Experiences in Gynecological Oncology Health Services Research

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PROJECT 1:
DISPARITIES IN ENDOMETRIAL CANCER CLINICAL TRIAL ENROLLMENT
Project Overview

Rationale / Background

◆ **Endometrial cancer**: most common, rising incidence/death rates
  • Racial disparities in treatment and outcomes

◆ **Previous studies**: Similar primary treatment in clinical trial patients = similar outcomes, regardless of race → value of clinical trials.

◆ **Previous trials**: underrepresentation of minorities.

◆ **Previous research**: lacking, regarding endometrial cancer trials diversity.

◆ **Objective**: examine the association of clinical trial participation with patient, health system, and cancer factors in endometrial cancer.

◆ **Methods**:
  • Retrospective cohort study
  • Nationwide de-identified electronic health record-derived database:
    – Flatiron (biggest cancer registry in the nation: +800 sites).
    – Cancer and treatment level information
  • Multilevel Poisson regression modeling
Manuscript Highlights & Suggestions

◆ Most relevant findings
  • *Disparities found related to Black under enrollment*
  • Also found disparities in histology, region, and BMI
  • Shortage of endometrial cancer clinical trials
  • Most patients treated at community centers

◆ Many policy / further action suggestions. A few:
  • Physician bias: referral and patient education.
  • Costs: lack of Medicare and Medicaid for trials until 2021.
    – Routine costs
  • NCI / journals promotion of equity committed studies.
  • Follow FDA guidance. For example:
    – Covering expenses incurred in clinical trials
    – Strategic process of choosing site for trial
    – Decentralized trials
  • Working on community center diversity
  • Increasing number of endometrial cancer clinical trials
Research Contribution / Lessons Learned

- Reviewed data analyses
- Discussed interpretation of results
- Identified secondary analyses questions
- Performed updated literature review
- Drafted manuscript
Future Plans:

◆ Presentation at MAGOS
  • October 26-28 (My birthday!)
  • Charlottesville, VA

◆ 1 or 2 publications
  • Endometrial Cancer Disparities in Biomarker Usage
Project 2
GEOSPATIAL ANALYSES TO DETERMINE DISPARITIES IN CLINICAL TRIAL ACCESS
Project overview

◆ Rationale:
  • Virtually the same as paper 1
  • Disparities in trial enrollment have been found in other cancers.

◆ Objective:
  • Evaluate behavioral, social, public and institutional data sources regarding the association with enrollment of minorities onto gynecological cancer trials in tris-state area.

◆ Methods:
  • Public and institutional databases
    – EDDIE database; County databases; American Cancer Society.
Findings and suggestions

◆ Analysis in progress.
  • Expect findings elucidating disparities, as I have seen in literature reviews and previous studies.

◆ Suggestions: Pending on our analysis.
  • Socioeconomic (driver) factors - significant for policy
  • Data specific to states - significant for policy
  • Rigorous data - elucidate many realities around clinical trial enrollment disparities.
Research Contribution / Lessons Learned

◆ Participated in research design meetings

◆ Supported creation of analytic dataset
  ○ Significantly improved my Excel skills
  ○ Cleaned data of around 2,000 clinical trials in tri-state area

◆ Learned to brainstorm “paper ideas” by listening.
Future Plans:

- **1 or 2 publications**
  - I have cleaned all data and such may lead to several papers.
Project 3

ACCESS TO GYNECOLOGIC ONCOLOGY CARE IN THE U.S.
Project Overview

◆ Rationale:
  • Gynecological Oncology is a “high quality” specialty.
    – Supported by research.
  • U.S. healthcare system and quality medicine inverse relationship.

◆ Objective:
  • Identify disparities in access to care by a gynecologic oncologist in patients newly diagnosed with gynecologic cancers in the U.S.

◆ Methods:
  • SEERMedicare Database from 1999-2019: links patient clinical and demographic data collected by SEER cancer registries to longitudinal health care claims for Medicare enrollees.
    – Insurance claims merged with cancer data
  • Patients with at least one visit) after diagnosis with gynecologic cancer
Findings and suggestions

◆ Analysis in progress
  • Expect findings elucidating disparities, given large and rich database.

◆ Suggestions: Pending on our analysis.
  • More specialists: around 1,500 in the U.S.
  • Insurance coverage
  • Telemedicine, referral patterns
  • Will know more when results come out.
Research Contribution / Lessons Learned

- Participated in research meetings

- Learned database structure, extensive data dictionary

- Identified and selected variables specific to socioeconomic status, considering the study’s aims.

- Performed literature review of origin, validation studies, and application of variables such as Yost index
Future Plans:

◆ 1 publication
Thank You

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  • Dr. Clare Cutri-French, MD
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