COMPARISON OF TRENDS IN HOSPICE UTILIZATION AMONG PATIENTS WITH MYELOID AND LYMPHOID MALIGNANCIES BASED ON SEX AND RACE (2003–2020): A CDC WONDER DATABASE ANALYSIS

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Introduction

Myeloid and lymphoid malignancies differ in pathophysiology but share challenges in end-of-life care. Hospice remains underutilized in hematologic cancers. This study examines long-term hospice utilization trends and demographic disparities.

Aim

To compare hospice use in myeloid vs. lymphoid malignancy patients by race and sex from 2003–2020.

Objectives

- Assess overall trends in hospice utilization
- Identify differences based on malignancy subtype
- Explore disparities across sex and racial groups

Methods

CDC WONDER mortality data (2003–2020) was analyzed for myeloid and lymphoid malignancies (ICD-10: C81–C95). Trends in hospice utilization were assessed using the Mann–Kendall trend test. Comparisons were stratified by sex and race. Statistical significance was defined as $p < .05$.

Results

Hospice Usage Trends (2003–2020):

- Myeloid malignancies: 23 → 1,488 ($\tau = 0.909$, $p < .001$)
- Lymphoid malignancies: 23 → 923 ($\tau = 0.922$, $p < .001$)

Demographic Subgroup Trends:

- Myeloid:
  – Females ($\tau = 0.882$), White & Black patients ($\tau = 0.908$), Young adults ($\tau = 0.935$)
- Lymphoid:
  – Males ($\tau = 0.931$), Females ($\tau = 0.922$), White ($\tau = 0.935$), Black ($\tau = 0.702$)(All p-values < .001)

Total Utilization by Group:

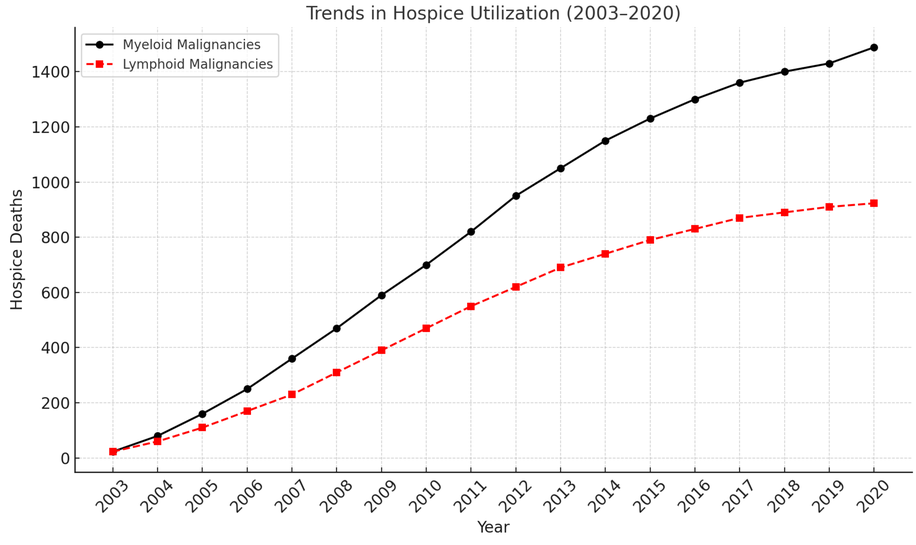
- Males: Myeloid (9,376) vs. Lymphoid (700)
- Females: Myeloid (7,694) vs. Lymphoid (437)
- White: Myeloid (14,738) vs. Lymphoid (9,129), $p = 0.031$
- Black: Myeloid (1,277) vs. Lymphoid (658), $p = 0.028$

Summary

Hospice use is growing in hematologic malignancies, with stronger uptake in myeloid cancers. Consistent growth is seen across all race and sex categories.

Discussion

These trends likely reflect increased awareness and integration of hospice in oncology. However, disease-specific disparities suggest differing referral patterns or care needs, especially in lymphoid malignancies, warranting further clinical investigation.



The abstract reports original research; no funding was required. All authors declare no conflicts of interest.© 2025. All rights reserved.