

# Travel time to cancer care as it relates to care access, transportation distress, and financial toxicity: Findings from the Cancer Experience Registry

Erica E. Fortune, PhD, Abigail Newell, PhD, & M. Claire Saxton, MBA | Research and Training Institute, Cancer Support Community, Washington, DC

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## INTRODUCTION

- Longer travel time to cancer care has been linked to worse prognosis and quality of life for patients.<sup>1</sup>
- Prior studies conducted at Cancer Support Community (CSC) consistently show that travel distance creates substantial barriers to cancer care and increases cancer-related distress, particularly for rural and socioeconomically disadvantaged cancer patients and their caregivers.<sup>2,4</sup>

**This study aims to examine how travel time to cancer care is associated with barriers and delays to care, transportation-related distress, and financial toxicity.**

## METHODS

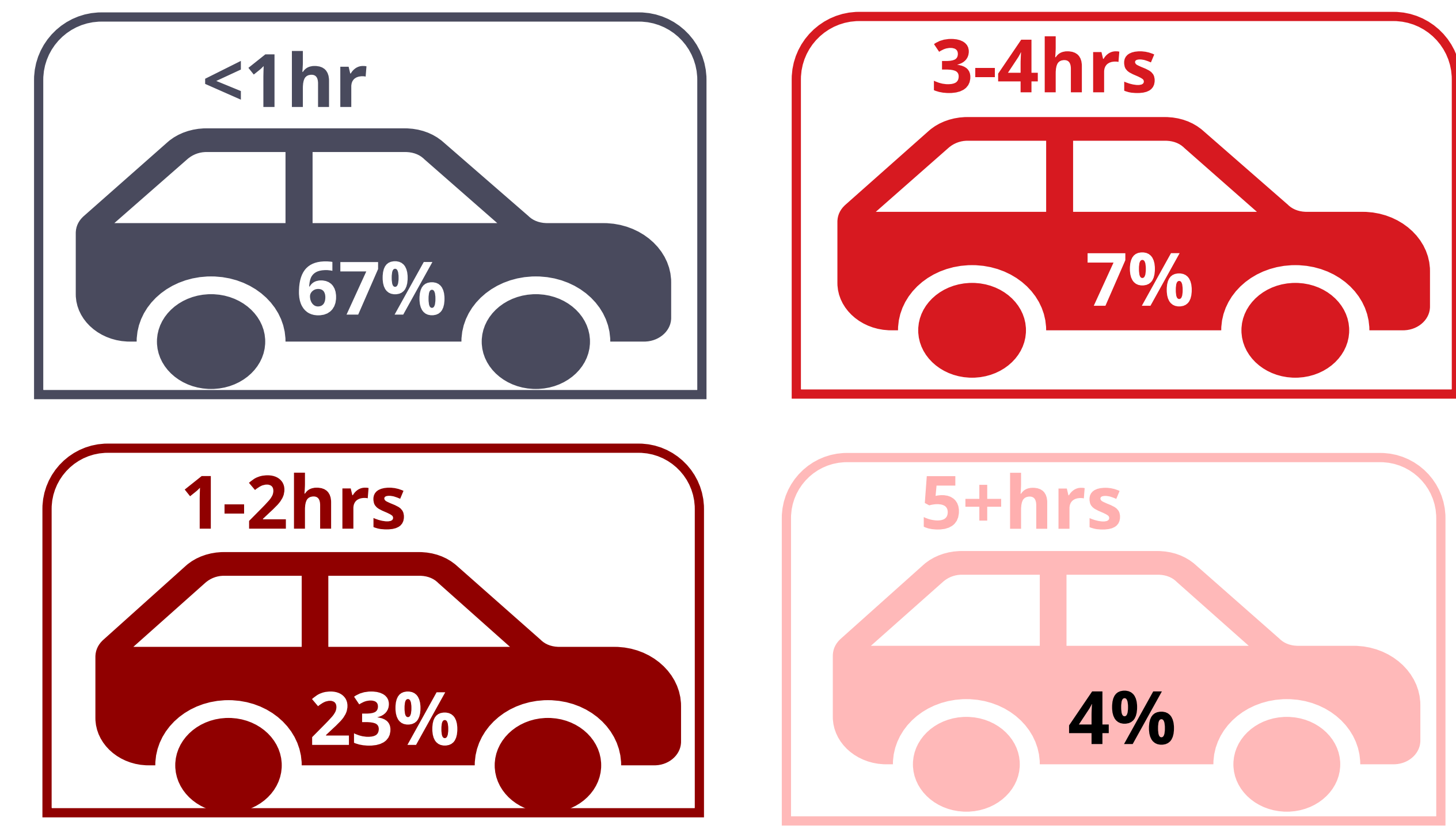
- Participants were from CSC's **Cancer Experience Registry (CER)**—An online research study that aims to understand emotional, physical, practical, and financial impact of cancer and identify unmet needs among patients, survivors, and caregivers.
- 3,590 U.S. adults from Oct 2021-Dec 2025** reported:
  - sociodemographic and clinical information
  - travel time to cancer care (min/hr)
  - financial toxicity (11-item FACIT-COST)<sup>5</sup>
  - transportation-related distress (1=*not at all* to 5=*very seriously concerned*), item on CancerSupportSource<sup>6</sup>
  - delays/barriers to accessing cancer care (yes/no)

**Table 1. Sample Characteristics**

	Mean/n	SD/%
<b>Age, years (range 18-95)</b>	M=62	SD=13
<b>Gender</b>		
Man	885	25%
Woman	2675	75%
Genderqueer/Non-binary/other	12	<1%
<b>Race &amp; Ethnicity</b>		
Non-Hispanic White	2941	82%
Non-Hispanic Black	259	7%
Hispanic/Latino	169	5%
Multiple NH races or other	166	5%
<b>Annual Household Income</b>		
Less than \$40,000	737	21%
\$40,000 to \$79,999	805	23%
\$80,000 to \$119,999	509	14%
\$120,000 or more	720	20%
Prefer not to share	760	21%
<b>Employment Status</b>		
Part- or Full-time	1367	38%
Retired	1367	38%
Not employed, disability	510	14%
Not employed, other/temp employed	307	9%
<b>Years since Diagnosis</b>	M=5.9	SD=7
<b>Current Cancer Status</b>		
Remission/NED	1928	54%
Localized	655	18%
Metastatic	524	15%
<b>Diagnosis</b>		
Breast	1206	34%
Blood cancers	887	25%
Gastrointestinal	429	12%
Urologic	269	7%
Gynecologic	254	7%
Lung	149	4%
Other cancer	370	10%

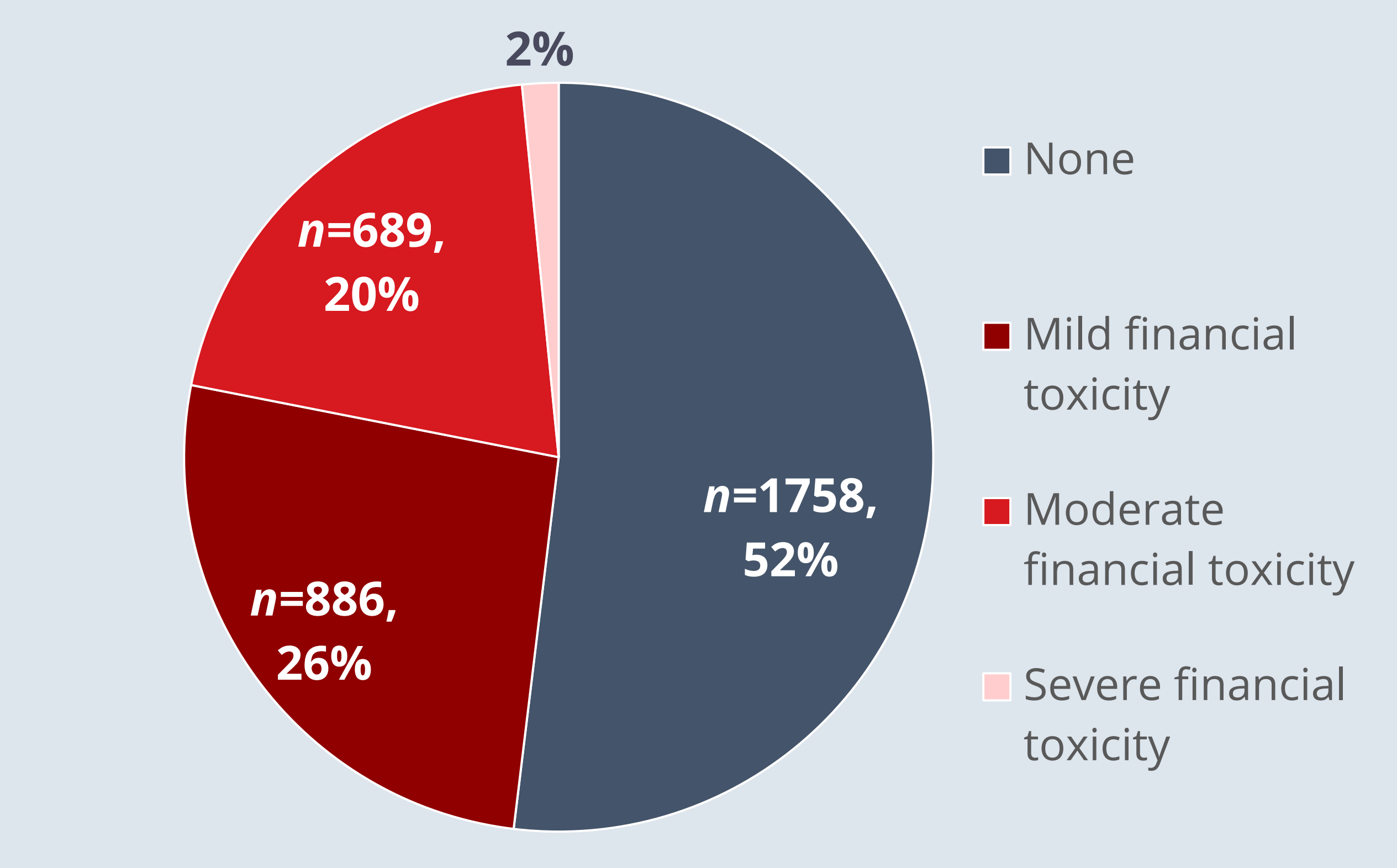
*Note:* Percentages may not total 100% due to missing data and prefer not to share.

**Figure 1. Reported travel time to cancer care**



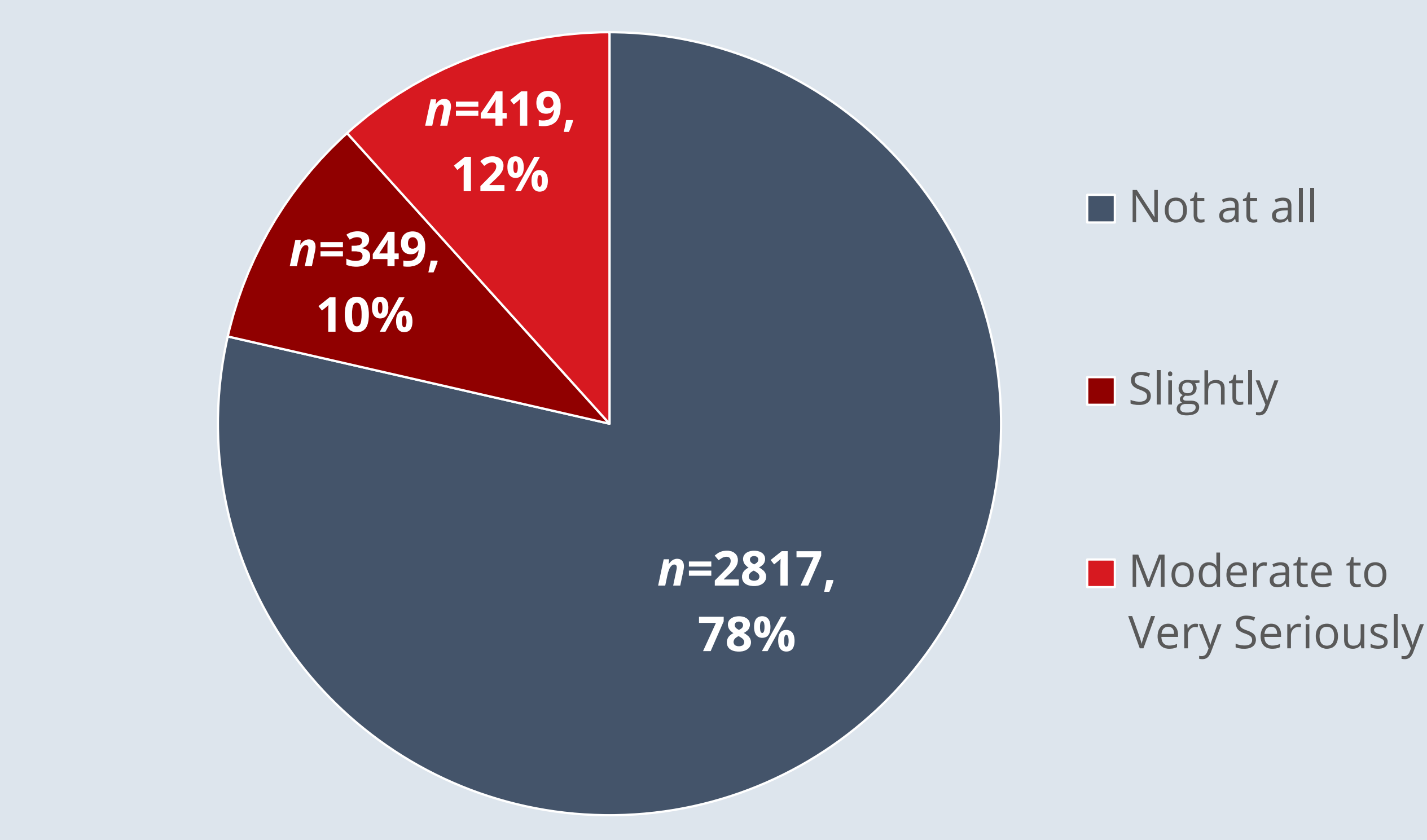
*Note.* Question read "About how long does it usually take for you to get to where you are receiving cancer treatment or care?" with drop-down menu of response options: hours 1-12+ and min (0, 15, 30, 45).

**Figure 2. Financial toxicity (FACIT-COST scores)**



*Note.* N=3,386 (score and category were calculated only when a respondent completed at least 50% of the items.). FACIT-COST scores range from 0-44, with higher scores indicating better financial security and less financial toxicity (M=24.9, SD=12.0). Sum scores are categorized as follows: None=26-44; Mild=14-25; Moderate=1-13; Severe=0.

**Figure 3. Cancer-related transportation distress**

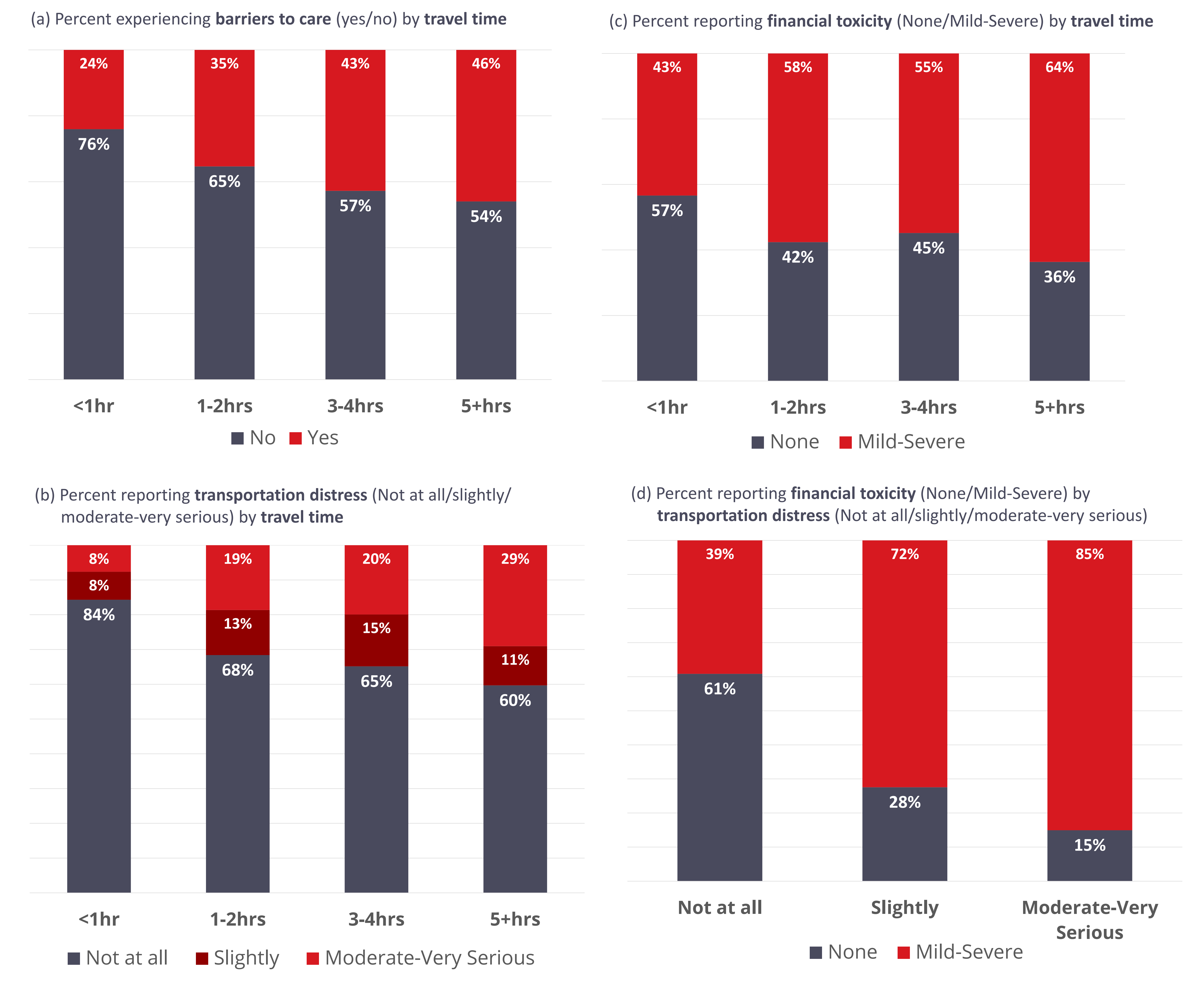


*Note.* N=3,585. Represents a single item from CancerSupportSource.

## RESULTS

- More than a quarter of respondents (29%) reported ever experiencing a delay in their cancer care.
- Among patients traveling <1hr to their care center, 24% reported experiencing delays/barriers, compared with 46% of those traveling 5+hrs ( $\chi^2=84.3$ ,  $p<.001$ ; see Figure 4a).
- Similarly, transportation-related distress increased with travel time: 84% of patients traveling <1hr reported no concern, whereas only 60% of those traveling 5+hrs reported no concern, with 29% reporting moderate to very serious concern ( $\chi^2=167.9$ ,  $p<.001$ ; see Figure 4b).
- Lastly, financial toxicity increased with travel burden: 43% of patients traveling <1hr reported mild-to-severe financial toxicity versus 64% of those traveling 5+hrs ( $\chi^2=63.7$ ,  $p<.001$ ; see Figure 4c), and 85% of those reporting moderate to severe transportation distress also reported at least mild financial toxicity ( $\chi^2=388.4$ ,  $p<.001$ ; see Figure 4d).

**Figure 4. Relationships among travel time, financial toxicity, and transportation distress**



## CONCLUSIONS & FUTURE DIRECTIONS

- Just over half of respondents reported no financial toxicity, while about one-quarter experienced mild financial toxicity, and the remainder moderate (20%) or severe (2%) financial toxicity.
- Most patients surveyed reported living within 1hr of their care site and experienced little transportation distress; however, those who travel longer distances for care report higher rates of delays/barriers, greater transportation-related distress, and more financial toxicity.
- Collectively, these findings underscore that longer travel times are linked to both objective barriers and subjective distress, highlighting that travel burden may limit timely cancer care and worsen patient outcomes.
- Policy solutions that bring quality care closer to patients are essential to reduce travel burdens and distress as well as proactive financial navigation that aligns patients with resources and support services.**

## References

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<sup>6</sup> Buzaglo, J. S., Zaleta, A. K., McManus, S., Golant, M., & Miller, M. F. (2020). CancerSupportSource®: validation of a revised multi-dimensional distress screening program for cancer patients and survivors. *Supportive Care in Cancer*, 28(1), 55-64. <https://doi.org/10.1007/s00520-019-04753-w>

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Contact Information:  
Erica E. Fortune, PhD, Vice President, Research  
[efortune@cancersupportcommunity.org](mailto:efortune@cancersupportcommunity.org)