Studies demonstrate that pre-existing co-morbidities are associated with increased mortality after trauma due to the relationship between physiologic reserve and injury severity. However, there is little evidence as to whether there are differences in outcomes among patients with trauma-related injury who were incidentally diagnosed with a malignancy during trauma evaluation compared to cancer patients diagnosed outside of a trauma hospitalization. This study explores variations in outcomes among trauma patients treated at 3 level-I hospitals across South Carolina, with the goal of identifying where there are opportunities to minimize barriers that might enable improved outcomes or access to care after injury.