

Poster 28: Rising burden of benign consults in gynecologic oncology**Presenting Author:** Vishwa Shah, DO, Loma Linda University Medical Center

Topic

Quality & Healthcare Systems

Objectives

Gynecologic oncology was established as a multidisciplinary approach to provide comprehensive care to patients with gynecologic malignancies. According to studies, more than one third of cases performed by gynecologic oncologists are for benign pathology or indications, raising concerns that benign surgery volume impairs the timely delivery of care to cancer patients. We aimed to determine if the volume of benign surgery performed by gynecologic oncologists has increased over time.

Methods

Preliminary analysis of a single institution retrospective cohort study of new gynecologic oncology consults 7/1/13 – 6/30/23, comparing patients matched by consult date 10 years apart. Clinical and demographic information was abstracted from the electronic medical record. Age cutoff for menopause was defined as 52 years.

Results

5658 patients were eligible for inclusion; we present results from preliminary analysis of the 350 early and late matched consults. Late patients had higher BMI (30.26 vs 32.19, $p=0.0036$) and were more likely to be of Hispanic ethnicity (23.14% vs 34.86%, $p<0.0001$). There was no difference in number of prior abdominal surgeries between the two groups ($p=0.2530$). The volume of patients referred for adnexal mass increased (29.71% vs 37.43%, $p=0.0215$). Fewer late patients had a known gynecologic malignancy at referral (43.14% vs 32.86%, $p=0.0215$), and benign final pathology was more likely (20.29% vs 38.29%, $p=0.0002$). Benign OBGYNs were more likely than PCPs to refer with a known diagnosis of malignancy (21.42% vs 5.43%, $p=0.0029$). The use of minimally invasive surgery increased (23.14% vs 40%, $p<0.0001$). Premenopausal patients referred for adnexal mass were more likely to have benign pathology (71.58% vs 52.21%, $p=0.0185$). Although it did not reach statistical significance, there was a trend towards an increased volume of referrals for benign pathology in premenopausal patients (65% vs 76.36%, $p=0.0948$).

Conclusions

Benign pathology referrals to gynecologic oncologists are increasing, especially in premenopausal patients. Analysis of the remaining consults is ongoing. Further studies will aim to survey the benign gynecologists to evaluate their reasons for referring patients with benign disease.

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Abstract Table or Graph

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