

## POSTER ABSTRACTS

10<sup>th</sup> Annual HMO Research Network Conference

May 3-5, 2004 Dearborn, MI

### Cancer 09

#### Evaluating End of Life Care Within Managed Care for Women Who Die of Ovarian Cancer

Rolnick, SJ, HealthPartners Research Foundation  
Herrinton, L, Kaiser Permanente Northern California  
Jackson, J, HealthPartners Research Foundation  
Neslund-Dudas, C, Henry Ford Health System  
Bohlke, K, Group Health Cooperative  
Hornbrook, M, Kaiser Permanente Northwest  
Coughlin, S, CDC, Division of Cancer Prevention and Control

**Background:** One in four deaths are caused by cancer, making it the 2nd leading cause of death in the United States. Thus, end of life care is a critical component of the cancer care continuum. With ovarian cancer as the leading cause of death in women with gynecological cancer, the purpose of this project was to describe end of life care (or lack of it) for women who die of ovarian cancer. In the pilot phase of this study, we focused on the quantity and quality of information we could obtain from the medical records.

**Methods:** This observational, pilot study was conducted by five HMOs (Kaiser Permanente Northern California, Kaiser Permanente Northwest, Group Health Cooperative, Henry Ford Health Systems, HealthPartners Research Foundation). Through medical record abstraction, data was collected on clinical signs and symptoms within the last six months of life, therapies used to manage symptoms, factors associated with a determination of end of life (EOL), change in care following EOL determination, comorbidities and demographics. Eligible woman must have died with epithelial ovarian cancer (primary or secondary cause of death) between 1995 and 2000. Abstraction focused on retrospective data for each subject's last six months of life.

**Results:** The initial abstraction form was extremely cumbersome. Recording data from each encounter to identify signs, symptoms and procedures was extremely time intensive. The most time consuming aspect related to details of complications. Data not readily obtained from charts included practice guidelines, results of clinical tests (could not tell if tests were not done or not documented), evaluation of pain management and alternative and complimentary therapies.

**Conclusions:** Databases will be used to obtain comorbidity information and charts from hospice and hospitals may be needed to obtain a more comprehensive picture of end of life care.