

Title (Sentence case, max 15 words):

“Cancer will make you bankrupt!”— Stakeholders’ perspectives on managing health-related social needs in ovarian cancer

Abstract (max 300 words)

Background: Despite the often toxic financial and social consequences of living with ovarian cancer, health-related social conditions and needs (HRSCNs) routinely go unaddressed in oncology, and how to manage HRSCNs alongside clinical care is unclear.

Objective: To inform integration of social care with oncology practice, we sought perspectives about HRSCN assessment and assistance among patients with ovarian cancer, their caregivers, and oncology providers.

Methods: We enrolled participants from a gynecologic oncology clinic at a tertiary-level academic medical center. Following verbal consent, we conducted individual, semi-structured, qualitative interviews covering HRSCN assessment and assistance. We: 1) invited opinions on a 20-item HRSCN screening assessment blending validated questions from the CMS AHC, MEPS, and COST FACIT survey instruments; and 2) solicited feedback on a sample version of the NowPow HealthRx resource referral document. We analyzed data within and across groups using the Rigorous and Accelerated Data Reduction technique.

Results: We interviewed five patients, four caregivers, and five oncology providers. Most patients and providers agreed that HRSCNs should be discussed. Patients and caregivers felt comfortable discussing HRSCNs with nurses, social workers, and oncologists, emphasizing the need for empathic, active listening. Besides common HRSCNs like food and housing, participants from all groups suggested attention to spirituality/religion, and patients and caregivers emphasized psychological support. Overall, patients and providers characterized the HRSCN screening questions as straightforward and in-depth. Participants from all groups supported questions about interpersonal violence and finances and recommended questions about housing and neighborhood safety. All groups felt the social-resource referral document was well-organized and provided helpful information (e.g., eligibility, phone numbers). Patients and caregivers cautioned that feeling overwhelmed could inhibit attempts to contact community-based resources.

Conclusion: Participants were receptive to discussing HRSCNs and found the HRSCN assessment questions and social-resource referral document comprehensive. They emphasized that implementation should be personalized to patients’ and families’ psychosocial needs.