E-potster viewing: Palliative care

Clinical characteristics and outcomes in elderly gynecologic cancers patients without surgical treatment

Objective Although surgery is the main treatment for gynecologic cancer, elderly patients are less likely to have surgical treatment than younger patients. This study aimed to investigate clinical characteristics and outcomes of elderly gynecologic cancer patients who did not receive surgical treatment.

Methods This retrospective study included patients aged 65 years and older who were diagnosed with invasive gynecologic cancers at a tertiary medical center in Korea. Patients with recurrent cancer, or incomplete records were excluded. Clinical data included age at diagnosis, comorbidity, stage, reason for not having surgery, nonsurgical treatments such as radiation or chemotherapy, and dates of last follow-up.

Results During the study period, 247 patients with gynecologic cancer were enrolled. The mean age of patients was 70.5 years. Ovarian, endometrial, and cervical cancer were diagnosed in 85, 60, and 102 patients, respectively. Among them, 127 (51.4%) patients underwent surgical treatment and 120 (48.6%) patients did not undergo any surgery. Cervical cancer (49.6%) was the most common in the non-surgical group, but ovarian cancer (43.7%) was the most common in the surgery group. In the non-surgical group, there were 51 (42.3%) patients who did not receive any treatment. The elderly patients in the non-surgery group were older ages (p<0.0001), more advanced stage (p=0.017), and shorter follow-up (p=0.004) than those in the surgery group.

Conclusions Only half of the elderly patients who diagnosed with gynecologic cancers received an appropriate surgical treatment. Elderly gynecologic cancers patients without surgical treatment showed more aggressive disease and poorer prognosis than those with surgical treatment.
SERIOUS ILLNESS CONVERSATIONS IN PATIENTS WITH MALIGNANT BOWEL OBSTRUCTION

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Objectives Malignant bowel obstruction (MBO) is a poor prognostic sign in patients with gynecologic malignancies. Serious Illness Conversations (SICs) may improve patient well-being and clinician satisfaction. At our institution, SICs are underutilized by clinicians caring for patients with MBO. We explored clinicians’ perceptions of and experiences with SICs.

Methods Using a qualitative descriptive study design, we conducted one-hour, semi-structured interviews with clinicians caring for patients with MBO to explore their practices with regards to SIC, perceived facilitators and barriers to SIC, and interactions with other medical team members. Concurrent with data collection, two researchers inductively analyzed transcripts for themes and resolved discrepancies through discussion.

Results Ten clinicians (3 gynecologic oncologists, 3 palliative care physicians, 1 medical oncologist, 1 nurse practitioner, 1 colorectal surgeon, and 1 physician assistant) completed the study. We identified three major themes. Participants identified challenges related to interdisciplinary communication, including identifying a primary communicator and arriving at a shared understanding of the patient’s illness. The broad spectrum of MBO presentation entailed prognostic uncertainty, and participants perceived that initiating SICs may be daunting in the acute setting for both patients and clinicians. Clinicians reported moral distress and helplessness in not being able to offer additional treatment; but SICs offer the opportunity for concordance in goals of care when treatment options are limited.

Conclusions Incrementally introducing SICs in the outpatient setting would facilitate further discussion in the inpatient setting. Clinicians can start by inquiring about patients’ hopes and worries. Incorporating SICs into routine MBO care may improve patient well-being and mitigate clinicians’ moral distress.