

## **Patterns of Palliative Care Referral and Inpatient to Outpatient Palliative Care Transition in Gynecological Cancer Patients with a Focus on Primary Language: A Single Institution Retrospective Study**

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Topic: Quality of Life/Palliative Care

### **Objectives**

To evaluate the patterns of inpatient (IP) vs outpatient (OP) initiation of palliative care (PC) with a focus on primary language and factors associated with successful IP to OP PC transition in in gynecological cancer patients.

### **Methods**

Patients with gynecological cancer were identified by ICD10 codes and first PC note between 01/2017 and 12/2021. Patients were excluded for incomplete data and PC referral for non-cancer related reasons. Baseline characteristics including social demographics, hospitalization outcomes and PC referral reasons were obtained. IP to OP PC transition was assessed in the IP PC referral cohort. Statistical analysis was done using Chi-squared and Fisher's Exact test for categorical and Wilcoxon-Mann-Whitney test for continuous variables.

### **Results**

471 patients were identified with 194/471 (41.2%) IP PC and 277/471 (58.8%) OP PC referrals. Reasons for referral include goals of care (68.4% IP vs 23.8% OP), physical symptoms (65.8% IP vs 84.7% OP) and psychosocial support (6.8% IP vs 19.2% OP), with many patients having more than one reason. In the 190 IP PC patients who had adequate follow up, 13.7% died at or within 30 days of discharge and 31.6% were enrolled in hospice at or within 30 days of discharge. Among the 104/190 IP PC patients who were alive and not enrolled in hospice at 30 days of discharge, only 41.3% had OP PC follow up. Patients with OP PC follow up were younger (64 vs 69,  $p < 0.01$ ) and more likely to have physical symptoms as the referral reason and that approached statistically significance (76.7% vs 68.8%,  $p = 0.08$ ). In the OP PC cohort of 277 patients, non-English-speaking patients were older (69 vs 64,  $p = 0.0028$ ), more likely to have completed at least one line of therapy (72.2% vs 41.9%,  $p = 0.001$ ) and had worse performance statuses (ECOG PS  $> 1$ , 25% vs 9.5%,  $p = 0.0208$ ) at PC initiation.

### **Conclusions**

A significant proportion of PC was initiated IP suggesting a late and reactionary pattern and only 41.3% of the alive, non-hospice IP PC patients had successful transition to OP PC. OP PC initiation occurred at later disease course in non-English speaking patients, though this may be confounded by later diagnosis. These findings highlight the need to incorporate PC into earlier cancer care, ensure IP to OP outpatient PC transition and further research to characterize the effect of language on PC integration into cancer care.