

## **Abstract**

*Objectives:* To assess disparities in experiencing high financial toxicity between Black and White patients diagnosed with endometrial cancer and to explore the relationship between financial toxicity, race, and quality of life.[LS1]

*Methods:* Utilizing data from the Carolina Endometrial Cancer Study (CECS), we assessed financial toxicity using the Comprehensive Score for Financial Toxicity (COST) tool and quality of life with the Functional Assessment of Cancer Therapy-General (FACT-G) questionnaire. Associations between financial toxicity and clinical and socio-demographic characteristics were analyzed using multivariate logistic regression. Quality of life was examined through multivariate linear regression, controlling for financial toxicity, race, clinical, and sociodemographic factors.

*Results:* In this study, 332 participants, predominantly White (69.0%) and with a median age of 61.7, were assessed. The median COST score was 29.3 with scores ranging from 0-44. After adjusting for clinical factors, Black participants had higher odds of reporting high financial toxicity compared to White participants (OR: 1.80, 95% CI: 1.04, 3.12, P=0.035). When controlling for clinical and sociodemographic factors, the association between Black race and high financial toxicity was no longer statistically significant (OR: 1.08, 95% CI: 0.59, 1.99, P=0.793). [LS2] Advanced disease stage and lower income status remained significantly associated with high financial toxicity. Notably, after adjusting for clinical and sociodemographic variables, financial toxicity was significantly associated with lower quality of life.

*Conclusions:*

Financial toxicity is a significant concern for endometrial cancer patients, disproportionately affecting those with lower incomes and facing greater disease severity. This substantial financial burden underscores the importance of developing interventions to alleviate the cost of cancer care. Additionally, the impact of financial toxicity extends beyond immediate financial concerns, leading to a notable reduction in patients' quality of life. Further research should examine the long-term effects of financial toxicity on patient outcomes.

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