HOW IS CHEMOTHERAPY USED AT THE END OF LIFE IN A SECONDARY HOSPITAL?

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BACKGROUND AND IMPORTANCE
Many studies have investigated how chemotherapy is used at the end of life but no clear recommendations have been given.

AIM AND OBJECTIVES
Analyze treatment aggressiveness and clinical variables of oncohematologic patients who receive chemotherapy at the end of life.

MATERIAL AND METHODS
Observational, retrospective study in a secondary hospital, during 2020.

Inclusion criteria: patients who died in the hospital and were visited by oncologists or hematologists.

Variables: demographic, prescription department, diagnosis and states, last treatment received, administration via, date and performance status* on the latest administration, time since the last administration until the patient died.

An aggressive treatment was the one administrated 14 days before death.

* Measured with ECOG scale.

Data was collected from electronic health record.

RESULTS
89 patients → 64% , median 71 years (IQR:64-78)

Oncology department: 82
Hematology department: 7

71 patients received active treatment
50 intravenous
13 oral
3 oral + intravenous
5 radiotherapy

ECOG

1-2 80,9%
3-4 19,1%

TIME SINCE THE LAST ADMINISTRATION UNTIL DEATH
Medium → 44 days (IQR:16-156)

86.5% of patients → advanced cancer

The number of patients who received aggressive treatment was slightly bigger than data published in other studies such as Earle et al, 2003.

Most patients belonged to Oncology department and had ECOG 1-2, being advanced lung cancer the most common diagnosis and chemotherapy the most common treatment.

The main limitation of the study is the non-inclusion of patients who died outside the hospital. It would be interesting to continue this line of investigation.