

**Poster 34: Characterization and Length of Hospice Admission in Patients with Recurrent Cervical Cancer: A Retrospective Chart Review****Presenting Author:** Nicole Spencer, MD – UT Health San Antonio

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Topic: Quality of Life/Palliative Care

**Objectives**

Patients admitted to hospice in the final days of life, regardless of cancer type, are more commonly male sex, married, younger age, and have a hematologic malignancy. The objective of this study is to define characteristics of patients with recurrent cervical cancer who enrolled in hospice care in the last two weeks of life versus prior to that.

**Methods**

A retrospective chart review was performed over a 5-year time frame at a large, South Texas institution with a predominantly underserved Hispanic population and high-volume cervical cancer. Patients were identified using ICD9 and 10 codes for cervical cancer. All patients with diagnosis of recurrent cervical cancer were included. Pertinent demographic, oncologic, and treatment information was collected, including time enrolled in hospice to time of death. Statistical analysis included bivariate and multivariate analysis to compare variables. Fischer exact test was used for categorical variables and student t-test or ANOVA for continuous variables. A p value less than 0.05 is considered statistically significant.

**Results**

Thirty patients with recurrent cervical cancer enrolled in hospice care during the study period. The average length of stay was 49.6 days (range 1-249), and the average patient age was  $43.7 \pm 10.4$  years. Twenty patients had total hospice admission time available, and of those, nine patients (45%) had an admission time of less than two weeks. Patients with short hospice admissions were significantly more likely to have a significant other identified in their medical chart (66% vs 18%,  $p=0.012$ ). There was no statistical difference in other patient factors including age ( $42.8 \pm 11.3$  vs  $45.4 \pm 12.8$  years,  $p>0.05$ ), insurance coverage at diagnosis (33% vs 27%,  $p>0.05$ ), and tobacco use (66.6% vs 45%,  $p>0.05$ ). There was no difference in disease factors including advanced stage at diagnosis (Stage III/IV) (77.8% vs 45.5%,  $p>0.05$ ), and complete response to initial treatment (88.8% vs 45.4%,  $p>0.05$ ).

**Conclusions**

There is opportunity to improve patient counseling for hospice admission. Characterization of patients with recurrent cervical cancer who were admitted to hospice can assist with identification of factors that lead to delayed entry into hospice care. We found that patients with a significant other identified in the medical chart were more likely to have a hospice admission time of less than two weeks.