TEMPORAL TRENDS AND DISPARITIES IN PLACE OF DEATH AMONG PATIENTS WITH LYMPHOMA IN THE UNITED STATES: A NATIONWIDE CDC WONDER ANALYSIS, 1999–2020

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INTRODUCTION

Place of death (POD) is an emerging quality metric in oncology and palliative care.

Reflects healthcare access, end-of-life preferences, and utilization of hospice services.

Despite advancements in lymphoma treatment, nationwide trends in the place of death among lymphoma-related deaths not fully characterized.

AIM

To evaluate temporal trends and demographic disparities in the place of death among lymphoma-related deaths in the United States from 1999 to 2020, using the CDC WONDER Multiple Cause of Death database

METHOD

- Retrospective population-based analysis from 1999 to 2020.
- Place of death categorized as: inpatient hospital/medical facility, home, nursing home/long-term care institution, hospice facility, outpatient/emergency department, others.
- Crude mortality rates and temporal trends analyzed by year, age, sex, race, and state.

CONCLUSIONS

- Marked end-of-life care transition from inpatient hospital mortality to home and hospice-based care.
- Demographic and regional disparities remain.
- Targeted interventions needed to improve patient-centered end-of-life care across the USA.

RESULTS

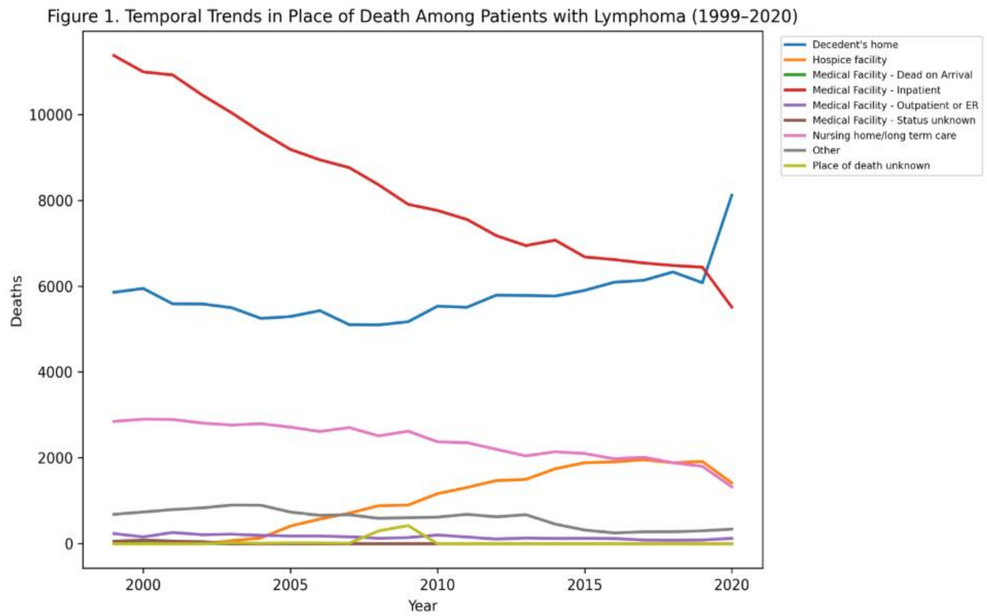
- 473,363 lymphoma-related deaths recorded
- POD: hospital/medical facility (43.1%), home (31.0%), nursing home/long-term care facility (13.9%) (Table 1)
- Patients ≥75 years more likely to expire in nursing homes and hospice institutions; younger patients succumbed in hospitals.
- Consistently high inpatient mortality in California, New York, Texas, and Florida.

Table 1: Lymphoma Place of Death Distribution

POD	Deaths	%
Inpatient	203,798	43.1
Home	146,669	31.0
Nursing home	65,659	13.9
Hospice	28,959	6.1
Others	19,763	4.2

- Steady decline in inpatient hospital deaths, but significant increase in home and hospice facility deaths (Figure 1).

Figure 1: Temporal trends in Place of Death Among Patients with Lymphoma (1999-2020)



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