

POSTER ABSTRACTS

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Hospice Admission and Length of Stay Among Men Dying of Prostate Cancer

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Background: In spite of increasing participation in hospice, lengths of stay remain short. We explored predictors of hospice admission and length of stay among men dying of prostate cancer.

Methods: Using the Seattle-Puget Sound Surveillance, Epidemiology, and End Results registry, we identified prostate cancer deaths occurring between 1993 and 1999 among members of a managed care organization. For 250 of these men, we collected information about the prostate cancer diagnosis and the last 6 months of life from medical records. We used logistic regression to analyze predictors of hospice admission, and Cox regression to analyze hospice length of stay (LOS).

Results: Among the 240 men with known hospice admission status, 84% received hospice care. Men 80 years of age and older were less likely to be admitted to hospice than younger men (odds ratio (OR)=0.20, 95% confidence interval (CI) 0.09, 0.44). The 11 African-American men in the study were less likely to be admitted than non-African-Americans (OR=0.25, 95% CI 0.07, 0.94). Median LOS among the 194 men with hospice admission date information was 39.5 days. 26 men (13%) were admitted during the last week of life. Another 26 men were admitted more than 180 days before death. Analyses of LOS are still underway, but men with localized disease at diagnosis appear to have shorter lengths of stay in hospice than men with distant disease at diagnosis (age- and race-adjusted hazard ratio=1.62, 95% CI 1.11, 2.35).

Conclusions: Hospice participation was high, but there were disparities by age and race. Understanding the basis for variability in LOS by stage at diagnosis may suggest ways to increase LOS.