

2026 ANNUAL MEETING

Poster 37: Assessment of the LACE+ score as a predictor of 30-day readmission in gynecologic oncology patients

Presenting Author: Lauren Falk, University of Oklahoma Stephenson Cancer Center

Topic

Quality & Healthcare Systems

Objectives

Unplanned and recurrent admissions to the hospital impact patient quality of life and result in increased costs. The LACE+ score, which incorporates Length of stay, Acuity of admission, Comorbidity index, and Emergency department visits in the past 6 months, is a validated tool for predicting 30-day readmission in a general patient population. We aimed to assess the performance of the LACE+ score in predicting 30-day readmission among gynecologic oncology patients.

Methods

We conducted a retrospective study of patients discharged between March 2025 and September 2025 with a gynecologic cancer at our institution. Univariable and multivariable analyses were performed to evaluate associations between 30-day readmission and demographic, clinical, and oncologic factors. The discriminatory ability of LACE+ score was assessed using receiver operator characteristic (ROC) curves. Cut-off analyses and modeling compared to 30-day readmission using predefined LACE+ risk groups (low risk ≤ 28 , medium risk 29-58, high risk 59-77, and very high risk ≥ 78) were performed. The timing of outpatient follow-up and reasons for readmission were assessed.

Results

201 patients met inclusion criteria. Overall, 29% (n=59) of patients were readmitted. Median LACE score was significantly higher among patients readmitted within 30 days (73.0 vs 54.5, $p < 0.001$). In multivariate analysis, the LACE+ score was independently associated with higher odds of 30-day readmission (OR 1.03, 95% CI 1.01–1.06, $p = 0.019$). There was a significant association between LACE+ risk group and 30-day readmission ($p = 0.001$), with no readmissions observed in the lowest-risk group. ROC curve showed fair discrimination for predicting 30-day readmission with the LACE+ score alone with an AUC of 0.68 (95% CI: 0.59–0.76). The median time to outpatient follow-up was 13 days for re-admitted and non-readmitted patients, and 54% (n=32) were readmitted prior to follow-up. The most common causes for readmission were infections and gastrointestinal concerns.

Conclusions

The LACE+ score is predictive of 30-day readmission in a gynecologic oncology population and demonstrates modest predictive performance. Patients with higher LACE+ scores may benefit from a stratified discharge plan that allows earlier follow-up for the highest-risk patients.

Uploaded File(s)

Abstract Table or Graph

[INEXBJK-2392059-1-ANY.pdf](#)