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“How the Level of Subspecialty of Faculty Involved in an Emergency Department Encounter Affects the Time until Diagnosis and Time until Initiation of Treatment in Gynecologic Oncology”

Background: An emergency room visit is an opportunity to intervene and provide the needed care in a timely fashion. However, there is great variability in the level of subspecialty of the medical professionals involved in emergency visits. We aimed to determine if different levels of subspecialty involvement during an emergency visit had an affect on the time until first interaction with a gynecologic oncologist, time until cancer diagnosis, and time until the initiation of treatment.

Methods: A retrospective chart review was conducted that included women who were referred from the emergency department (ED) to gynecologic oncology at Touro Infirmary, University Medical Center, West Jefferson Medical Center, and East Jefferson General hospital. We recorded whether these patients had no gynecology consult, had a gynecology consult, or had a gynecologic oncology consult during their ED visit. We explored whether the level of subspecialty seen in the ED influenced the time until involvement with a gynecologic oncologist, time until cancer diagnosis, and time until the initiation of treatment. In addition, variables such as race, ethnicity, insurance status, primary language, comorbidities, and location were recorded and analyzed.

Results: There were 123 women referred to gynecologic oncology from the ED. The mean time until first gynecologic oncology interaction after an ED visit was 8.83, 30.12, and 65.59 days for those with gynecologic oncology, gynecology, and no gynecology interaction in the ED, respectively ($p < 0.001$). There were 68 out of the 123 women referred from the ED who were diagnosed with cancer. The mean time until cancer diagnosis was 7.6, 24.56, and 67.05 days for gynecologic oncology, gynecology, and no gynecology interaction in the ED, respectively ($p=0.036$). There was no significant difference in the time until initiation of treatment between the three groups ($p=0.107$). There were no significant differences in time intervals between patients of varying race, ethnicity, insurance status, location, and comorbidities.

Discussion: This study demonstrates that gynecologic oncology involvement in the ED is associated with a shorter time to gynecologic oncology involvement and diagnosis. Many marginalized groups rely on emergency care to engage with health care; subspecialist availability may be critical to improving outcomes.