

## **Poster 13: Sociodemographic Factors Associated with Distress among a Diverse Gynecologic Oncology Patient Population**

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Topic: Financial Toxicity and Disparities

### **Objectives**

Recognizing and addressing distress is crucial for comprehensive cancer care and better patient outcomes. We aimed to identify clinical and demographic risk factors that predict higher distress levels and specific sources of distress in women being treated for gynecologic cancers among a diverse patient population.

### **Methods**

From 12/2023 to 03/2024, patients beginning gynecologic cancer chemotherapy at a single academic center consented for participation. Patients completed the NCCN Distress Thermometer (DT), including the Problem List (PL), and were asked to identify an informal caregiver. The PL categorizes sources of distress as physical, emotional, social, practical, and spiritual. Scores were given for each category, and a total score was calculated. Clinical and demographic variables were extracted from patients' charts. Relationships between clinical and demographic variables and the DT/PL scores were analyzed using ANOVA, Chi-squared, and Fisher's exact tests.

### **Results**

Among 36 women, 78.9% had advanced stage disease, 69% were receiving initial chemotherapy, and cancer origin frequencies were similar (30.6% ovary, 44.4% uterus, 25% cervix). Patients were 27.8% Black, 36.1% Hispanic, and 33.4% on government insurance; 25% lacked a caregiver. 80.6% had moderate-to-severe distress (DT score  $\geq 4$ ). Severe distress was linked to age  $< 60$  ( $p=0.03$ ), White race ( $p=0.01$ ), and Hispanic ethnicity ( $p=0.03$ ). Ovarian cancer patients had higher distress rates than cervical or uterine ( $p=0.04$ ). Younger women ( $< 60$ ) had higher physical ( $p=0.02$ ), practical ( $p=0.05$ ), spiritual ( $p=0.04$ ), and total distress scores ( $p=0.02$ ). Hispanic women had higher practical concern scores ( $p=0.04$ ). Patients with recurrent/persistent cancer had higher physical ( $p=0.046$ ), social ( $p=0.01$ ), and total distress ( $p=0.03$ ) scores versus patients undergoing initial treatment. No associations were found between distress and insurance status, caregiver identification, receipt of radiation, or performance status.

### **Conclusions**

Our study identifies sociodemographic factors associated with severe distress in gynecologic cancer patients. Using the PL, we identified distinct sources of distress among specific patient groups. These factors should be considered to improve gynecologic cancer resource delivery to a diverse population.

Abstract Table or Graph

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