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A Retrospective Chart Review Investigating the Social Determinants of Neglected Breast Tumors Presenting to Cooper University Hospital in Camden, NJ from January 2015 to December 2018

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A Retrospective Chart Review Investigating the Social Determinants of Neglected Breast Tumors Presenting to Cooper University Hospital in Camden, NJ from January 2015 to December 2018

BRENDA ARTHUR & FAY YOUNG, MD

INTRODUCTION

Although cancer starts as a single mutant cell, the cell must divide approximately 30 times before a patient begins to experience clinical symptoms. Once clinical symptoms develop, the cancer has progressed and should be medically acknowledged. If it is not, a tumor may be termed 'neglected'.

Tumor neglect is not a clearly defined medical phenomenon. In the Indian Journal of Cancer, Siddiqui et al defines tumor neglect as: *a bone or soft tissue mass with; delayed presentation for more than three months, locally advanced disease, ulceration, sepsis, fungating, or metastasis at the time of presentation.*¹ The consequences of delayed presentation can be detrimental to patients, complicating treatment and raising healthcare costs.

In addition to patient psyche, as described in the literature, this pilot study aims to investigate social determinants of health that may be associated with tumor neglect.

METHODS

- Pilot investigation from 2015-2018
- Patients who have presented to Cooper University Hospital with a 'neglected' breast tumor were retrospectively identified using the MD Anderson Cancer Registry and the electronic medical record (EMR)
- *Identified:* age at diagnosis, gender, stage at presentation, preferred language, highest level of education, history of cancer, family history of cancer, insurance status, zip code, marital status, children, "race"/ethnicity listed in the EMR, comorbidities (yes/no), psychiatric diagnosis (yes/no), Primary Care Physician (PCP) appointment in past year (yes/no), Cooper hospitalization in past year (yes/no).
- A descriptive analysis of the data was then performed

REFERENCES

- ¹ Siddiwui YS, Sherwani MKA, et. al. Neglected Orthopedic Oncology – Causes, epidemiology and challenges for Management in Developing Countries. Indian Journal of Cancer. 2015; 52(3); 325-329
- ² U.S. Census Bureau QuickFacts: United States. Census Bureau QuickFacts. <https://www.census.gov/quickfacts/fact/table/NJ,US/INC110219>. Accessed December 28, 2020
- ³ United States Cancer Statistics Data Visualizations - CDC. Retrieved December 28, 2020, from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

RESULTS

105 cases of tumor neglect were identified out of 2,579 total breast cancer cases at Cooper University Hospital from 2015-2018. Incidence = 4%

Median Household Income In Zip Code (2015-2019)

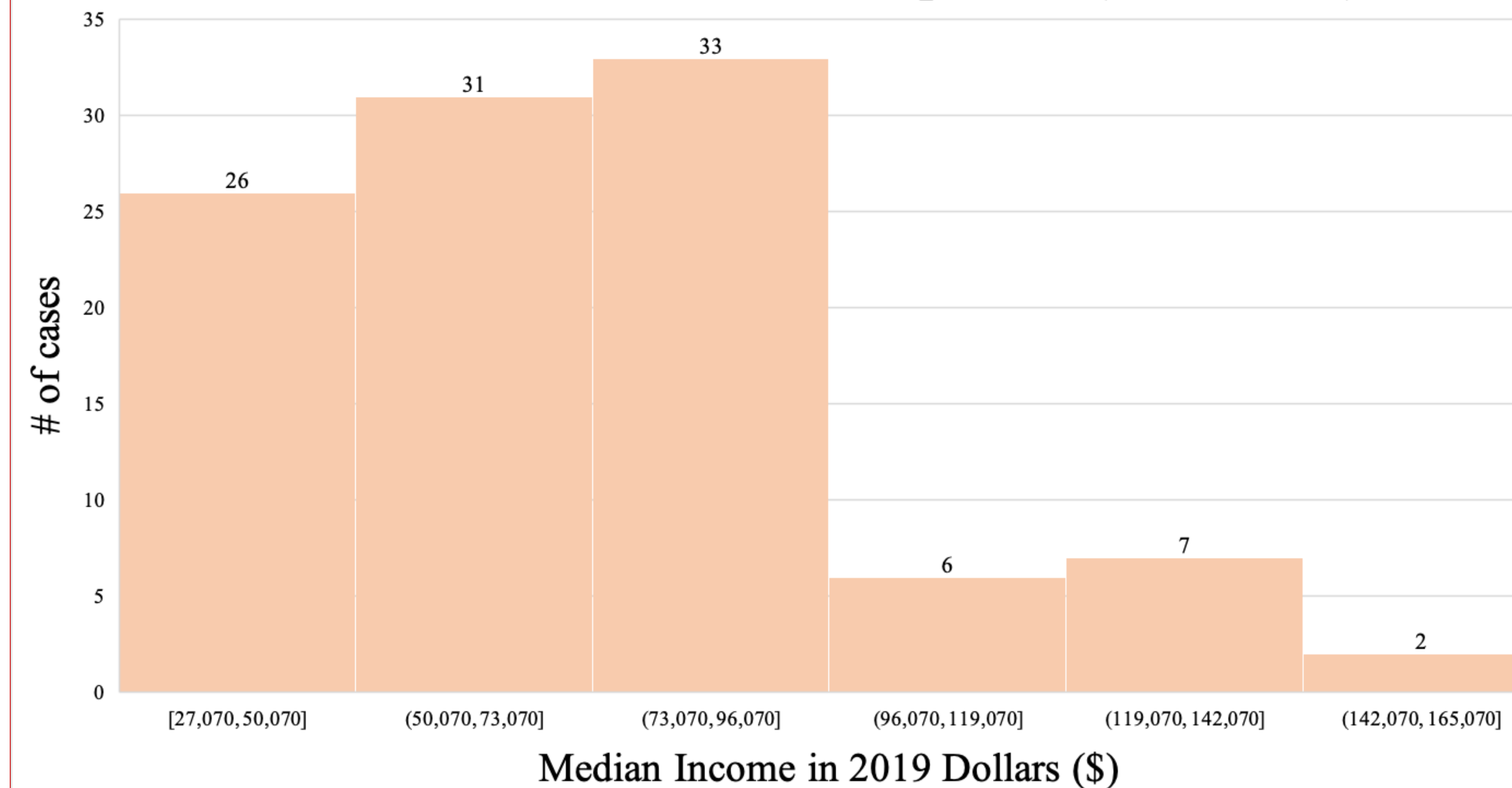
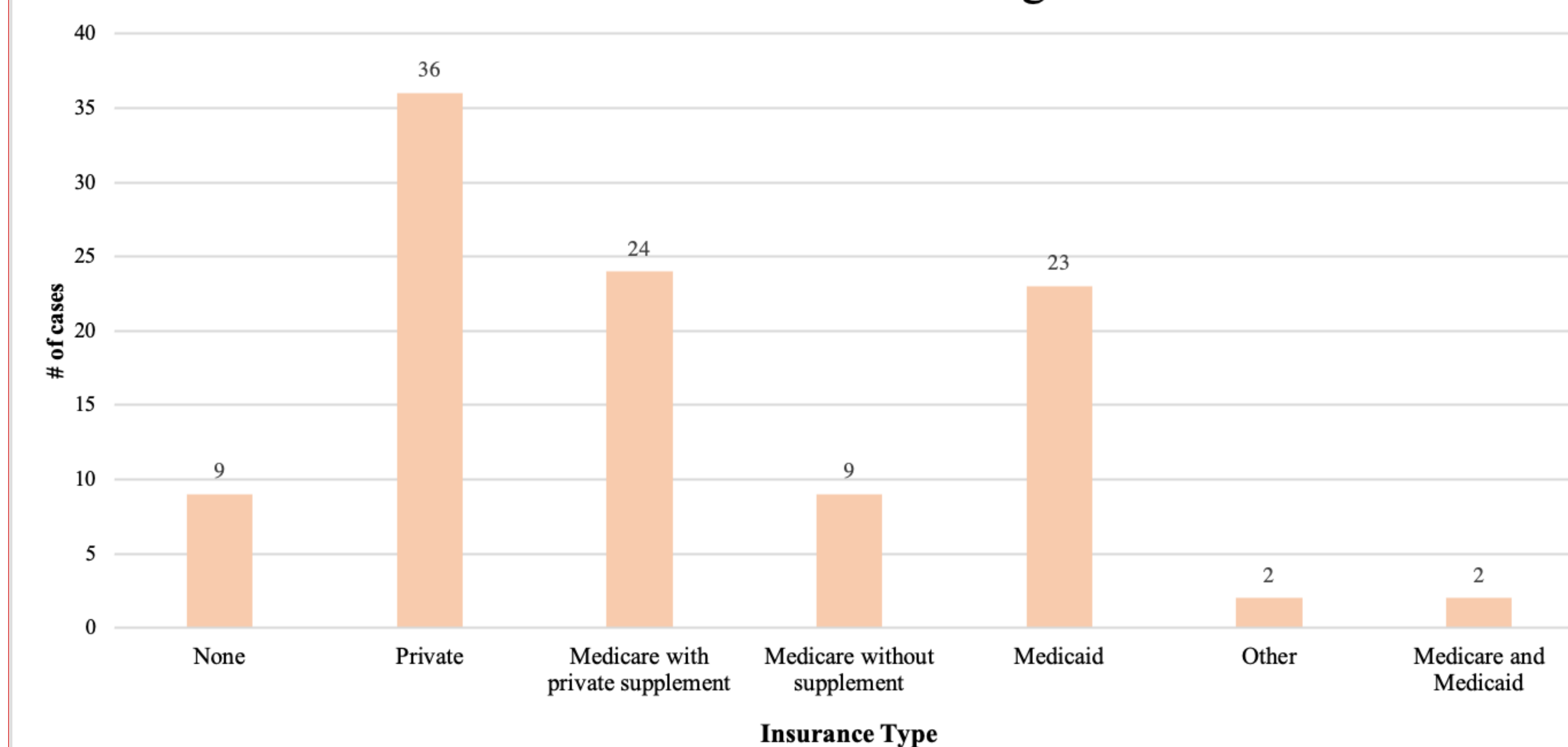


FIGURE 1 (above): Median household income in zip code listed in patient EMR as per the U.S Census Bureau² from 2015-2019 in 2019 dollars

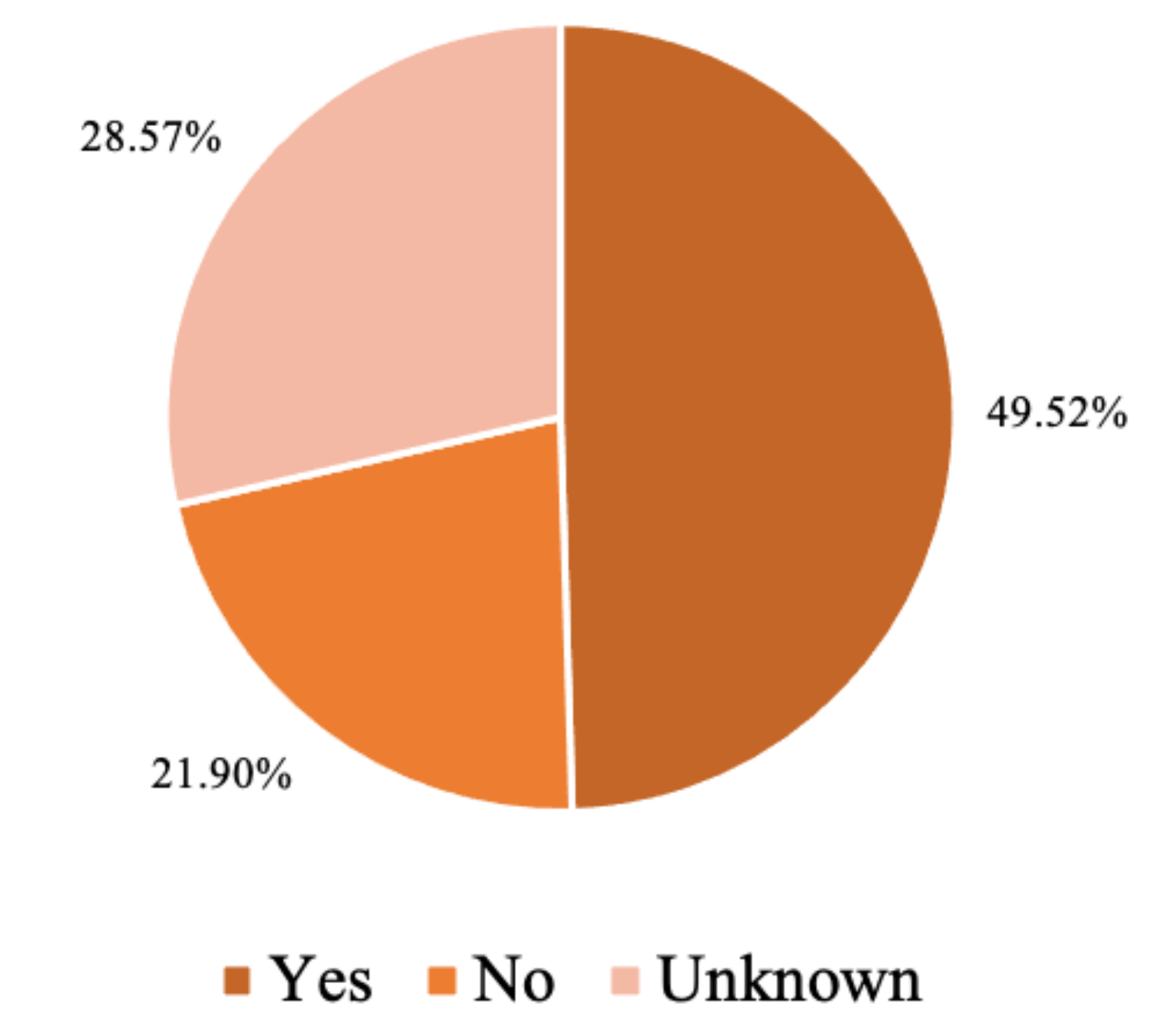
FIGURE 2 (below): Health insurance at the time of diagnosis

Insurance at the Time of Diagnosis



30.47% of patients had no health insurance or just Medicaid insurance at the time of their breast cancer diagnosis.

Figure 3: PCP Appointment in the Past Year



DISCUSSION

This pilot study investigates the different social determinants of neglected solid breast tumors presenting to Cooper University Hospital over the course of four years. Some social determinants, such as financial status and lack of insurance/Medicaid, seem to be associated with the phenomenon of tumor neglect. Interestingly, most patients (81%) had a documented comorbidity or chronic health condition requiring medical follow up. Almost half of patients (49.5%) had a documented PCP appointment in the last year. Further, despite literature implicating psyche in tumor neglect, only 22.86% of cases were associated with a documented psychiatric diagnosis.

In general, many of the patients in this dataset have had some interaction with the healthcare system leading up to their diagnosis. This information leads to further inquiry of how and why their breast tumor was neglected.

CONCLUSION

Solid tumor neglect uniquely challenges patients and their medical team. Some social determinants of health, like financial status of patients, may have an association with tumor neglect, however, documentation of these social determinants is not uniform and often lacking in the EMR. In order to compassionately care for patients with a neglected tumor, we must better understand how individuals end up in a situation where there is suffering. Further research is justified.