



Racial and Socioeconomic Disparities in Kaposi Sarcoma Outcomes



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Background

- ❖ Kaposi Sarcoma (KS) is a rare vascular tumor primarily linked to Kaposi sarcoma herpesvirus (KSHV/HHV-8).
- ❖ KS is strongly associated with immunocompromised conditions, such as HIV/AIDS.
- ❖ Racial and socioeconomic disparities in healthcare access, diagnosis, treatment, and survival outcomes for KS are pronounced among Black American and Hispanic populations.
- ❖ This systematic review examines the impact of race and socioeconomic status on KS care, focusing on barriers to treatment and long-term outcomes.

Objective

- ❖ Investigate the role of race and socioeconomic status in KS diagnosis, treatment, and survival outcomes.
- ❖ Assess how insurance status, geographic access, and social determinants affect KS care.
- ❖ Highlight systemic disparities affecting Black American and Hispanic individuals.

Methods

- ❖ Systematic Review: Literature search of PubMed, Scopus, and Embase (2017–2024).
- ❖ Inclusion Criteria: Studies examining racial disparities, healthcare access, insurance status, and KS outcomes.
- ❖ Outcome Measures: Delayed diagnosis, treatment access, survival rates, and insurance-related barriers.

Results

Table: Racial and Socioeconomic Disparities in Kaposi Sarcoma Diagnosis and Outcomes

Factor	Black American	Hispanic	General Population (Comparison)
Delayed Diagnosis	Higher likelihood of advanced-stage disease at diagnosis due to delayed care.	Moderate delays in diagnosis and treatment initiation.	Generally diagnosed earlier, more likely to receive timely treatment.
Insurance Status	More likely to be uninsured or underinsured, leading to limited access to specialized care.	Higher rates of uninsured or underinsured individuals compared to white counterparts, leading to delays.	Better access to insurance, ensuring more timely and comprehensive treatment.
Access to Specialized Care	Limited access due to lack of insurance and lower SES, resulting in fewer treatment options.	Similar barriers to specialized care as Black Americans due to financial constraints and insurance issues.	Generally greater access to specialized care, especially in urban areas with good healthcare infrastructure.
Geographic Access (Healthcare Deserts)	Higher likelihood of living in rural or underserved urban areas, resulting in poorer access to healthcare services.	Similar geographic challenges, especially in rural and low-income urban settings.	Less likely to face such barriers, with more urban centers providing access to specialized care.
Survival Outcomes	Worse survival outcomes, likely due to delayed diagnosis, limited treatment options, and lack of insurance.	Slightly better than Black Americans but still worse than the general population due to similar barriers.	Generally better survival outcomes due to timely diagnosis and access to a full range of treatments.

Discussion

- ❖ Both Black American and Hispanic populations show significant delays in diagnosis, contributing to more advanced disease at presentation.
- ❖ Both racial minorities face more significant financial barriers to care, which lead to limited access to timely and specialized treatment.
- ❖ Living in healthcare deserts exacerbates delays in diagnosis and access to care for these populations, particularly in rural or underserved urban areas.
- ❖ As a result of these disparities, Black American and Hispanic populations show worse survival rates compared to the general population, who have better access to early diagnosis and effective treatments.
- ❖ Advocating for policies that improve access to care for uninsured/underinsured populations is essential.
- ❖ Enhance community awareness regarding KS to facilitate early detection as well.
- ❖ Leverage technology to reduce geographic and logistical barriers in KS care.

Discussion

- ❖ Addressing racial and socioeconomic inequalities in KS care is critical to improving patient outcomes.
- ❖ Systemic healthcare reforms are needed, focusing on expanding insurance coverage and access to care, implementing targeted interventions for Black American and Hispanic populations, and enhancing access to specialized treatment in underserved geographic areas.

References

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Disclosures:
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 I have no actual or potential conflict of interest in this study.
 2. Amritpal Kooner, MA
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