

Oral Abstract 22: Gynecologic and Breast Oncology Care Patterns Among American Indian and Alaska Native Women by Social Vulnerability Index

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Topic

Quality & Healthcare Systems

Objectives

Social drivers of health are recognized as important contributors to cancer outcome disparities in American Indian/Alaska Native (AI/AN) patients; however, their impact on specific aspects of oncologic care—such as treatment timelines and unscheduled interactions with care teams—remains poorly understood. This study examines the relationship between Social Vulnerability Index (SVI) and oncologic care patterns among AI/AN patients with gynecologic and breast cancers.

Methods

We conducted a retrospective cohort study of AI/AN women ages 18+ treated for gynecologic or breast cancer (2014 and 2024) at a single institution. Patients' addresses were geocoded to census tracts to derive SVI, a composite measure of socioeconomic status, household composition, language and minority status, housing, and transportation developed by the CDC. We assessed clinical data including treatment timelines, outcomes, and healthcare utilization. Data was stratified by patients being above or below SVI of 0.50. Outcomes assessed included treatment delays, time to care milestones, clinical trial discussions, emergency department (ED) visits, hospitalizations, unscheduled care interactions, recurrence, and two-year mortality.

Results

Of 115 screened patients, 105 were included. The median cohort SVI was 0.60. Demographics were similar between groups. Higher SVI patients (more disadvantaged) had more endometrial cancer diagnoses (31.7% vs 14.3%), and greater treatment delays due to social (17.5% vs 9.5%) and medical (33.3% vs 19.0%) factors. They were far less likely to have clinical trial discussions (27.0% vs 47.6%, $p = 0.03$) and had a substantially lower two-year survival (82.5% vs 95.2%, $p = 0.05$).

Conclusions

Higher social vulnerability is associated with increased treatment delays, reduced access to clinical trial discussions, and lower two-year survival among women's cancer patients in the AI/AN population. These findings highlight persistent structural barriers in cancer care delivery. Targeted interventions addressing social needs and improving care coordination may reduce disparities and enhance equitable access to oncologic care for women's cancers.

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