

Potential and Revealed Accessibility to Cancer Care in the United States and The Johns Hopkins Sidney Kimmel Comprehensive Cancer Center

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The literature contains a plethora of spatial accessibility studies, but few examine actual cancer outcome data across multiple temporal cross-sections. Combining potential and revealed accessibility approaches can improve opportunities to generate evidence-based changes for cancer screening and treatment. This presentation will highlight findings from two research projects: (1) Disparities in Cancer Stage Outcomes by Catchment Areas for a Comprehensive Cancer Center, and (2) The Impacts of Potential Accessibility to Gynecologic Oncologists on Cancer Stage. For study (1), we found that those living outside the main catchment area were associated with higher odds of late-stage cancers for those who received only a diagnosis or only treatment at SKCCC. Non-Hispanic Black patients and those with Medicaid and no insurance at time of treatment also had higher odds of receiving a late-stage cancer diagnosis. For study (2), ~50 million women do not have access to a gynecologic oncologist within 100 miles of residence, where closer proximity is associated with lower odds of a late-stage diagnosis. Notably, women with ovarian cancer with no access within 100-miles were associated with a significant increase in odds of late-stage diagnosis; and Black women residing in the least deprived counties were associated with a significant decrease in odds of late-stage diagnosis. These findings suggest that disadvantaged populations living outside of the main catchment area of a cancer care facility may face barriers to screening and treatment; and counties with low social vulnerability may result in a protective effect. Care-sharing agreements among cancer centers could address these issues.

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