery	Chemotherapy	Yes
15	Endometrial	IB	Surgery	Radiation	Yes

*FIGO staging based on 2009 endometrial cancer, 2014 ovarian cancer, and 2018 cervical cancer