End-of-Life Care Planning in Patients with Recurrent Gynecologic Cancers

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Objectives: Most women with terminal gynecologic cancers do not have do-not-resuscitate (DNR) orders upon hospital admission and many do not receive effective palliative care. Our objective was to assess quality care indicators involving end-of-life care among gynecologic oncology patients treated at our institution.
Methods: An IRB-approved, retrospective review was performed on all patients with recurrent gynecologic cancers who died between January 2009 and October 2012. Data included: rates of DNR, advance care plans, and health care power of attorneys; Hospice/Palliative Care Medicine (HPCM) involvement; intervals to death from diagnoses and DNR status; and end-of-life care. Chi-squared, Mann-Whitney and discriminate analyses were utilized.
Results: Complete data were available for 130 of 345 (37.7%) patients with cervical, uterine, ovarian, or vaginal/vulvar cancer. Eighty-three (63.8%) patients were DNR at their last hospitalization, 84 (64.6%) had HPCM involvement, and 18 (13.8%) had an advance care plan. Patients were significantly more likely to have DNR status when HPCM was involved, with a diagnosis of ovarian cancer, and as the duration of time between diagnosis and death increased ($p = 0.0001$).
Conclusions: DNR status is associated with an ovarian cancer diagnosis, HPCM involvement, and increasing time from diagnosis to death. Earlier intervention from providers or HPCM could allow for greater patient autonomy and fewer interventions at end-of-life.

Key Words: End-of-life care; Gynecologic oncology