

Conference Abstracts

Implementing Guideline-Concordant Precision Oncology Supportive Care to Reduce Cancer Disparities in an Underserved Urban Population

Dave James, ND^{1a}

¹ AIMS Institute, 1136 Poplar Pl S, Seattle, WA, USA

Corresponding author

^a Dave James, ND, AIMS Institute, 1136 Poplar Pl S, Seattle, WA, USA, Email: djames@aimsinstitute.net

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Background

Precision oncology has transformed cancer treatment through biomarker-driven therapies, yet patients from low-income and inner-city communities continue to experience disparities in access to molecular testing, supportive care, treatment adherence, and outcomes. While ASCO and Society for Integrative Oncology (SIO) guidelines emphasize evidence-based supportive care to optimize treatment tolerance and quality of life, implementation of these recommendations in underserved settings remains inconsistent. There is a critical need for scalable, guideline-concordant models that integrate precision oncology with whole-person supportive care to reduce outcome disparities. The AIMS Institute in Seattle provides a community-based academic setting uniquely positioned to evaluate and implement such models within an urban population disproportionately affected by structural barriers to equitable cancer care.

Methods

We implemented an integrative, precision oncology-aligned supportive care model within an inner-city Seattle clinic serving predominantly low-income cancer patients. Care was delivered collaboratively by a naturopathic oncology provider trained in ASCO/SIO guidelines and an MD board-certified in hospice and palliative medicine. The model focused on biomarker-

informed treatment support, adverse event mitigation, symptom management, and survivorship planning. Using the RE-AIM implementation science framework, we evaluated feasibility, reach, and preliminary effectiveness through patient-reported outcomes, treatment adherence metrics, and care coordination indicators.

Results

Preliminary findings demonstrate high feasibility and adoption among patients receiving precision oncology therapies. Participants reported improvements in symptom control and treatment tolerability, with enhanced engagement in care planning. The collaborative model improved alignment between oncology treatment plans and evidence-based supportive interventions, addressing gaps commonly observed in underserved populations. With dedicated funding, this initiative is expected to evaluate longitudinal outcomes including treatment completion, biomarker-guided therapy adherence, emergency department utilization, and patient-reported quality-of-life measures. We anticipate this work will inform a scalable, reproducible implementation framework for equitable precision oncology supportive care.

Conclusion

This model has potential for national and international dissemination across urban safety-net clinics, advancing health equity while improving real-world outcomes in precision oncology.