

Poster 27: Palliative care referral and utilization at time of diagnosis in patients with recurrent or advanced stage gynecologic cancers at a single institution

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Topic: Quality of Life/Palliative Care

Objectives

To evaluate patient characteristics associated with referral and utilization of palliative services and impact of those services on PROMIS scores, a measure of health-related quality of life.

Methods

A retrospective cohort study of patients diagnosed with advanced stage or recurrent ovarian, uterine, or cervical cancer, between June 1, 2017, and June 30, 2022, at a single institution was performed. Charts were reviewed for age and stage at initial diagnosis, primary site, date of diagnosis, reported symptoms at diagnosis, date of referral to palliative care, number of appointment(s) with palliative care, date of death, and PROMIS scores during care. At our institution, PROMIS is an automated survey sent at new patient and follow up visits. Relative probability of referral was calculated for categorical variables and t-test used for continuous variables to compare cohorts referred or not referred to palliative care.

Results

We identified 306 patients with newly diagnosed advanced disease and 55 patients with recurrent ovarian, uterine or cervical cancer. Of those, 132 (36.6%) were referred to palliative care and 116/132 (87.9%) attended at least one visit. Of the 132 referred, 31 (23.5%) were referred within 6 months of diagnosis, 43 (32.6%) within 12 months of diagnosis, and 46 (34.8%) within 60 days of death. There was no difference in referral patterns with respect to patient age, race, primary language spoken, marital status, cancer type, cancer stage, or distance traveled. The only characteristic associated with referral was death by June 30, 2022 (RR: 2.7; 95% CI 2.13 to 3.53; $p < 0.001$). Only 18 patients (5 of those referred and 13 of those not referred) had ≥ 2 PROMIS scores documented, without an apparent difference in PROMIS scores between referral groups.

Conclusions

Despite recommendations from leading societies, our referral patterns are consistent with prior studies suggesting palliative care referral coincides with end-of-life care. Patient factors do not appear to be associated with referral patterns. The poor response rate to PROMIS surveys and factors associated with response should be investigated. Prospective studies are needed to standardize referral approaches and to identify the impact of palliative services on quality of life as well as to investigate attitudes regarding the role of palliative care beyond end-of-life.