[Abstract #3445]: A Multidimensional, Multilingual Needs Assessment for Asian Pacific Islander Patients with EGFRm Lung Cancer: Feasibility and Early Findings

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INTRODUCTION

BACKGROUND

Targeted therapies have improved survival and patient-reported quality of life in EGFR-mutated (EGFRm) lung cancer, a disease that disproportionately affects Asian Pacific Islander (API) patients. This population—especially those with Non-English Language Preference (NELP)—is underrepresented in clinical trials, so their survivorship needs remain poorly understood.

OBJECTIVE

To evaluate API patients with EGFRm lung cancer at the Weill Cornell Medicine Meyer Cancer Center (WCM MCC) using a multilingual survey to identify unmet needs across multiple domains.

METHODS

DESIGN & SETTING

Cross-sectional survey of API patients with EGFRm lung cancer, identified using the WCM MCC Lung Cancer Database.

INTERVENTION

One-time REDCap survey using validated tools across multiple domains: demographics, diagnosis, medical knowledge, symptoms, nutrition, body image, cultural / external support, depression, anxiety, loneliness, spiritual needs, financial wellbeing, complementary and alternative medicine, and advance care planning (ACP).

Offered in English, Korean, and Chinese (simplified and traditional).

APPROVAL

Approved by the Weill Cornell Medicine IRB.

DISCUSSION AND CONCLUSION

CONCLUSIONS

Multilingual needs-assessment research in API patients with EGFRm lung cancer is feasible. Key unmet needs were financial hardship (63%), nutrition (50%), and advance care planning (44%), with a strong preference for language-concordant materials.

Operational challenges mirror systemic barriers to NELP inclusion in research and offer actionable lessons for more equitable, inclusive study design.

LIMITATIONS

Early findings with a small sample (n=17); not all questions completed; reliance on self-report; single–health-system recruitment may limit generalizability.

NEXT STEPS

- Continued recruitment of patients (n=100)
- Survey now fully electronic and multilingual, removing the burden of paper-based translation.
- Expanding to additional languages and enrolling all patients.
- Co-developing language-concordant financial, nutrition, and ACP resources.

REFERENCES & ACKNOWLEDGEMENTS

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RESULTS

TOP 3 UNMET NEEDS

Financial Hardship
63%

Nutrition Deficits
50%

Rate of Advance Care Planning
44%

PATIENT CHARACTERISTICS

Total participants	N = 17
Female participants	13 (76%)
Mean age	67 yrs (range 48–89)
Countries of origin	China 58.8%, Philippines 17.6%, Bangladesh, Taiwan, Korea, India (1 each)

CLINICAL PROFILE

Stage	n (patients)
I	2
II	2
III	2
IV	8

MOST REQUESTED RESOURCES

FINANCIAL	• Social work referrals • Online resources
NUTRITION	• Nutrition consultations • Peer support • Online resources
ACP	• Language-concordant educational materials • Peer & virtual support groups • Palliative care referrals

FEASIBILITY FINDINGS

- Professional translation alone may be insufficient.
- Back-translation & community review recommended.
- Paper-based collection for NELP created downstream inefficiencies.
- Digitized multilingual data-capture tools would have been beneficial from the outset.

DIAGNOSIS & TREATMENT

- Mean time since diagnosis: 2.6 years
- Actively receiving treatment: 15/17 participants
- Not offered a clinical-trial discussion: 15/16 (1 no response)