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RESEARCH BRIEF

As Rates of Uterine Cancer Rise, So Do Racial Disparities in Care and Outcomes

Longer wait times and care that is not guideline-concordant compound preexisting burdens for Black patients with uterine cancer.

KEY FINDINGS:

- Black patients were less likely than White patients to receive guideline-concordant care.
- Black patients experienced longer wait times for surgery and chemotherapy treatment, and longer times between treatments, compared with White patients.
- Black patients were roughly 43% more likely to have their uterine cancer become metastatic compared with White patients.
- After receiving chemotherapy, Black patients waited 12 days longer than White patients to receive symptom management medications for nausea, pain, and constipation.

EXECUTIVE SUMMARY:

A few decades ago, we'd most often hear about cancer through whispers and euphemisms, in a hallway disclosure at a dinner party or in a glossed-over mention of "the big C" through the grapevine. Today, things have changed, largely thanks to the work of advocacy groups and public awareness efforts to break down cancer stigma. Everyone from celebrities to athletes to politicians has helped to bring cancer conversations out of the shadows. Lives are being saved because of it. But there is still work to be done; public awareness and media coverage for some common cancers is disproportionately low. Uterine cancer is one of these.

Whether due to taboo — which has permeated gynecological diseases throughout history — or a lack of airspace for additional cancer advocacy, uterine cancer is overdue for its moment in the limelight.

Over the past decade, uterine cancer cases and deaths have been steadily increasing. While overall cases rose by only 0.6% since 2010, mortality has risen by nearly 2% per year. The difference is largely due to an increase in the more aggressive subtypes of the cancer, which are more difficult to treat. As with so many diseases, people of color are disproportionately affected by these increases; in fact, uterine cancer has some of the greatest racial disparities of all cancers. The five-year survival rate is estimated to be somewhere between 10 and 20% lower in Black women with the disease, compared with White women. Race-based gaps in outcomes are in part reflective of Black women being more likely to have an aggressive subtype of uterine cancer. However, even among patients with an aggressive subtype, significant disparities in outcome remain.

To deepen the understanding of race-based disparities in uterine cancer care, Komodo Health analysts looked into differences in time to treatment, risks of being diagnosed with metastatic cancer, and usage of chemotherapy treatment across Black and White patients — chemotherapy being one area with very little past research.

RESULTS:

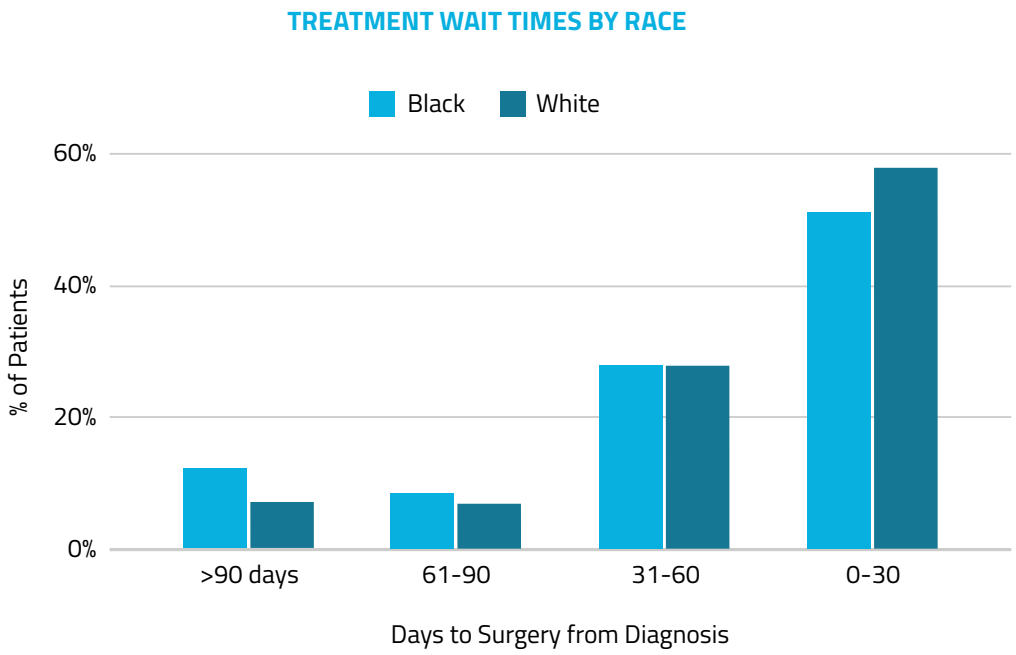
Black patients were less likely than White patients to receive guideline-concordant care.

The National Comprehensive Cancer Network (NCCN) guidelines state that, when possible, surgery is the preferred treatment for uterine cancer. Our analysis found that Black patients were less likely to be treated with surgery than White patients. While 32% of White patients received surgery, only 24% of Black patients did. Compounding this, among those who received surgery, only 51% of Black patients received surgery within 30 days of diagnosis compared with 58% of White patients. These findings are similar to previously published research on the disparities seen in treatment approaches.

Among treated patients, we found that 11% of White patients received surgery followed by chemotherapy, vs. 16% of Black patients. However, 14% of Black patients received only chemotherapy, compared with 10% of White patients, reflecting a higher incidence of sub-optimal care among the Black patient population. Chemotherapy is typically used in addition to surgery when uterine cancer has metastasized.

Black patients experienced longer wait times for surgery and chemotherapy treatment, and longer times between treatments, compared with White patients.

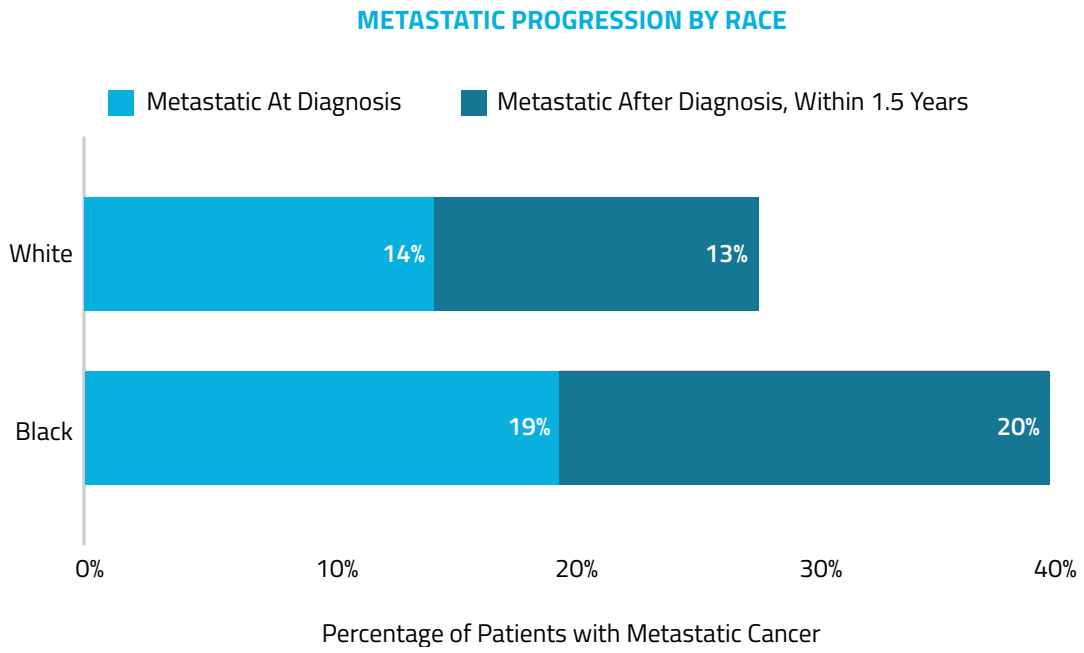
Black patients waited three days longer than White patients for surgery, and were more likely to wait over 90 days for their surgery after diagnosis (12% for Black vs. 7% for White patients). Chemotherapy treatment started seven days later for Black patients than for White patients, with a median of 60 days vs. 53 days from diagnosis to treatment.



These delays are especially significant considering that Black patients are more likely to have more advanced and more aggressive forms of uterine cancer. Delays may be due to a combination of factors such as systemic racism, barriers to access, and differences in insurance coverage.

Black patients were roughly 43% more likely to have their uterine cancer become metastatic compared with White patients.

We found that 19% of Black patients were diagnosed with uterine cancer that had already metastasized, compared with 14% of White patients. Of Black patients diagnosed with uterine cancer that had not metastasized, 20% became metastatic within one year of diagnosis vs. 13% of White patients.



After receiving chemotherapy, Black patients waited 12 days longer than White patients to receive symptom management medications for nausea, pain, and constipation.

Among patients who received symptom management treatment, White patients waited 63 days between treatments, while Black patients waited 75 — a 12-day difference. Contributing factors to this nearly two-week difference may include barriers to access and differences in insurance coverage, but may also relate to differential provider perception and treatment of pain in Black women, who have two potentially compounding demographic qualifiers associated with disparities in pain management.

DISCUSSION:

Considered together, these findings paint a significant picture of race-based differences in disease and risk. While some of the racial disparities in metastatic presentation and mortality relate to cancer subtype (Hispanic, Black, and Asian women are more likely to be diagnosed with an aggressive subtype of the cancer than White women), prior research has shown that disparities remain higher even after accounting for type and stage of cancer.

One of the most powerful roles that new-era data and analytics can play in healthcare is in elucidating, validating, and detailing healthcare inequities. This analysis echoes and adds to other research showing significant racial disparities in uterine cancer diagnosis and treatment. Our findings, based on representative, real-world patient journeys, reiterate that Black women are more likely to experience advanced-stage disease and less likely to receive gold-standard treatment. The inequitable disease burden and care reflected in our comprehensive patient-level data are evidence of a system rife with social and systemic marginalization, which is tied to worse health outcomes. Socioeconomic and social disparities, such as limitations in access to preventive health services and health-supporting amenities, also contribute to the disproportionate health burdens placed on people of color. Quantifying race-based disparities in health and care allows us to inform and support public policy and other healthcare change makers in closing these gaps in care.

Uterine cancer cases and mortality are rising among all groups and yet this cancer remains disproportionately underreported in the media and largely left out of the "cancer conversation" compared with other cancers that affect a similar volume of patients and have similar risk factors. In Komodo Health's mission to reduce the burden of disease, we aim to use our data and insights to increase public awareness of trends, and bring data-driven evidence and tools for change to the stakeholders, policymakers, and public whom these outcomes effect.

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About Komodo Health

Komodo Health is a technology platform company creating the new standard for real-world data and analytics by pairing the industry's most complete view of patient encounters with enterprise software and machine learning that connects the dots between individual patient journeys and large-scale health outcomes. Across Life Sciences, payer, provider, and developers, we help our customers unearth patient-centric insights at scale — marrying clinical data with advanced algorithms and AI-powered software solutions to inform decision making, close gaps in care, address disease burden, and help the enterprise create a more cost-effective, value-driven healthcare system. For more information, visit komodohealth.com.