

# 2026 ANNUAL MEETING



**Poster 68:** Examining comprehensive treatment and survivorship needs in female cancer patients: A longitudinal pilot study

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Topic

Quality of Life/Palliative Care

Objectives

Women constitute 54% of cancer survivors but report lower satisfaction with survivorship care. This study aims to determine the survivorship needs of women with breast, colorectal, or gynecologic cancer at a single institution.

Methods

Participants were recruited in person or via email and completed a survey comprised of the Functional Assessment of Cancer Therapy – General (FACT-G) questionnaire, Fear of Cancer Recurrence Inventory Short Form (FCRI-SF), the Health Leads Social Needs Screening Toolkit (HL-SNST) and a referral checklist twice, two to four months apart. Clinical and demographic data were obtained. Non-parametric Wilcoxon two sample tests or Kruskal-Wallis tests compared scores by characteristics. Chi-square test or Fisher's exact test evaluated associations between characteristics and referral requests.

Results

Of 132 participants, 55% had gynecologic, 37% had breast, and 8% had colorectal cancer. Hispanic patients reported lower FACT-G scores (M= 70 +/- 17) versus NHW (M=78 +/- 15) and Asian/Pacific Islander patients (M=78 +/- 12, p = 0.038). Unemployed patients had lower FACT-G (M = 72 ± 18; p = 0.047) and functional subscale scores (M=15 +/- -6; p = 0.004) than employed patients (M=79 ± 12; M=19 +/- 5). Age, marital status, education, language, and insurance demonstrated no association with FACT-G scores. No differences in FACT-G scores were seen based on primary disease site, stage, disease status or treatment. Higher FCRI-SF scores were seen in patients < 70 years (p = 0.019), employed (p = 0.038) and married patients (p = 0.041). Early stage (p = 0.033) and prior radiation (p = 0.028) were also associated with higher FCRI-SF scores. 34% of patients reported ≥1 basic social need with 63% of patients requesting referral to at least one support service. Requests for mental health services were more frequent in patients < 70 years (p=0.007) and employed patients (p = 0.011) while requests for nurse navigation were more common in unemployed patients (p = 0.014).

Conclusions

Employment emerged as a key factor associated with quality of life and social support needs, suggesting a role in screening and intervention. Fear of cancer recurrence and requests for mental health services were common in younger, employed patients with early stage disease, highlighting an unexpected gap in psychosocial support.

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Abstract Table or Graph

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