

The Impact of Personal Factors and Patterns of Care on Outcomes for Older Adults Diagnosed with Solid Tumors.

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Background

- cancer prognosis, treatment, and outcome are complex and intertwined.
- differences in health outcomes based on personal factors as a prevailing public health problem, sparse research addresses patterns of care and how issues of aging impact quality palliative care metrics such as hospital length of stay
- Examining the association among age groups and patterns of care may inform pathways of advance care planning to help reduce disparities in outcomes for older adults with solid tumors.

Methods

- We conducted a retrospective cohort analysis of older adult patients at a large Southeast academic medical center using data restricted to ICD10 codes for solid tumors.
- We obtained measures of central tendency and frequencies to investigate the relationship between patterns of care and age, gender, race, comorbidities, and insurance status.
- We performed bivariate tests and multiple regressions to examine demographic patterns of care, and length of stay.

Results

- The sample (n=4495) of adult cancer patients was 50% female, 51% white, and mostly (81%) high social economic status (SES).
- The mean age was 66.24 years (SD=15.23). Median length of stay was 12.88 days. Over 95% of sample reported multiple comorbidities while 76% reported enrollment in government insurance.
- Treatment patterns included 596 (14%) chemotherapy, 402 (9%) radiation, 415 (9%) both chemotherapy and radiation; and 3015 (68%) reported not having any treatment. Based on the conventional result (OR= 1.64; confidence interval 1.2-1.99), high SES patients were 1.64 times more likely to have treatment compared to the low SES patients.

Conclusion

- Low SES and older adults were more likely to experience differential patterns of treatment.
- Further research is needed to disentangle complex individual variables versus age categories to derive a more valid and precise estimate of the association between older adults and treatment in cancer patients.
- It is important to identify factors that account for the link to health across all age strata to elucidate mechanisms previously ignored and misunderstood in the relationship to negative outcomes