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Racial Disparities in End-of-Life Care Among Patients with Neuroendocrine Tumors

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BACKGROUND

Due to a slower course of disease and lack of awareness among care teams, end-of-life (EOL) care is typically underutilized in patients with Neuroendocrine tumors (NETs). Owing to a heavy symptom burden, patients with NETs often struggle due to lack of palliative care and eventually EOL care support. Prior studies have revealed that Black patients with advanced cancer are more likely to receive aggressive care and suffer a significant decline in quality of life at EOL. Similar data investigating racial differences in EOL among patients with NETs are lacking.

METHODS

The National Inpatient Sample (NIS) was queried between years 2016-2020 to identify all hospitalizations (regardless of site of origin) with NETs utilizing the appropriate ICD-10 codes (neuroendocrine carcinomas were excluded). Hospitalizations of White and Black patients with documented inpatient mortality events were extracted. Demographic and clinical data were analyzed using independent sample t-test, Chi-square test, and binary logistic regression (adjusted for age, gender, and Charlson comorbidity index or CCI).

RESULTS

A total of 6,265 hospitalizations with NETs were included, of which 5,125 (81.8%) and 1,140 (18.2%) had White and Black patients respectively. Black patients were younger, more likely to be females, and less likely to have a do not resuscitate (DNR) code status. There was no significant difference in CCI between the groups. Palliative care consultation was less likely to be performed among Black patients (adjusted OR=0.70, $p<.001$). Black patients also had longer mean length of stay in the hospital (10.25 vs 8.42 days, $p<.001$). Black patients were also more likely to receive aggressive care in the form of mechanical ventilation at EOL.



	White N=5125	Black N=1140	aOR (95% CI)	p-value
Age (in years)	67.67 ± 11.89	65.14 ± 11.29	-	<.001
Females	46.1%	50.9%	-	.004
CCI	15 (12.7)	5 (12.5)	10 (12.8)	.538
Mean length of stay	29 (24.0)	16 (35.6)	13 (17.1)	<.001
Palliative	62.6%	54.5%	0.70 (.61-.80)	<.001
DNR	64.9%	60.1%	0.80 (.70-.92)	.002
Blood transfusion	13.2%	15.4%	1.18 (.98-1.41)	.052
Mechanical ventilation	28.8%	38.6%	1.55 (1.35-1.77)	<.001
Vasopressor	9%	9.6%	1.07 (.86-1.33)	.47

CONCLUSIONS

This is the largest analysis demonstrating significant racial disparities in EOL care among patients with NETs. Black patients had longer inpatient stay, were less likely to receive inpatient palliative care consultation, have a DNR order and more likely to receive aggressive care at EOL. These findings may have implications for informing healthcare decision making for EOL care among Black patients with NETs.

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