

## **Patients with Disease Recurrence Report More Unmet Social Needs: An Evaluation Across the Gynecologic Cancer Continuum**

Katherine Cotangco, DO – UCLA

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Topic: Quality & Healthcare systems

### **Objectives**

To describe and quantify the self-reported social needs of gynecologic cancer patients across four treatment settings: new diagnosis, surveillance, recurrent disease, and palliative or end of life (EOL) care.

### **Methods**

All patients with a gynecologic cancer diagnosis seen in a large safety net hospital clinic were eligible for inclusion during the study interval (10/2021-12/2022). Patients voluntarily completed a validated, self-administered Social Needs Assessment Tool (SNAT) in English or Spanish evaluating social needs including food, utility, housing, or transportation insecurity, lack of childcare, exposure to violence, lack of companionship, difficulty accessing medical care due to fear of job loss, and health literacy. SNAT results were correlated to demographic and clinical data obtained from electronic medical record review. Statistical analysis was performed using Fisher's exact test. This study was approved by the institutional IRB.

### **Results**

386 unique patients completed a SNAT during the study interval, with 95 (25%) at time of new diagnosis, 246 (64%) during surveillance, 23 (6%) at time of disease recurrence, and 22 (6%) during palliative or EOL care. Patients predominantly identified as Hispanic (n=276, 72%), were Spanish speakers (n=243, 63%), and were insured through Medicaid (n=302, 78%). Patient diagnoses included endometrial cancer (n=149, 39%), ovarian cancer (n=128, 33%), and cervical cancer (n=82, 21%). 202 patients (52%) screened positive for a social need in one or more domains; patients with recurrent disease were more likely to express unmet social needs (56%) as compared to newly diagnosed (32%), surveillance (36%), and palliative/EOL care patients (32%;  $p < 0.001$ ). Among patients with recurrent disease, the desire for social work, lack of companionship, housing instability, and food insecurity were most common. No patients receiving palliative/EOL care reported lack of companionship or urgent needs.

### **Conclusions**

Patients with recurrent gynecologic cancer report the highest degree of social needs and should be a focus of social needs interventions. No palliative/EOL patients reported lack of companionship or urgent needs, inviting future research into the impact of palliative care services on social needs among patients in under-resourced populations.

Abstract Table or Graph

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