UC San Diego Health
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Long Distance Access to Oncologic Care in Patients with Hepatocellular Carcinoma (HCC)

Karen Resnick,[1] Breanna Collins,[2] Sam Myers,[3] Jeremy Chang,[1,3] Matthew Banegas,[4] Jesse Nodora,[5] and Adam Burgoyne[1,3]

[1]UC San Diego Department of Medicine, Division of Medical Oncology, San Diego, CA [2]UC San Diego School of Medicine, San Diego, CA [3]UC San Diego Moores Cancer Center, San Diego, CA [4]UC San Diego Department of Radiation Medicine and Applied Sciences, San Diego, CA, [5]UC San Diego, Department of Family Medicine and Public Health, Division of Behavioral Medicine

Introduction

Due to uneven geographic distribution of health care infrastructure, long distance travel is a reality of cancer care for many patients. Patients travel significant distances to access tertiary academic centers or receive multidisciplinary care[1]. Outcomes for patients have been mixed. A 2021 study of HCC patients undergoing liver resection showed living >50 miles from high volume tertiary academic centers was associated with worse overall survival[2].

However, a subsequent National Cancer Database (NCD) study demonstrated that HCC patients who travel >30 km/18.6 mi were more likely to have higher rates of locoregional/surgical treatment, academic center care, and improved overall survival. Authors reflected this population may be highly motivated and financially able to seek distance care[3]. Further outcomes research is needed, especially for HCC patients receiving longitudinal multidisciplinary therapy.

UC San Diego (UCSD) services a large catchment area for cancer patients. Our goal is to better understand the demographics of patients with HCC at UCSD, identify protective factors that enable patients to travel long distances, and use this information to tailor care.

Description

We are conducting a retrospective review of 381 patients with HCC who received care at UCSD, stratified by travel distance. Distance travelled was measured by Google Maps from treating facility to home zip code. Similar to prior studies[2,4], distance was stratified at 50 miles and 100 miles.

Correlation is planned with patient, disease, and treatment-specific factors, as well as primary outcomes of clinical trial enrollment and overall survival.

Contact Us

- Karen Resnick, kresnick@health.ucsd.edu

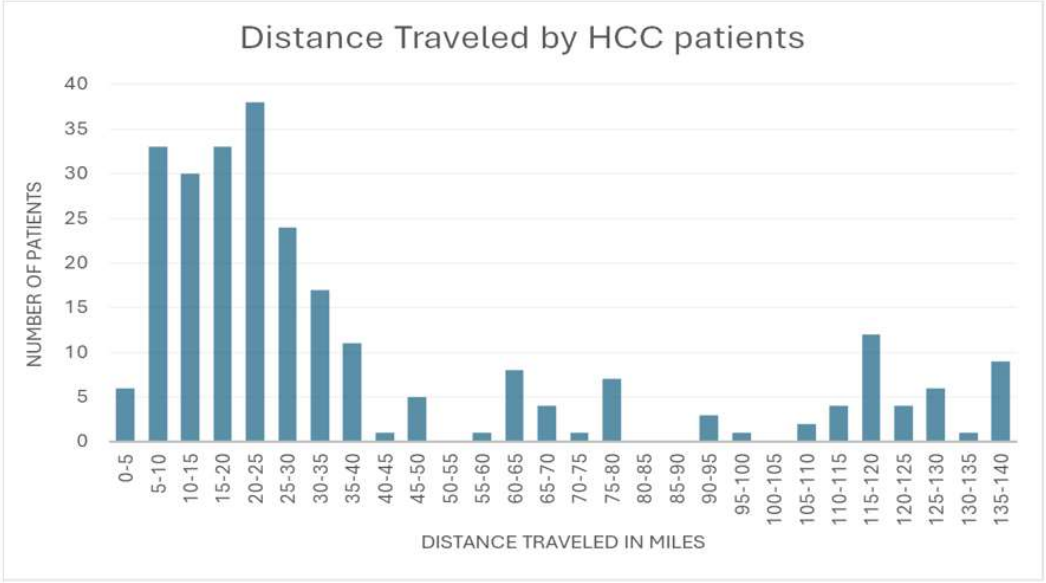

Figure 1. Distance Traveled by Number of Patients with HCC

Lessons Learned/ Expected Outcomes

Of the 381 patients identified with HCC, 265 received systemic therapy at UCSD. Travel ranged from 1.9 to 308 miles for care. Excluding 4 outlier patients who traveled 164-308 miles, the remaining 261 patients are displayed in **Figure 1**. 198 patients, (74.7%) live within 50 miles, 25 patients (9.4%) live between 50-100 miles, and 42 patients (15.8%) live over 100 miles away.

Additional data analysis is underway.

Roughly a quarter (25.2%) of patients with HCC travel over 50 miles to receive care at UCSD. Understanding the factors that make this possible for patients can guide institutional support programs and outreach.

Recommendations

Next steps include completing our retrospective patient chart review. If factors like caregiver presence, language interpreter availability, or household support are protective for distance travel. Understanding these factors may better help us serve our patients.

References

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