

# 2026 ANNUAL MEETING



**Poster 60:** Changes in Social Needs are Not Associated with Disease State Transitions among Cervical Cancer Patients at a Safety Net Hospital

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Topic

Quality & Healthcare Systems

Objectives

To identify changes in social needs amongst cervical cancer patients receiving treatment within a safety net hospital and to compare these changes amongst patients who have and have not experienced a transition in their cancer care continuum (new diagnosis, maintenance, surveillance, recurrence).

Methods

We analyzed prospectively collected social needs data from October 2021 to February 2024 as part of a performance improvement initiative in a gynecologic oncology clinic at a large safety-net hospital. Cervical cancer patients who completed a validated, self-administered Social Needs Assessment Tool (SNAT) in English or Spanish at least twice over  $\geq 1$  month were included, assessing 9 social needs and health literacy. SNAT data were supplemented with EMR clinical data. Data was analyzed using chi-square test. The study was IRB-approved.

Results

Among 70 cervical cancer patients who completed a median of 4 SNATs (range 2–14), 33 (47.1%) experienced a transition in the cancer care continuum, including 14 with disease recurrence or progression. Of these, 10 patients (30.3%) had changes in social needs, evenly split between increases ( $n=5$ ) and decreases ( $n=5$ ). Among those with increased needs, 3 had recurrence, 1 transitioned to surveillance, and 1 remained unchanged; while among those with decreased needs, 1 had recurrence, 2 transitioned to surveillance or maintenance, and 2 remained stable. Of the 37 patients with stable disease, 13 (35.1%) experienced social needs changes, including 3 increases and 10 decreases. No significant differences in social needs changes were observed between patients who underwent a transition in the cancer care continuum and those who did not ( $p=0.67$ ). Notably, only 4 patients who experienced a disease state transition were newly referred to palliative care during the study period.

Conclusions

The proportion of patients reporting changes in social needs were not significantly different regardless of disease state transitions, supporting routine screening throughout the care continuum rather than only at key transition points. Low palliative care referral rates highlight opportunities for earlier supportive service integration, warranting future studies on the impact of systematic screening on patient outcomes.

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Abstract Table or Graph

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