Wait time to primary surgery in endometrial cancer - predictors and impact on survival – a population-based SweGCG study

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- Swedish Quality Registry for Gynaecologic Cancer
- 7,366 women underwent primary surgery 2010 - 2018
- Factors associated with wait time >32 days were analysed with logistic regression
- Relative survival by wait time was calculated
- Overall median wait time was 44 days
- 75.1% waited >32 days and 14.9% >70 days for surgery

Factors associated with wait time over 32 days from diagnosis to primary surgery.

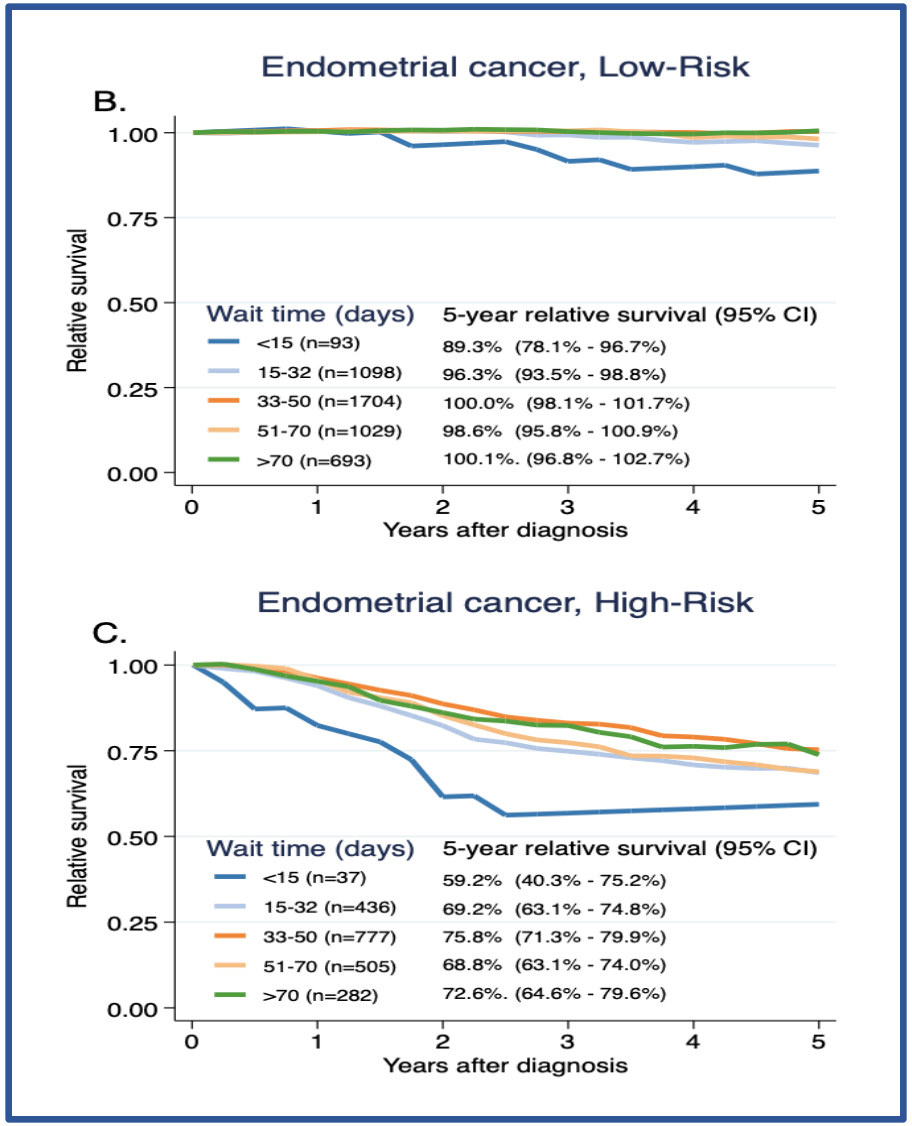
Characteristics	Multivariable logistic regression aOR (95% CI)	p
Level of education		
Elementary school	Ref.	
Secondary school	1.18 (1.02-1.36)	0.022
College/University	1.23 (1.05-1.44)	0.011
Country of birth		
Sweden or 1 parent immigrant	Ref.	
Foreign-born or 2 parents immigrants	1.31 (1.10-1.55)	0.002
Treating hospital		
County hospital	Ref.	
Tertiary/University hospital	2.87 (2.54-3.24)	<0.001
FIGO stage		
I-III	Ref.	
IV	0.67 (0.49-0.92)	0.014
Year of diagnosis		
2018	Ref.	
2010	0.68 (0.53-0.88)	<0.003
2016	2.04 (1.59-2.62)	<0.001

Not significant
- age
- histology
- grade
- risk-group

Association between wait time and excess mortality

	Multivariable regression* EMRR (95% CI)	p
Wait time (days)		
1-14	2.29 (1.36-3.84)	0.002
15-32	Ref.	
33-50	0.75 (0.57-0.97)	0.028
51-70	1.02 (0.77-1.34)	0.901
>70	0.84 (0.60-1.17)	0.303

*Adjusted for age, education level, country of birth, treating hospital, stage and risk-group



Summary

- An extended wait time (>32 days) did not appear to have effect on prognosis.
- Surgery within two weeks after diagnosis was associated with impaired survival, maybe because of insufficient preoperative work-up.
- The factors strongest associated with wait time >32 days were surgery at a university hospital, country of birth, year of diagnosis, FIGO stage and education level.
- There were no associations between survival and treating hospital, education level and country of birth
- The lack of link between wait time and survival should not be an incentive to abstain from prioritising this patient population, as long wait times have negative impact on quality of life.