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Socioeconomic Disparities in Midgut Neuroendocrine Tumors (MNETs): An NCDB Analysis



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BACKGROUND: Clinical outcomes in numerous malignancies are affected by socioeconomic factors. The goal of this study was to investigate the association between socioeconomic disparities and overall survival (OS) in patients with MNETs.

METHODS: The NCDB was queried from 2004-2015 to identify patients with MNETs who were treated at a single institution with complete data. Kaplan-Meier estimates were used to evaluate OS and Cox regression was used to identify predictors of survival.

RESULTS: 14,083 patients were identified with a mean age of 72 years. Most patients were Caucasian (83.9%), male (50.9%), and had private insurance (50.5%) or Medicare (41.3%). Patients were more likely to live in larger metropolitan areas (51.5%) and in areas with median household incomes >\$48,000 (60.7%). The 5-year OS was 78.5% and worse in patients with lower median income ($p<0.0001$), lower education ($p<0.0001$), not living near a metro area ($p=0.0004$), and treatment at a community cancer center ($p<0.0001$). Predictors of worse OS were lower income (<\$38,000) (HR 1.16, 95% CI 1.04-1.28), no insurance (HR 1.66, 95% CI 1.33-2.06), and not living near a metro area (HR 1.27, 95% CI 1.10-1.47).

CONCLUSION: Patients with MNETs who had a lower median income, lower education status, treatment at a community cancer program, and not within a metro area had worse OS. This data will allow us to understand where disparities exist and how to improve care for these populations.

TABLE 1: Multivariate Analysis of OS

Variable		Hazard Ratio (95% CI)	P-value
Age		1.07 (1.06-1.07)	<0.0001
Gender	Male	0.87 (0.81-0.93)	<0.0001
	Female	1 (Reference)	
Insurance Type	Insured	1.66 (1.33-2.06)	<0.0001
	Uninsured	1 (Reference)	
Income (median household)	<\$38,000	1.16 (1.05-1.28)	0.005
	>\$38,000	1 (Reference)	
Residence Area Type	Non-metro adjacent	1.27 (1.10-1.47)	0.001
	Metro/metro adjacent	1 (Reference)	

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