Poster rounds with the professors: Group C5

34/#806 PATTERNS OF PALLIATIVE CARE UTILIZATION BY WOMEN WITH GYNECOLOGIC MALIGNANCIES IN ONTARIO, CANADA: A 13-YEAR POPULATION-BASED RETROSPECTIVE ANALYSIS

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OBJECTIVES Early palliative care (PC) (≥6–12mo from death) has been associated with improved patient quality-of-life, less aggressive end-of-life care, and prolonged survival, and is understudied in gynecology. We characterized patterns of PC utilization and predictive factors in gynecologic cancer patients.

METHODS We conducted a population-based, retrospective cohort study of gynecologic cancer decedents in Ontario from 2006–2018 using ICES-linked administrative healthcare data. Multivariable logistic regression was used to determine factors associated with PC utilization.

RESULTS In this cohort of 16,237 women, 93.4% of decedents accessed palliative care, initially in the outpatient setting for 68.8% and institutionally for 31.2%. Palliative care was initiated a median 127 days before death (IQR 38–361d), and PC users accessed a median 8 institutional days (IQR 0–21d) and 41 community days (IQR 3–174d). While use of community PC gradually increased toward the end of life, use of institutional palliative care exponentially increased from 12 weeks until death. On multivariable analyses, factors significantly associated with an increased likelihood of receiving palliative care were longer cancer-related survival and Deyo-Charlson comorbidity score ≥1. Factors significantly associated with decreased likelihood of palliative care were age ≥80 years, diagnosis of uterine or vulvar-vaginal cancers, initial diagnosis of stage I-III malignancy (vs. stage IV), living rurally or in the third income quintile, or death after 2007.

CONCLUSIONS While >90% of gynecologic cancer decedents accessed palliative care, median initiation was within the last 4 months of life (late PC), which may result in suboptimal quality of life and end-of-life care. Access to PC may be inequitable.

35/#953 QUANTITY OVER EQUITY: DISPARITIES IN THE DISTRIBUTION OF THE U.S. GYNECOLOGIC ONCOLOGY WORKFORCE

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OBJECTIVES Palliative care is underutilized in gynecologic cancers. Geographic disparities in the distribution of oncolgy workforce may contribute. We examined quantity and equity of workforce in US.

METHODS All US states were defined as regions of equal population. Geographic distribution of gynecologic oncology faculty members was computed and compared to population density.

RESULTS Quantity of faculty was inversely associated with region population density. No state had the recommended number of faculty (1:300000). There were inequities in geographic distribution of faculty. Disparity index was calculated and compared between men and women.

CONCLUSIONS There were significant disparities in quantity and distribution of gynecologic oncology workforce, which may contribute to the underutilization of palliative care in gynecologic malignancies.