

# WAGO 2025 ANNUAL MEETING

## ORAL ABSTRACT



### **Racial and ethnic disparities in frequency and time to hospice referral among patients with recurrent cervical cancer**

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#### Objectives

To examine racial, ethnic, insurance, and age-related disparities in hospice referrals among patients with recurrent cervical cancer.

#### Methods

A retrospective chart review identified 140 patients with recurrent cervical cancer. Patients were included in our study if they had documentation of the following: recurrence, age at initial diagnosis, race and ethnicity, insurance status, and hospice referral data. Age in years was categorized into < 40, 40-49, 50-64, and 65+. Insurance coverage was merged into three groups: no insurance, public (Medicaid and Medicare), private, and public + private. Race/ethnicity was classified as Non-Hispanic White, Non-Hispanic Black, Hispanic, Asian, and Other. Bivariate analysis, logistic regression, and time-to-event analysis were used to assess hospice referral disparities.

#### Results

Of the patients identified, 54 received hospice referrals. Of those, 8 (14.8%) patients were Non-Hispanic White, 1 was Non-Hispanic Black (1.8%), 27 were Hispanic (50%), 17 were Asian (31.4%), and 1 identified as Other (1.8%). Age at initial diagnosis and insurance coverage did not show significant variability within groups. Multivariable logistic regression revealed Hispanic and Asian patients have 5.47 (95% C.I. 1.79-16.74,  $p=0.0029$ ) and 4.50 (95% C.I. 1.47-13.76,  $p=0.0083$ ) times the odds of receiving a hospice referral than Non-Hispanic Whites. Time-to-event analysis showed Hispanic and Asian patients are 2.89 (95 C.I. 1.54-9.82,  $p=0.0041$ ) and 2.34 (95% C.I. 1.32-8.50,  $p=0.0112$ ) more likely to have hospice referral than their White counterparts, respectively. Neither logistic regression nor time-to-referral analysis revealed significant associations between age and insurance coverage to hospice referral status after controlling for other demographic covariates.

#### Conclusions

Our findings highlight racial and ethnic disparities in the timing of end-of-life care utilization, with minority patients being referred more frequently and earlier than White patients. Further research into tumor histology, staging at diagnosis, and treatment adherence is necessary to clarify the clinical and social factors contributing to these trends and to guide evidence-based improvements in hospice care.