Session F. Genitourinary cancer

F42 Multiple access and hospitalization predictors in patients with Urological Cancer: a retrospective analysis
Dipartimento di Oncologia, Ospedale Universitario di Udine, Udine

Background: The increasing incidence of urological cancers as well as the many treatment options available nowadays have both led to frequent multiple and unplanned consultations of urological cancer patients. As such, we aim to define main causes and features of this phenomenon, identifying the major risk factors predicting repeated accesses and hospitalization.

Materials and methods: Records from 616 consecutive unplanned consultations were analyzed from October 2006 to December 2014. Collected data included baseline demographic, clinical variables, reasons for presentation, laboratory results and outcome of the visit. Cross-tables, χ² test, and logistic regression have been utilized for the analysis. We studied the association between potential predictive factors and two established events: multiple presentations and hospitalization.

Results: Median age was 70.5 (range 23-88). Kidney cancer (36.4%), prostate cancer (34.7%) and bladder cancer (19.8%) were the most common tumor types. The main reasons for unplanned consultations were: pain (31.2%), hematological toxicities (20.8%) and fatigue (20.3%). The median number of causes of presentation was 1.0 (range 1.0-7.0). In univariate analysis, the most important predictive factors for hospitalization were multiple reasons for consultation (p < 0.001), dyspnea (p < 0.001), fatigue (p < 0.001), pain (p = 0.002), urinary tract disorders (p = 0.007), nausea/vomiting (p = 0.021), and thromboembolic events (p = 0.034). On multivariate analysis, only multiple reasons for visit (p = 0.008, IC 95% 1.28-5.13, OR 2.56) and dyspnea (p = 0.029, IC 95% 1.09-4.47, OR 2.20) were significant. When assessing the potential risk factors for multiple accesses, univariate analysis showed a significant correlation with hematological toxicities (p < 0.001), chemotherapy administered within the last 90 days (p < 0.001) and pleural effusion/ascites (p = 0.031). On multivariate analysis, chemotherapy within 90 days (p < 0.001, IC 95% 1.59-4.31, OR 2.62), hematological disorders (p = 0.002, IC 95% 1.63-8.37, OR 3.70) and pleural effusion/ascites (p = 0.029, IC 95% 1.21-32.44, OR 6.26) were associated with multiple presentations.

Conclusion: In patients with urological cancers the phenomenon of unplanned visits and hospitalization for side effects of anticancer therapy is not negligible. In the present analysis, chemotherapy within 90, hematological toxicities and pleural effusions were linked with an increased risk of repeated unscheduled visits.