EVALUATION OF AGGRESSIVENESS OF CANCER CARE NEAR THE END OF LIFE IN PATIENTS WITH METASTATIC NON-MICROCYTIC LUNG CANCER

M. Llinares-Esquerdo1, S. Martínez-Pérez1, M. Pomares-Bernabeu1, I.P. Jiménez-Pulido1, L. Soriano-Irigaray1, A. Navarro Ruiz1.
1Hospital General Universitario De Elche, Pharmacy. Elche, Spain.

BACKGROUND:
Palliative care can improve the quality of life in patients with advanced cancer.

**PURPOSE:**
To evaluate therapeutic aggressiveness near the end of life in patients with metastatic non-microcytic lung cancer (mNSCLC) and the implementation of palliative care in hospital.

MATERIAL AND METHODS:
Retrospective observational study in a tertiary hospital.

PATIENTS INCLUDED:
≤ 2018 mNSCLC diagnosis
2018 IV antineoplastic treatment
Sep-2019 Followed until 09/30/2019 or death for cancer

PARAMETRES COLLECTED:
Demographic: age, gender
Clinical: diagnosis date, ECOG, date and place of exitus
Antineoplastic treatment: treatment line, first and last day of administration
Quality variables at the end of life: emergency care, hospital admission in the last month of life, assistance by the palliative care unit and admission in the intensive care unit (ICU) in the last month of life.

RESULTS:
65 years (SD=9,7) 19% ≥3 lines of treatment.
78% men 37,8% treated with chemotherapy
61% ECOG≥2 22,2% with immunotherapy
n=36

THERAPEUTIC AGGRESSIVENESS CRITERIA:

- **2,8 %** Received antineoplastic treatment in the last 14 days of life
  - (Aggressiveness limit ≥10%)

- **8,3 %** Started a new antineoplastic treatment in the last 30 days of life
  - (Aggressiveness limit ≥2%)

- **41,7 %** Sought emergency care at least once or were admitted to the ICU during the last month of life
  - (Aggressiveness limit ≥24%)

- **25,0 %** Received palliative care.
  - Type of follow-up:
    - 77,8% inpatients
    - 22,2% outpatients
  - (Aggressiveness limit ≥55%)

- **80,5 %** Died in the intensive care unit
  - (Aggressiveness limit ≥17%)

DISCUSSION AND CONCLUSION:
The data reveal no excessive use of antineoplastic treatment at the end of life (Earle et al. criteria). However, the percentage of patients who died in the hospital was high.

There is a lack of palliative care among terminally ill patients with mNSCLC.

This supports the need for greater implementation of palliative care in the hospital.

Acknowledgements: Thank you to my workmates