Why do people with advanced cancer experience unplanned hospitalisation?

A Critical Review of the Literature

Émilie Smith, Nicole McGill, Stephen Fenning, Chinelo Egwu, Shona Simon; Supervisor: Dr. Jo Bowden

Introduction

Unplanned hospital admissions are **common** for people with advanced cancer[1], likely reflecting **unmet needs** and may be **distressing**.

The drivers of hospital admissions for this population are poorly understood.

Aim:
To undertake a critical review of the published research to better understand why people with advanced cancer experience hospitalisation

Methods

The literature review was undertaken in two stages:

- An initial review, undertaken in 2022, by Nicole McGill
- An updated review, undertaken in 2025, by Émilie Smith
- Identical methods were utilised and these, and the combined results, are presented.

A search strategy was developed with key terms relating to the target population, setting, variables and outcomes of interest.

Embase and Medline were searched and worldwide articles in English, published between January 1st 2000 and February 1st 2025, were accessed.

Initially, 658 papers were identified. Title and abstract screening was undertaken, with full text screening the final step (see PRISMA flow chart, Figure1).

The key reason for exclusion of papers at the full text stage was the wrong population. Papers for inclusion were identified and descriptive data was extracted. Quality appraisal using the CASP checklist was conducted.

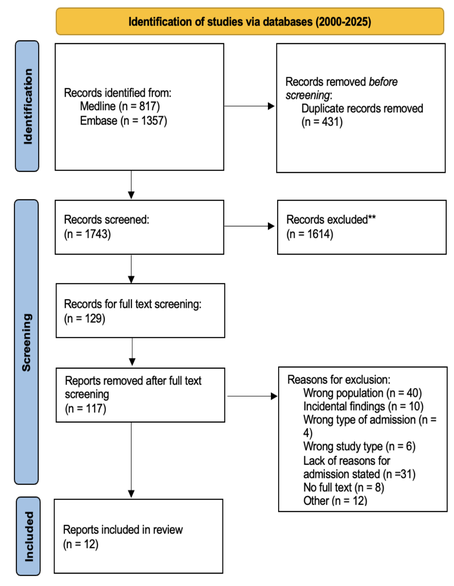

Figure 1: PRISMA flow chart showing papers screened

Results

12 research studies published between 2000 and 2025 met the full inclusion criteria

Studies were highly heterogeneous: 9 different countries, populations ranging in size from 100 to 91 561 and differing cancer types and study designs – including retrospective analyses, prospective cohort studies and reviews.

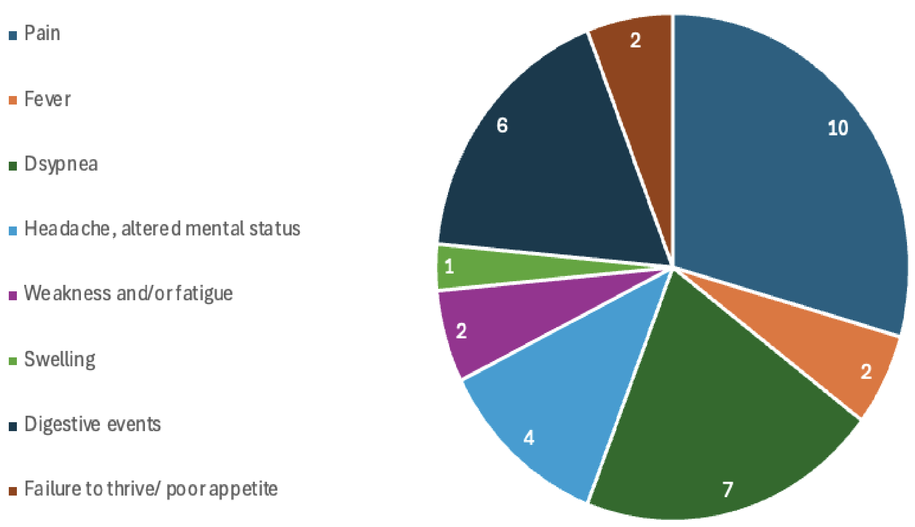

Figure 2: Frequency of papers citing different presenting symptoms upon admission

Uncontrolled physical symptoms were the most frequently cited driver of hospitalisation; with the **three** most common being **pain, breathlessness and gastrointestinal symptoms** (persistence of this finding across 25 years). See Figure 2 for most common symptoms.

Studies also reported a range of other issues, identified at the point of admission: acute medical conditions e.g. infection, dehydration, stroke, some of which could be related to cancer treatment.

A small number of studies identified psychosocial issues including falls, struggling to manage at home and carer stress.

Individual studies examined specific scenarios e.g. hospital readmission within a month of discharge, impact of a proactive supportive care intervention.

Discussion

The 12 included studies have provided important insights around the issues that people with advanced cancer face as they are admitted to hospital. Half of the studies were published since 2022, reflecting **growing interest** in this important area.

Whilst the purpose of the review was to identify ***reasons for admission***, the study designs and their data sources, really only lent themselves to being able to describe ***what was present at the time of admission***, rather than true triggers for admission. The fact that a majority of the studies relied on routine clinical data may also explain why there was a focus on physical symptoms and conditions, with only occasional mention of psychosocial factors.

Only one study classified admissions by avoidability, suggesting some may have been preventable through earlier community support or symptom management. However, no consistent criteria for avoidability were used. Several studies noted the value of palliative care in helping patients remain at home, though this was seldom explored in depth. One geriatric oncology intervention showed how proactive symptom monitoring and multidisciplinary input could reduce hospitalisations.

No studies included interviews with patients or caregivers, leaving an important gap in understanding personal perspectives on hospital admission.

Conclusion

Some useful learning has been identified from this review, not least that this patient population typically face a high symptom burden around the time of hospital admission, questioning whether their community support is sufficient.

Future work should prioritise prospective, mixed-methods research, combining clinical data with patient and caregiver perspectives.

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