Poster #8 | Socioeconomic determinants of incidence of synchronous primary female cancers in Louisiana

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Topic: Financial Toxicity and Disparities

Objectives
The worldwide incidence for synchronous primary cancer is 1.6%. Previous reports indicate a temporal relationship between diagnosis of the first cancer to a synchronous cancer, and that the relationship can be attributed to genetic, hormonal, or molecular associations. Data on possible socioeconomic determinants for the diagnosis of synchronous primary female cancers is limited.

Methods
This is a retrospective cohort study including individuals with synchronous female (gynecologic or breast) cancers diagnosed from 1995 to 2019 in Louisiana. Patients over 18 years old with diagnosis of at least two cancers of ovary, uterus, cervix/vagina/vulva origin within 365 days were included. Socioeconomic variables were compared by year of diagnosis.

Results
Synchronous primary female cancer were found in 2891 women, 61% of whom did not have a prior cancer diagnosis. The incidence synchronous female primary cancer increased from 1995 to 2019, with nearly two-fold increase for women diagnosed initially with uterine cancer, with greatest increase in synchronous cancer of breast origin. The average time to diagnosis of synchronous cancer decreased from 53 days (1995-1999) to 39 days (2015-2019). The study population from 2005-2019 reflected the Louisiana census (67% White and 31% Black women). From 1995 to 2019, there was an increased number of patients with insurance, predominately private insurance, followed by Medicaid, and then Medicare.

Conclusions
Synchronous female primary cancer is rare but increasing in incidence. Increase in insured status and decreased interval time between cancer diagnoses may be correlated. Our study further suggests that access to routine cancer screening could increase early cancer detection as well as detection of synchronous cancers. Further work with medically under-resourced states, such as Louisiana, is important for establishment of robust, evidence-based guide to reduce the impact of socioeconomic inequalities on healthcare outcomes.