

Poster 30: Disparities in advance care planning in older adults with gynecologic cancer: an analysis of the Health and Retirement Study

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Topic

Quality of Life/Palliative Care

Objectives

Advance care planning (ACP) improves delivery of patient-centered, goal-concordant care at the end of life. Literature about ACP in gynecologic oncology primarily stems from single-institution analyses. This study examines trends and disparities in ACP in a nationally representative sample of US adults with gynecologic cancers. We hypothesized that ACP participation would differ by race, education, and cancer type.

Methods

We utilized the Health and Retirement Study (HRS), a national longitudinal study of adults ≥ 50 years with linkage to Medicare claims. Biennial interviews of participants and upon their death, an exit interview with a proxy, are conducted. Decedents between 1998-2022 with a Medicare diagnosis code of gynecologic cancer were abstracted, and demographics and frequency and types of ACP participation were evaluated. Analysis was performed using SAS version 9.4.

Results

Of 270 decedents, 224 (83%) participated in ACP. Most were ≥ 70 at diagnosis (73.0%), White (81.1%), and had ovarian (43.3%) or uterine (35.2%) cancer. ACP rates varied significantly by race (White 87.2% vs. non-White 66.0%, $p < 0.01$), education ($<$ high school 73.9% vs. \geq high school 86.1%, $p = 0.02$), and cancer type (ovarian 90.6% vs. cervical/vaginal/vulvar/other 86.2% vs. uterine 71.6%, $p < 0.01$) (Figure 1). No significant differences were noted by age, marital status, functional status, residence, and expected death by the proxy. End-of-life preferences (70.5%) and durable power of attorney designation (67.8%) were more common than living wills (56.3%). Multivariate analysis adjusting for race, education, and net worth showed ACP was less likely in uterine (OR 0.17, 95% CI 0.05-0.52) compared to ovarian cancer but not for cervical/vulvar/vaginal/other (OR 0.40, 95% CI 0.11-1.44).

Conclusions

In this nationally representative cohort of older adults with gynecologic cancers, participation in ACP differed by race, education level, and cancer type. Further research is needed to identify the barriers contributing to these disparities and to develop targeted interventions to improve participation in ACP.

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Abstract Table or Graph

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