

Poster 69: Patterns and Timing of Palliative Care Referrals in Patients with Platinum-Resistant Ovarian Cancer

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Topic

Quality of Life/Palliative Care

Objectives

Although platinum-resistant ovarian cancer (PROC) carries a poor prognosis with limited treatment options, palliative care remains underutilized despite guideline recommendations from NCCN and ASCO for early integration in advanced disease. We evaluated rates, timing, and patterns of palliative care utilization in patients with PROC.

Methods

A retrospective review of PROC patients treated at a tertiary academic center (2020-2024) was conducted. Demographics, treatment characteristics, and palliative care referral details were collected and analyzed.

Results

Of 89 patients with PROC, 39 (43.8%) were referred to palliative care. In the total cohort 75.3% patients were White, 11.2% Hispanic, 4.5% Asian, 1.1% Black, and 7.9% unknown. Among patients referred to palliative care, 71.8% were White, 15.4% Hispanic, 7.7% Asian, and 2.6% Black, compared with 78%, 8%, 2%, and 0%, respectively, among those not referred. Most patients were managed by medical oncologists (62.9%), followed by gynecologic oncologists (31.4%) and both specialties (5.6%). Referral to palliative care was more common among patients managed by gynecologic oncologists (60.7%) compared with those managed by medical oncologists (35.7%). Among referred patients, 38.5% were seen by palliative care prior to PROC diagnosis and 61.5% after diagnosis; of the latter, 58.3% were referred within one year. Pain was the most common symptom addressed at initial palliative care visits, followed by gastrointestinal (GI) symptoms, fatigue/weakness, decreased appetite, anxiety, and neuropathy. At the last visit, pain and fatigue/weakness remained most prevalent, followed by anxiety and GI symptoms; neuropathy was no longer addressed. At analysis, 52 patients had died. Among referred patients, 30% were referred within 90 days of death and 40% within one year.

Conclusions

Less than half of PROC patients received a palliative care referral, with 30% occurring within 90 days of death—highlighting gaps in early integration despite recommendations. Gynecologic oncologist-managed patients were more likely to be referred than those managed by medical oncologists, suggesting specialty-specific referral patterns. Future studies should evaluate standardized referral pathways and their impact on quality of life.