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INTRODUCTION: The integration of palliative care into standard gynecologic oncology care, in developed countries, is considered to be associated with cost-savings, longer survival, lower symptom burden, and better quality of life for patients and caregivers.^{1,2} "GALILEE" is the first comprehensive Palliative Care Unit in Greece. The aim of the study is to characterize symptom prevalence and identify operational metrics in patients with gynecologic cancer, cared at home by an interdisciplinary palliative care team

METHODS: Retrospective analysis of all women, with gynecologic cancers, cared from 01.03.2015- 31.12.2018, by "GALILEE". Electronic patient records were reviewed for demographics, disease characteristics and end of life care. Performance status was measured by the Palliative Performance Scale (PPS) and symptom burden by the Edmonton Symptom Assessment System (ESAS) upon admission.

RESULTS: Out of 520 patients cared in the same time period, only 42 (8%) were identified with gynecologic cancers. Their median age was 68,5 years (range, 44-94). The majority had ovarian cancer (47,6%).(Table 1) Half of the patients were admitted during first line treatment. Only two patients (4,7%) were referred by their gynecologic oncologist. Upon admission, only 23,8% of patients were aware of the diagnosis and 11,9% of the prognosis. Median time in care was 97,5 (5-2151) days. At study entry, 35,7% of the patient had a good performance status (PPS \geq 70%)(Table 2), while the most common disease-related symptoms were pain (78,6%), fatigue (54,8%), nausea (52,4%), anxiety (45,2%) and depression (31%).(Table 3)

Similar symptom burden have been reported in the literature.^{3,4} Almost half of the patients (43,9%) had no emergency admission to the hospital, while 23,8% had only one such admission, (Table 4) mostly for probably reversible symptoms (infections, anemia etc.). Moreover, 78,4% of patients died of their disease.

In the last 2 weeks of life:

- 7,1% of patients were receiving chemotherapy
- and 31% had a hospital admission
- 50% were supported to die at home

CONCLUSION: Gynecologic oncology patients have a high symptom burden and information needs and could thus profit by concurrent provision of palliative care, early on their disease trajectory.

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