

Hospitalizations, emergency department visits and home care in older patients after cancer diagnosis: data linkage study with 3 years follow-up

Objective:

Via data linkage, this study aims to describe long-term outcomes in the care trajectory of older patients with cancer and assess their association with baseline geriatric screening and assessment (GS/GA) data.

Methods:

Based on a unique patient identifier, GS/GA, cancer registry and administrative health data were linked. GS/GA data were derived from a past prospective multicentric Belgian study (n=22 centers; 2009-2015) where patients ≥ 70 y were screened with G8 followed by GA in case of abnormal result ($\leq 14/17$). Tumor characteristics and vital status were derived from cancer registry and outcomes (inpatient hospital days, emergency department (ED) visits and home care days) from administrative data. Outcomes were assessed until 3y after inclusion and event rates were calculated. Patients were censored 3 months before death to exclude influence of end-of-life care.

Results:

6,391 older patients with a new cancer diagnosis were included. The median age was 77 (range: 70-100) and 59.8% was female. Breast, colon and lung cancer were the most common diagnoses and 64.3% had an abnormal baseline G8. In the 3y follow-up, 5,630 (88.1%) patients spent at least one day in hospital, 2,967 (46.4%) had at least one ED visit and 4,265 (66.7%) had received home care. When comparing event rate per person-year, patients with an abnormal G8 had significantly more hospital days (15.5 vs 7.0), ED visits (0.53 vs 0.30) and home care days (71.2 vs 31.5).

Conclusion:

Patients with an abnormal baseline G8 have more hospital days, ED visits and home care days in the 3y following a new cancer diagnosis.

Length: 250 max

Keywords: cancer, geriatric screening, long-term outcomes, administrative data, registry data

Topic: geriatric assessment

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