

2026 ANNUAL MEETING



Poster 74: Vulvar Cancer in a Safety-Net Population: Stage and Survival in South Texas Bexar County Compared with National Cohorts

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Topic
Vulvar

Objectives

Vulvar cancer predominantly affects older, non-Hispanic White women in national datasets. South Texas represents a unique demographic region with a predominantly Hispanic population and a high burden of socioeconomic disadvantage, including higher rates of poverty, lower educational attainment, and increased prevalence of comorbidities. Bexar County is a major urban population center in South Texas, serving a large, diverse, and predominantly Hispanic population, and provides a relevant setting for evaluating cancer disparities. We evaluated stage at presentation and survival in a safety-net hospital population and compared findings descriptively with SEER and NCDB cohorts.

Methods

We performed a retrospective, IRB approved analysis of vulvar cancer cases (N=126) from a tumor registry at a large county hospital system serving Bexar County. This system includes CareLink, a county-supported healthcare program for low-income residents, and provides coordinated gynecologic oncology care. Age, race, ethnicity, stage, and survival were assessed. Kaplan–Meier estimates of overall survival (OS) and cancer-specific survival (CSS) were calculated and compared descriptively with national data.

Results

The cohort was predominantly Hispanic (79%). Nearly half of patients were diagnosed with Stage I disease (48.4%), with 28.6% presenting with Stage II–III and 5.6% with Stage IV disease. Stage distribution did not differ significantly by race ($p=0.83$) or age (< 50 vs ≥ 50 , $p=0.42$). Median follow-up was 26.1 months. Estimated 5-year OS and CSS were 81.4% and 87.6%, respectively. Survival declined with advancing stage (5-year OS: 91.8% Stage I vs 53.6% Stage IV). Compared with national benchmarks, stage distribution was not worse, and survival appeared numerically favorable across several categories. Unadjusted survival appeared lower among Hispanic patients compared with non-Hispanic White patients, though this finding is descriptive.

Conclusions

In this safety-net population, vulvar cancer stage and survival were not inferior to national benchmarks and appeared favorable in several categories. These findings suggest that consistent access to coordinated care, including CareLink and high-level gynecologic oncology services, may play an important role in mitigating expected disparities. Findings are hypothesis-generating given potential bias, limited sample size, and unadjusted analyses.