Poster 25: Non-cancer related emergency department utilization in newly diagnosed endometrial cancer patients
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Topic: Quality & Healthcare Systems

Objectives
This study examines emergency department (ED) utilization by endometrial cancer (EC) patients, identifies most frequent non-cancer related diagnoses, and compares high-ED utilizers with low-ED utilizers.

Methods
Using the Surveillance, Epidemiology, and End Results (SEER)-Medicare database from 2010-2016, we identified 29,089 patients with EC who underwent surgery, chemotherapy, or radiation therapy within six months of diagnosis. All histologic subtypes were included. Patients were classified as high-ED utilizers if they had four or more visits in one year. Variables were compared between low and high-ED utilizers using Chi-square and Fisher exact tests.

Results
A majority of the patients were greater than or equal to 65 years old (89%), 8% were 55 to 65 years old, and 3% were 54 years old or younger. 1.1% of all patients had four or more ED visits in the year following diagnosis and were categorized as high-ED utilizers. High-ED utilizers were more likely to have an annual salary less than $44,000 as compared to low-ED utilizers (53.8% vs 48.8%). A significantly greater percentage of high-ED utilizers were from a metropolitan area versus a rural area (92.99% vs 7.01%). Patients of Black race, and those who were initially diagnosed with stage III and stage IV disease were more likely to be high-ED utilizers (22.6% vs 8.3%, 21.9% vs 12.2%, 18.4% vs 4.1%). High-ED utilizers presented with statistically higher rates ($p < 0.0001$) of myocardial infarction (4.46% vs 0.48%), congestive heart failure (23.57% vs 4.15%), peripheral vascular disease (13.69% vs 4.38%), cerebrovascular disease (11.46% vs 3.25%), chronic obstructive pulmonary disease (25.80% vs 7.94%), diabetes (43.95% vs 19.51%), renal disease (17.52% vs 5.00%), and mild liver disease (4.78% vs 1.43%).

Conclusions
A majority of high-ED utilizers are from metropolitan areas and have a lower salary, reflecting higher needs in a medically vulnerable subpopulation of endometrial cancer patients. The most common diagnoses in the ED are chronic medical comorbidities and more efforts should be focused on preventing these ED visits.