Associations of patient-reported social determinants of health (SDOH) with treatment deferral and clinic no-show rates in a diverse population of patients with breast cancer

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SITEMAN CANCER CENTER
WashU Medicine | BJC HealthCare

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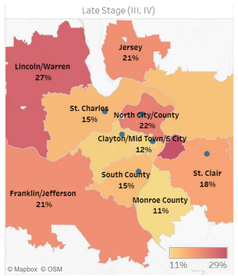
Background

SDOH are known to affect survival in breast cancer; worse outcomes linked to:

- High poverty
- Higher social isolation
- Lower level of education
- Neighborhood disadvantage

There are limited data on the impact of SDOH on **treatment**

Many researchers are calling for **screening of SDOH** in cancer patients



North St. Louis County, an area with a predominantly Black population, has higher stages at diagnosis and breast cancer mortality

In July 2023, we implemented an optional, validated SDOH screener at the Siteman North County breast cancer clinics

Methods

Population: All breast cancer patients seen at Siteman North County between July 2023 – June 2025

Screening procedure: Patients were given an iPad with 19 validated questions during the check-in process. It was emphasized that all questions were optional.

The answers were automatically and immediately uploaded to the electronic medical record (EMR).

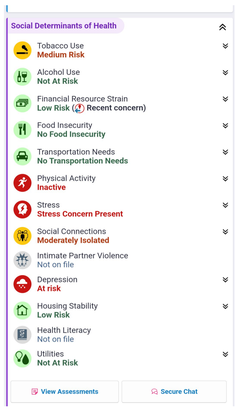
Data collection: Retrospective data were collected

Analysis: SDOH associations with no-show rates and infusional delays, regression to determine risk factors for infusional delays

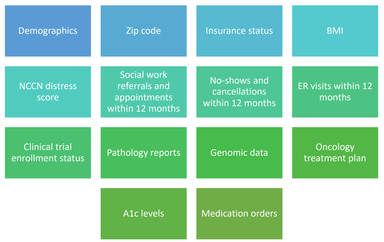
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Patients at **self-reported high risk** for financial resource strain, housing instability, transportation difficulty, or food insecurity had statistically **significantly more no-shows and cancelled appointments**.

Those at self-reported high risk for financial resource strain, housing instability, food insecurity, or depression were statistically **significantly more likely to have a deferral in an infusional treatment cycle**.



Example of SDOH results in the EMR



Retrospective data gathered

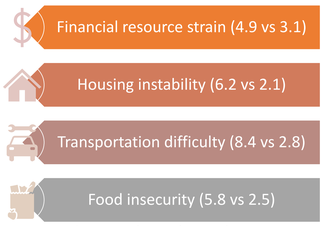
Results

Demographics: 547 patients with breast cancer had at least one response to an SDOH evaluation from July 2023 to June 2025. 267 (48.8%) self-identified as Black, 280 self-identified as White (51.2%), and 81 (14.8%) had stage IV disease.

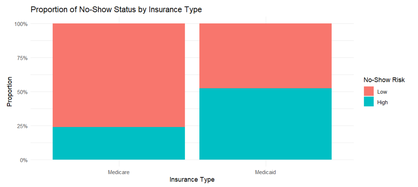
Racial disparities: Black patients were significantly more likely than White patients to be at high risk of food insecurity (p<0.001), housing instability (p<0.001), transportation difficulty (p=0.008), a higher stage (p=0.001), and be insured on Medicaid (p<0.001).

No-show risk:

- Patients with **higher financial resource strain, housing instability, transportation difficulty, and food insecurity,** as well as those on **Medicaid** had a higher risk of no-show appointments to oncology visits.



Average oncology no-show appointments over 12 months by risk

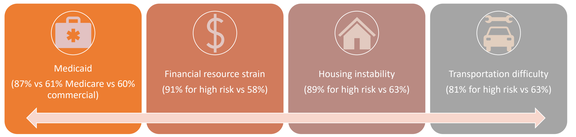


No-show risk by insurance type

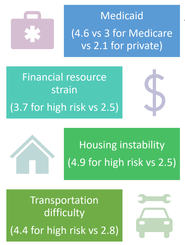
Results, continued

Deferrals in infusional therapy:

- 356 patients received infusional therapy during the data collection period. We included only patients who had completed or stopped their treatment plans.
- Patients with Medicaid, high financial resource strain, housing instability, and transportation difficulty had higher rates of delays in infusional therapy.



Comparative percentage of patients with delays in infusional therapy (p<0.05)



These patients also had a **higher total number** of infusional delays

On regression analysis, patients had a higher risk of infusional therapy deferrals if they **had financial resource strain** (Odds ratio [OR] 5.51, 95% confidence interval [CI] 1.20-25.40, p=0.03) and **housing instability** (OR 4.00, 95% CI 1.09 – 14.70, p=0.04).

Conclusions

- Screening for SDOH at a patient level is feasible
- SDOH risks are associated with no-shows to oncology appointments and delays and deferrals of infusional therapies

Next steps:

- Pilot: Breast health patient navigator
- Navigator calls patients prior to their first appointment
- 3 question screener: financial concerns, transportation difficulties, housing instability
- Navigator then connects high risk patients to resources to get them to the first appointment, then to social work