

Poster 12: Clinical outcomes in non-English-speaking women undergoing cervical cancer treatment**Presenting Author:** Laura Potter, BA – University of California, Davis School of Medicine

Topic: Financial Toxicity and Disparities

Objectives

To describe clinical outcomes for non-English speaking women receiving cervical cancer treatment.

Methods

This is a single-institution retrospective study between 2018-2022 of women 18 years or older with cervical cancer and indicated non-English primary languages. We collected demographics, clinical characteristics, use of language interpretation services and cancer treatment outcomes. Descriptive statistics was used.

Results

Thirty-eight women met study inclusion criteria. Median age was 51.5 years (range 23-95). Most (71%) had squamous cell carcinoma histology. Half (53%) had locally advanced (stage II-IVA) disease and 8% recurrent disease. A majority (63%) spoke Spanish, followed by 8% Cantonese, 8% Punjabi, 8% Hmong, 5% Korean, 2.6% Russian, 2.6% Mien, and 2.6% Filipino. At the initial visit, 58% were provided primary language translation by a professional medical interpreter, 32% by a family member, and 2.6% by a physician fluent in their primary language, while 8% lacked documentation of interpretation. Eight percent used electronic secure messaging. All recommended primary treatments followed NCCN guidelines, including 47% chemoradiation, 18% surgery, 13% systemic therapy, and 13% palliative radiation. Two with recurrent disease received brachytherapy, and 1 transitioned to hospice before treatment recommendations. Median time from diagnosis to treatment initiation was 83 days (range 42-168) for surgery, 78 days (17-257) for chemoradiation, and 33 days (7-43) for systemic therapy. Eighty percent completed recommended radiation and 67% systemic therapy. Treatment-related adverse events occurred in 76%, most commonly anemia requiring blood transfusion (n=9, 24%). Sixty-eight percent utilized emergency room (ER) care, averaging 2 visits per patient (range 0-12).

Conclusions

Nearly all patients received standard-of-care cervical cancer treatment. Over 40% did not use medical interpreter services at initial visit. High rates of ER visits suggest an opportunity to improve treatment experiences for non-English-speaking patients.