

Over the next decade, the number of cancer survivors in the United States is projected to rise from 18.1 million to 22.5 million. Despite advances in cancer treatment, disparities in health outcomes persist with regard to incidence, morbidity, and survivorship. Cancer survivors are susceptible to experiencing multifaceted unmet health needs and adverse health outcomes due to barriers in accessing appropriate care, scarcity of informed clinicians equipped to provide adequate care, and lack of structures that support equitable policies and practices across healthcare systems. As a clinically informed, community engaged researcher, my goal is to identify and address unmet health needs among these underserved cancer survivor populations. My clinical and research expertise have afforded me the opportunity to develop and maintain valuable partnerships with multiple stakeholders in the cancer survivorship community. These relationships have strongly influenced my research agenda, which aims to reshape the standard of psychosocial care for these populations throughout the cancer survivorship continuum by characterizing determinants of access to psychosocial care that help generate population-specific interventions that improve mental health outcomes associated with cancer.

During my fellowship at the National Cancer Institute (NCI), I led the development and implementation of a mixed methods study that examined unmet needs among persons with telomere biology disorders (TBDs) that I continued to lead while completing in my doctoral studies. I partnered with a patient advocacy group, Team Telomere, that serves the international TBD community and stakeholders from their organization to identify aims and develop the study. The study aimed to examine the unmet needs of adults and family caregivers of individuals with TBDs and to identify gaps in clinical and supportive care. Quantitative findings identified various unmet needs participants experienced in their psychosocial (*e.g.*, addressing emotional distress related to disease), medical (*e.g.*, accessing medical specialists), financial (*e.g.*, affording insurance and medical costs), and daily activity (*e.g.*, balancing work and school with illness needs) domains of life. Qualitative findings validated the quantitative findings by providing detail on how psychosocial and medical unmet needs created barriers in accessing specialized physical and mental health services. This study provides a significant contribution to an understudied field in showing how unmet needs for TBDs can shape disparate healthcare outcomes and how individuals living with TBDs require specialized mental health care that is distinct from other cancer populations. I have presented findings from this study at multiple conferences and at patient advocacy annual group meetings where community members were able to engage with the content and provide feedback on what they wish to see in future studies. The manuscript reporting this work is currently under its second review at the *European Journal of Human Genetics*.

In one of my latest studies, I examined the influence of race/ethnicity and age of cancer diagnosis on medical financial hardship among cancer survivors in the United States. I analyzed six years of nationally representative data from the National Health Interview Survey (NHIS) and found that Hispanic and Black cancer survivors had increased odds of experiencing medical financial hardship compared to their White counterparts. Black cancer survivors had increased odds of needing to pay off medical bills over time and decreased odds of asking a doctor for lower cost medication to save money. Hispanic cancer survivors experienced increased odds of worrying about being able to afford healthcare. Additionally, persons who were diagnosed as an adolescent or young adult (AYA) (aged 15-39 years old) experienced greater medical financial hardship compared to persons diagnosed when they were older (aged 40-64 years old). These results allowed me to detail direct practice and macro practice recommendations on how to consider racial/ethnic factors when addressing financial disparities among cancer survivors, such

as how clinicians can conduct culturally sensitive financial health assessments. A report of results is currently in its second review at the *Journal of Cancer Survivorship*.

I recently completed an exploratory study examining how patient advisory boards shaped AYA cancer survivors' experiences with cancer and survivorship care. I led this study in partnership with UT Health Austin Livestrong Cancer Institute and UT MD Anderson Cancer Center, and consulted with social workers and members of the patient advisory boards when developing the study to ensure the research goals would satisfy the populations' needs. Findings demonstrated that patient advisory boards serve as a supportive intervention in which AYA cancer survivors were able to find meaning in their diagnosis and receive validating emotional and social support that promotes their overall mental health during treatment and survivorship care. This manuscript will be submitted to *Qualitative Health Research* in early Fall of 2024.

One research participant from this study stood out to me with how she described the unmet needs she experienced during her cancer treatment and survivorship care outside the scope of what the patient advisory board offered. While interviewing her, she told me how she developed a substance use disorder (SUD) as a result of her cancer diagnosis and survivorship experiences. I recognized how practitioners and systems of care failed her as she explained how her experience with cancer treatment and survivorship left her more vulnerable to developing a SUD. At that point, I knew I wanted to focus my dissertation research on psychosocial health at the intersection of substance use and cancer and attempt to address the barriers to care and unique risks cancer survivors experience with regard to substance use. Thus, my dissertation is an explanatory sequential mixed methods study that examines psychosocial health at the intersection of substance use and cancer. I will utilize 22 years (1997-2018) of data from the public-use National Health Interview Survey-Linked Mortality Files (NHIS-LMF) to examine how sociodemographic, clinical, and mental health related variables predict survival among cancer survivors who engage in problematic substance use versus those who do not. The qualitative portion of the study aims to describe the lived experiences of cancer survivors who developed a SUD following their cancer diagnosis and characterize their healthcare experiences from point of diagnosis through survivorship, identifying barriers and facilitators to population-specific care, and ascertaining the risk factors and protective factors for developing a SUD. Findings may support the development of interventions that aim to identify and minimize risk of SUD among cancer survivors and help clinicians better understand how to provide supportive, trauma informed psychosocial care throughout cancer survivorship as mental and physical health needs evolve.

After my doctoral studies, I plan to seek additional training that will prepare me to build upon my dissertation research. I plan to apply to postdoctoral fellowships where I can receive training and mentorship in substance use and cancer research, produce high impact research, prepare a career development award application (e.g., K99/R00 award), and expand my professional network of research and community collaborators. My long-term career goal is to pursue a tenure track position at a research-intensive university that is tied to interdisciplinary healthcare systems so that I may continue working alongside community minded groups who offer priceless lived experience to inform my research. Ultimately, I seek to develop a program of research that will improve psychosocial care in cancer survivorship care for underserved populations that experience unmet health needs.