



Martínez Pérez S, Llinares Esquerdo M, Miralles Andreu G, Gutiérrez Palomo S, García Monsalve A, Navarro Ruiz A.
Hospital General Universitario de Elche. Pharmacy Department

OBJECTIVE: To evaluate therapeutic aggressiveness near the end of life in patients with pancreatic cancer and the implantation of palliative care in the hospital..

MATERIALS AND METHODS:

Retrospective observational study from Jan 2017- Aug 2019

Patients with pancreatic cancer in antineoplastic intravenous treatment who died as a result of their disease

To define therapeutic aggressiveness near the end of life we used the criteria of Earle et al.

The demographics and clinical parameters were collected from the medical history:

- Age.
- Gender.
- Diagnosis date.
- ECOG.
- Treatment line.
- Start date and date of last administration.
- Date and place of exitus.
- Quality variables at the end of life (emergency care, income in the last month of life, income in the intensive care unit (ICU) in the last month of life and assistance by the palliative care unit).

RESULTS:

38 patients
(58% men)

Mean age: 66,6 years
(SD=10.5)

92% of patients had metastases

50% of patients had ECOG ≥ 2

21% had received 3 or more lines of treatment
(1 lines=45%; 2 lines=34%)

THERAPEUTIC AGGRESSIVENESS CRITERIA

10,5% received antineoplastic treatment in the last 14 days of life (aggressiveness limit ≥10%).

8% started a new antineoplastic treatment in the last 30 days of life (limit ≥2%).

29% went to the emergency room on more than one occasion or were admitted to the ICU during the last month of life (limit ≥4%).

52,6% died in the hospital acute unit (limit ≥17%).

0% received palliative care (limit <55%).

CONCLUSIONS:

Our population shows a slight excess of antineoplastic use at the end of life, which implies a greater demand for health resources (Earle et al. criteria). The percentage of patients who died in the hospital remains high. The results show the need for greater implementation of palliative care in the hospital.