Poster 45: Impact of English language proficiency on upfront treatment selection and disease-specific survival in patients with epithelial ovarian cancer

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Topic
Ovarian

Objectives
Over 20% of the US population speaks a non-English language at home. While prior studies have evaluated disparities in ovarian cancer (OC) treatment and survival by socioeconomic and racial/ethnic groups, none have investigated those related to limited English proficiency (LEP). We aim to assess the association between primary English language speakers (ES) and receipt of upfront treatment and disease-specific survival (DSS) in OC patients.

Methods
This is a retrospective chart review study of patients with epithelial OC treated at a single tertiary center between 2018-2024. We identified English speaking (ES) and limited-English speaking (LEP) patients and assessed differences in upfront treatment, recurrence free survival (RFS), overall survival (OS), and DSS. Survival analyses were performed with the Kaplan-Meier method and multivariate proportional hazards model.

Results
Of 855 patients reviewed, 647 (76%) were primarily ES and 208 (24%) were LEP. ES patients were more often non-Hispanic White, privately insured, and from less deprived neighborhoods compared with LEP patients (all $p < 0.0001$). There were no significant differences in age, performance status, comorbidities, tumor stage, or tumor histology between these groups. ES patients more frequently underwent primary cytoreductive surgery (58.4%), whereas LEP patients were more likely to receive neoadjuvant chemotherapy (NACT) (49.5%, $p=0.041$). There was no significant difference in median RFS ($p=0.63$), OS ($p=0.23$), or DSS ($p=0.23$) between ES and LEP patients. Factors associated with shorter OS and DSS were Asian/other race ethnicity, non-Medicare insurance, and NACT.

Conclusions
LEP patients are less likely to receive primary cytoreductive surgery, suggesting potential disparities in upfront treatment selection between ES and LEP patients with advanced OC. Despite this difference, no differences in survival were found between all-comer ES and LEP patients.

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