

Fragmentation of care is associated with lower rates of receiving guideline concordant treatment in locally advanced cervical cancer

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BACKGROUND

- Fragmentation of care wherein patients receive care at multiple facilities is a healthcare disparity that is increasingly a barrier to access to high-quality cancer care.
- The treatment of locally advanced cervical cancer is complex due to the frequency of treatment and need for coordination across multiple subspecialties.
- The purpose of this project is to characterize fragmented care, determine its association with the receipt of guideline-concordant treatment (GC tx), and understand the impact of geographic social vulnerability index (SVI).

METHODS

- We identified patients of UCSF Gynecologic Oncology practice with locally advanced cervical cancer (stage IB3 - IVA) who underwent chemoradiation.
- The primary exposure, fragmented care, was defined as receiving any part of chemoradiation at an outside facility.
- The primary outcome, receipt of GC tx, was defined as a composite of: 1) completion of treatment within 56 days, 2) completion of brachytherapy, and 3) receipt of concurrent chemotherapy.
- Demographic and treatment data were collected including SVI, a census-tract measure of disadvantage.

Receiving care for cervical cancer at multiple facilities is associated with lower odds of receiving guideline concordant treatment.

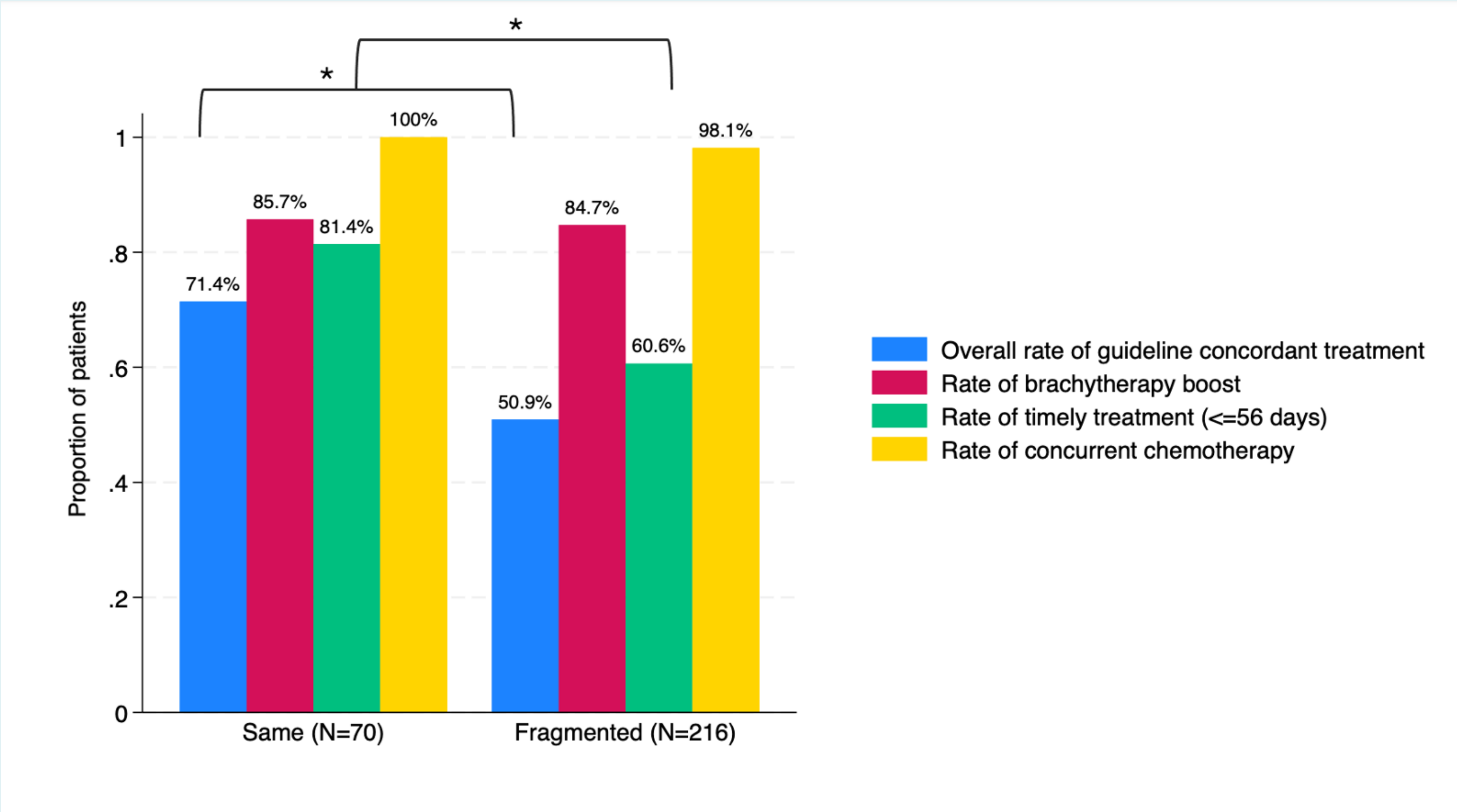
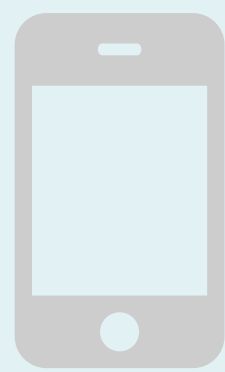


Figure 1: Comparison of overall rate of guideline concordant treatment and its individual components in same and fragmented care of locally advanced cervical cancer at our institution.



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RESULTS

- 286 patients were identified (49.7% of patients self-identified as White, 30.4% unknown). 75.2% of patients had Medicaid insurance.
- 75.5% of patients received fragmented care. 54.4% of patients received GC tx.
- Patients receiving adjuvant treatment at the same institution were significantly more likely to receive GC tx compared to fragmented care (75.5% same vs 50.9% fragmented p< 0.001). This was driven primarily by rates of timely completion (81.4% same vs 60.6% fragmented, p< 0.001, **Figure 1**).
- Univariate analysis indicated fragmented care (OR 0.42, 95% CI 0.23-0.74) and Medicaid insurance (OR 0.39, 95% CI 0.20-0.78) were significantly associated with lower odds of receiving GC tx.
- Multivariate analyses controlling insurance type and SVI showed fragmented care was independently associated with lower odds of GC tx (OR 0.46, 95% CI 0.23-0.90).
- In a stratified analysis, SVI was a significant effect modifier of this association (OR 0.17, 95% CI 0.03-0.87).

DISCUSSION

- A majority of patients received fragmented care.
- Fragmented care was associated with significantly lower rates of receiving guideline concordant treatment and further compounded by geographic SVI.
- Interventions to address fragmented care and its impact on treatment outcomes are greatly needed.

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