Course project Tiina Petäjä:

Palliative care in advanced gynecological cancer patients in Seinäjoki Central Hospital in 2016 -2017

Background The Society of Gynecologic Oncology recommended in 2013 that patients with terminal or relapsed gynecologic cancer should receive palliative care without delay. Palliative care should be integrated at a time when the patient is diagnosed with gynecological cancer and/or has a high symptom burden. The decision when to introduce palliative care is very difficult, especially when having a long patient-physician relation as with gynecologic cancers patients.

Aim The aim of this project was to find out how gynecological cancer patients are followed in end-of-life and when during the disease trajectory gynecologists in Seinäjoki Central hospital offer palliative care to gynecological cancer patients. The timespan from last visit and treatment until death were of interest, as were the numbers of the palliative care diagnoses, palliative talks and DNR decisions.

Materials and methods A local clinical audit was planned to retrospectively find out the statistics about gynecological cancer patients who died during 2016-2017 in Seinäjoki Central Hospital region. An ex-report system collecting electronically patient data was used to find patients with gynecological cancer (ICD-10 C51-C78) visiting the gynecological department and dying during years 2016-2017. Among those who had died, age, date of diagnosis, last treatment, last control and date, place and cause of death were retrieved from medical charts and collected in a structured data collection sheet. Cancer sites according to ICD-10 diagnosis, Z51.5 (diagnosis for palliative care) and DNR-decisions were also obtained. Medical records were searched to find out if and when during the disease trajectory there was any verbal description of a conversation about palliative care. Permission for using the patient registers and ex-report was obtained from the hospital board.

Results During 2016-2017 only 42 of 368 (11%) gynecological cancer patients visiting the gynecological department died. The cause of death was gynecological cancer in 38/42 patients. The mean age of patients was 74 years (45 – 93 years). The place of death was health care center in 31/38, home 3/38, hospital 2/38 and not known 2/38 patients (outside the hospital district). The survival from cancer diagnosis to death varied from 20 days to 13 years 9 months. The time from ending chemotherapy to death was over 6 months in 11/36, 2-6 months in 10/36 and under 2 months in 15/36 patients. The palliative care diagnosis Z51.5 was found in 25/38 patients medical records and usually late in course of the disease. A palliative talk was mentioned in 23 medical records and mostly when the treatment was discontinued. Only one patient had a palliative care discussion during chemotherapy. Although having a palliative care diagnosis 11 patients had chemotherapy in their last two months of life (1 – 54 days). DNR decisions were made in 32/38 patients, but only ten in the gynecological department. The time from palliative diagnosis Z51.5 to death was in average 52 days (1 – 207 days).

Discussion The gynecologic cancer trajectory varies a lot, which makes the forthcoming death unpredictable. Integration of palliative care to cancer treatment has not been very successful in the gynecological department. Chemotherapy was continued for too long, up to two month prior death in almost half of the dying patients. Palliative care was usually mentioned for the first time on the last contact in hospital when treatment was discontinued. DNR decisions were also made too seldom, only in 10/38 patients.

Conclusion Gynecologists need more education in palliative care and in communication skills to make decision-making and integration of palliative care easier.