

AS17. Social inequities and impact on cancer outcomes

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PATIENT REPORTED OUTCOMES (PROS) VARY BY ETHNICITY AND PREFERRED LANGUAGE IN A DIVERSE GROUP OF GYNECOLOGIC CANCER SURVIVORS

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Introduction Racial and ethnic disparities in PROs among gynecologic cancer survivors are not well studied. We evaluated whether individual-level characteristics were associated with PROs in diverse gynecologic cancer survivors.

Methods Gynecologic cancer patients seen in an ambulatory oncology clinic completed a psychosocial and practical needs assessment prior their appointments through the electronic medical record (EMR) patient portal. Assessments were available in English and Spanish. Fatigue, pain interference, physical function, depression, anxiety, and health-related quality of life were assessed with Patient-Reported Outcomes Measurement Information System (PROMIS[®]) and FACT-G7 computer adaptive tests. Demographic and clinical information was collected from the EMR. Analyses were performed using Chi-square, Kruskal-Wallis, and linear regression with significance set at $p < 0.05$.

Results 582 women completed the assessment; 20% ($n=116$) were racial minorities and 54.5% ($n=310$) were Hispanic. 192 (32.8%) completed the assessments in Spanish. There were no differences by race and all scores were poorer in patients who had recurred (all $p > 0.05$). Older age and government insurance coverage were associated with lower physical functioning ($p < 0.001$). Hispanics had lower mean fatigue scores compared to non-Hispanics (49.31 vs 51.74, $p=0.01$). Relative to patients whose preferred language was English, patients whose preferred language was Spanish had lower mean depression (47.63 vs 48.97, $p=0.05$) and fatigue scores (48.27 vs 51.27, $p < 0.01$).

Conclusion/Implications Patient demographics influence PROs among gynecologic oncology survivors, with Hispanic ethnicity and Spanish language preferences associated with lower reported symptoms of depression, anxiety, and fatigue. Further studies should examine potential mechanisms that may account for differences in reported PROs.

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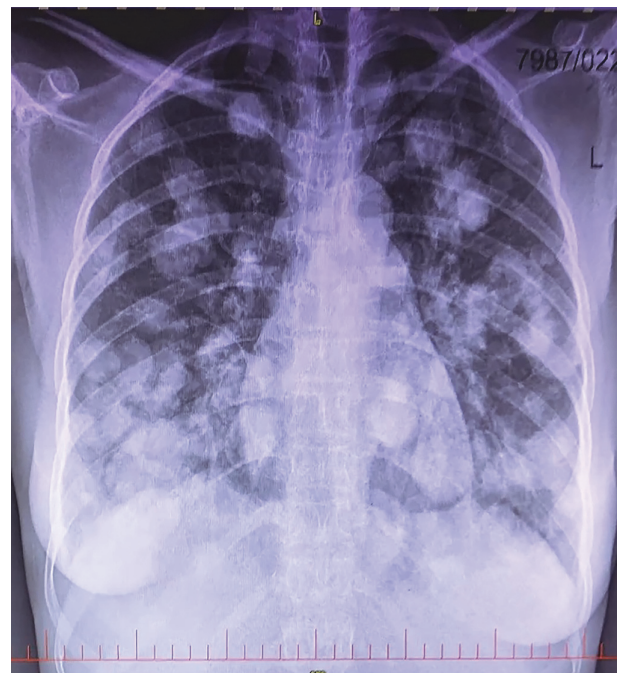
GYNECOLOGICAL CANCERS IN SUB-SAHARAN AFRICA: MANAGEMENT OF CHORIOCARCINOMA

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Introduction The incidence and mortality of cancer are predicted to rise in sub-Saharan Africa (SSA), with a projected increase in cancer deaths to approximately 1 million per year by 2030. We present the management of an aggressive choriocarcinoma with two main aims: first, to raise the awareness on gynecological cancers in SSA, as clinicians in this context seldom face this diagnosis; second, to highlight the need of expansion of cancer care facilities in these settings.

Methods Our setting is Matany Hospital, Region of Karamoja, Northern Uganda. A 29-year-old woman presented with intractable vaginal bleeding, dyspnea, and low abdominal pain, ultimately diagnosed with choriocarcinoma after endometrial biopsy. Despite advice for immediate referral for chemotherapy at a cancer institute, the patient refused due to economic reasons and subsequently died from pulmonary embolism.



Abstract EP387/#852 Figure 1