INTRODUCTION

• Concurrent chemo-radiotherapy followed by brachytherapy is the standard curative treatment for locally advanced cervical cancer.
• Treatment journey is associated with significant toxicity and complex navigation, resulting in unscheduled acute care visits
• Patient-reported outcomes (PROs) provide the opportunity to understand the patient’s symptoms, needs, and overall experience

AIM

• To characterize the symptom burden and unmet needs of locally advanced cervical cancer patients undergoing concurrent chemoradiation
• To evaluate the utility of PROs in predicting unscheduled acute care visits

METHODS

• Patients with FIGO Stage IB-IVA cervical cancer treated with curative intent chemo-radiotherapy between January 2014 and December 2020 were retrospectively identified
• Data Collection:
  • Patient socio-demographics, PRO scores, clinical and treatment characteristics, and unscheduled acute care visits were extracted from medical records
  • PROs: Edmonton Symptom Assessment System (ESAS) and Social Difficulties Inventory (SDI) are routinely completed by patients prior to the clinical encounter
  • Moderate-severe ESAS score: > 4 for any individual item
  • Social difficulty: Yes to any SDI Subscale
  • Unscheduled acute care visit: any visit to our institution’s Radiation Nursing Clinic, Emergency department visit, and/or hospitalization
• Data Analysis:
  • Descriptive statistic summarized socio-demographic, PRO and clinical/treatment data
  • A logistic regression model evaluated if ESAS-r nor SDI scores increased the likelihood of having an unscheduled acute care visit within 1 month of PRO completion

RESULTS

Symptom Burden and Social Difficulties Analysis:

• At baseline, poor Well Being (49%), Anxiety (45%), Tiredness (44%), and Pain (36%) were the most common moderate/severe symptoms
• These persisted in 29%, 18%, 33%, 24%, respectively 12 months post-treatment

Table 1: Patient Characteristics

| Variable | Yes | N (%)
|----------|-----|-------|
| Age (years) | 20-30 | 12 (22.7)
| 31-40 | 19 (37.3)
| 41-50 | 16 (31.7)
| 51-60 | 10 (19.6)
| 61-70 | 2 (3.9)
| Glutathione Peroxidase Deficiency | Yes | 2 (3.9)

• At baseline, financial concerns were the most common Social Difficulty
• This persisted in 12% at 12 months post-treatment

On multivariate logistic regression analysis, there were no associations between ESAS-r nor SDI scores and subsequent unplanned acute care visits

Unscheduled Acute Care Utilization:

• 66% (n=96) had at least one unplanned acute care visit from treatment start to one month post treatment
  • Average # visits/patient = 6
  • Average time from RT start to 1st visit = 17.8 days

Association between PROs & Acute Care Utilization

• On multivariate logistic regression analysis, there were no associations between ESAS-r nor SDI scores and subsequent unplanned acute care visits

CONCLUSIONS

• Cervical cancer patients undergoing concurrent chemoradiation endorse significant symptoms and social difficulties at baseline that persist 12 months post-treatment
• Patients utilize unplanned acute care health services frequently during treatment; however, there were no associations between PRO scores and acute care visits
• Future work is ongoing to assess a Proactive Symptom Monitoring Program and to determine predictors of acute care utilization

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