Research Links Unmet Needs, Racial Disparities, Clinical Outcomes for Cancer Survivors

The study included 5,236 diverse patients and is one of the most comprehensive assessments of unmet supportive care needs.

Frank J. Penedo, Ph.D.

Cancer patients with unmet supportive care needs are more likely to experience worse clinical outcomes, including more emergency department (ED) visits and hospitalizations, according to new research from Sylvester Comprehensive Cancer Center at the University of Miami Miller School of Medicine.

In a June 2023 paper published by the *Journal of the American Medical Association*, Sylvester researchers found that Black race, Hispanic ethnicity, and factors such as anxiety, depression, pain, poor physical function and low health-related quality-of-life scores were associated with a greater number of unmet needs, leading to increased risk for ED visits and hospitalizations.

“This is one of the first studies that assessed patients of diverse racial and ethnic backgrounds coming into a comprehensive cancer center for symptoms such as pain, fatigue, poor physical function, depression and anxiety,” said Frank J. Penedo, Ph.D., Sylvester’s associate director for Cancer Survivorship and Translational Behavioral Sciences and lead author of the JAMA article.
Impact on Diverse Patients

According to the American Cancer Society, advances in early detection and treatment have led to an increase in the number of cancer survivors in the U.S. By the year 2032, there will be an estimated 22.5 million cancer survivors, a 24% increase over today. These survivors can face a multitude of challenges, from the side effects of cancer drugs to pain and fatigue. Other challenges can include anxiety and depression, transportation issues, and a lack of cancer education. There may also be unmet needs regarding financial resources, and patients may exhibit negative lifestyle behaviors, such as poor nutrition and sedentary activity.

A recent systematic review found that up to 79% of survivors report at least one unmet need. Financial, informational, psychological and physical are the most commonly reported. These unmet needs can vary across diagnoses. For example, long-term survivors of head and neck cancer (those with diagnoses of at least five years) needed more psychosocial and emotional support while patients who had recently completed treatment reported a greater need for information.

“Our findings support what we expected: that such unmet needs predict emergency room visits and hospitalizations,” said Dr. Penedo, who noted that researchers need to better understand the specific mechanisms and how the needs are related to clinical outcomes.

Health Disparities

The study’s results suggest that efforts to address unmet needs should target specific populations. Moreover, social
constructs, limited resources for racial and ethnic minority populations and racism are associated with disparate health outcomes.

This retrospective analysis involved 5,236 patients treated at Sylvester’s various ambulatory cancer sites who used the My Wellness Check (MWC) assessment, an electronic health record-based system, that monitors patients’ emotional, physical and psychosocial needs. The analysis included a “diverse group of patients treated at our various cancer locations and across multiple phases of the cancer care continuum,” said Dr. Penedo.

Other key takeaways from this study included:

- 940 or 18% of patients reported one or more unmet supportive care needs, with about a third of them noting two or more unmet needs.
- Almost one quarter of patients with unmet support needs had ED visits, compared with 14% for those without unmet needs.
- For hospitalizations, the differences were 23% and 14%, respectively.
- Support for coping with cancer and financial concerns were the most reported unmet needs, followed by general cancer education and information.
- Diverse representation with Hispanics comprising almost 48% of study patients while other racial groups included Blacks, Caucasians, Asians, American Indians, Native Alaskans, Native Hawaiians and other Pacific Islanders.
Better Care

In previous Sylvester studies, researchers found that survivors who complete the MWC assessment report fewer ED visits and hospitalizations. This new study extended the researchers’ work on the MWC assessment to show that when physical, emotional and practical needs are met, survivors are less likely to visit the emergency room or be hospitalized.

“Our findings offer strong evidence that unmet supportive care needs are associated with unfavorable clinical outcomes, particularly higher risk for ED visits and hospitalizations,” Dr. Penedo said. “Addressing these unmet needs is crucial to improve clinical outcomes and particularly in racial and ethnic minority populations where the needs are greatest.”

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