**Introduction**

- The COVID-19 pandemic has seen much research examining the impact of COVID-19 on cancer patients, focusing on understanding the implications of a cancer diagnosis and anti-cancer treatments on mortality.
- There is paucity of work published regarding the end-of-life care (EOLC) for cancer patients dying with COVID-19.
- **AIM:** To review the EOLC for patients with COVID-19 across the waves of the pandemic, expanding on conclusions drawn from the first wave.

**Methods**

- Retrospective record review of all non-ventilated patients who died in a tertiary referral UK cancer centre with known or suspected COVID-19 across the 2 peak pandemic waves from 25/03/20 – 01/05/20 and 05/12/20 – 01/03/21.
- Demographics and risk factors for severe COVID-19 were described.
- EOLC examined included palliative care (PC) needs, medications prescribed and advance care plans including Treatment Escalation Plans (TEP) and Do Not Attempt Resuscitation (DNAR) orders.
- Exclusion Criteria: Patients on ventilator, Less than 18yrs old

**Results**

34 patients were included. 18 were female and 19 were White British, mean age was 69 (45-82). 8 patients had recognised cardiovascular risk factors; 11 patients had no comorbidities additional to cancer. 26 patient had metastatic disease, 30 were receiving palliative treatment.

**Conclusion**

- With prompt recognition and access to standard EOLC, the symptom management of cancer patients dying from COVID-19 is relatively uncomplicated.
- As a transmissible disease, associated with social anxiety and restrictions, death from COVID-19 is, however, undeniably complicated.
- Timely acknowledgment of the vulnerability of patients with advanced cancer and COVID-19 is essential to facilitate communication about patients’ priorities and wishes and enhance family support.