

# The end-of-life experiences for cancer patients with COVID-19 across the two peak waves of the pandemic

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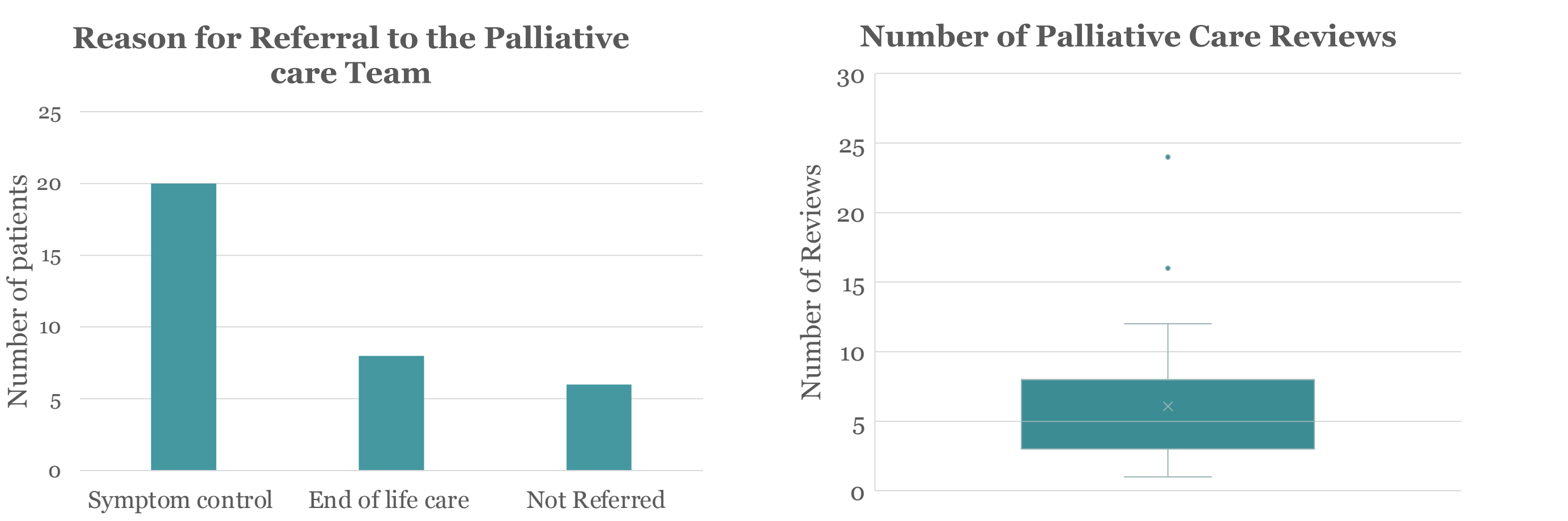
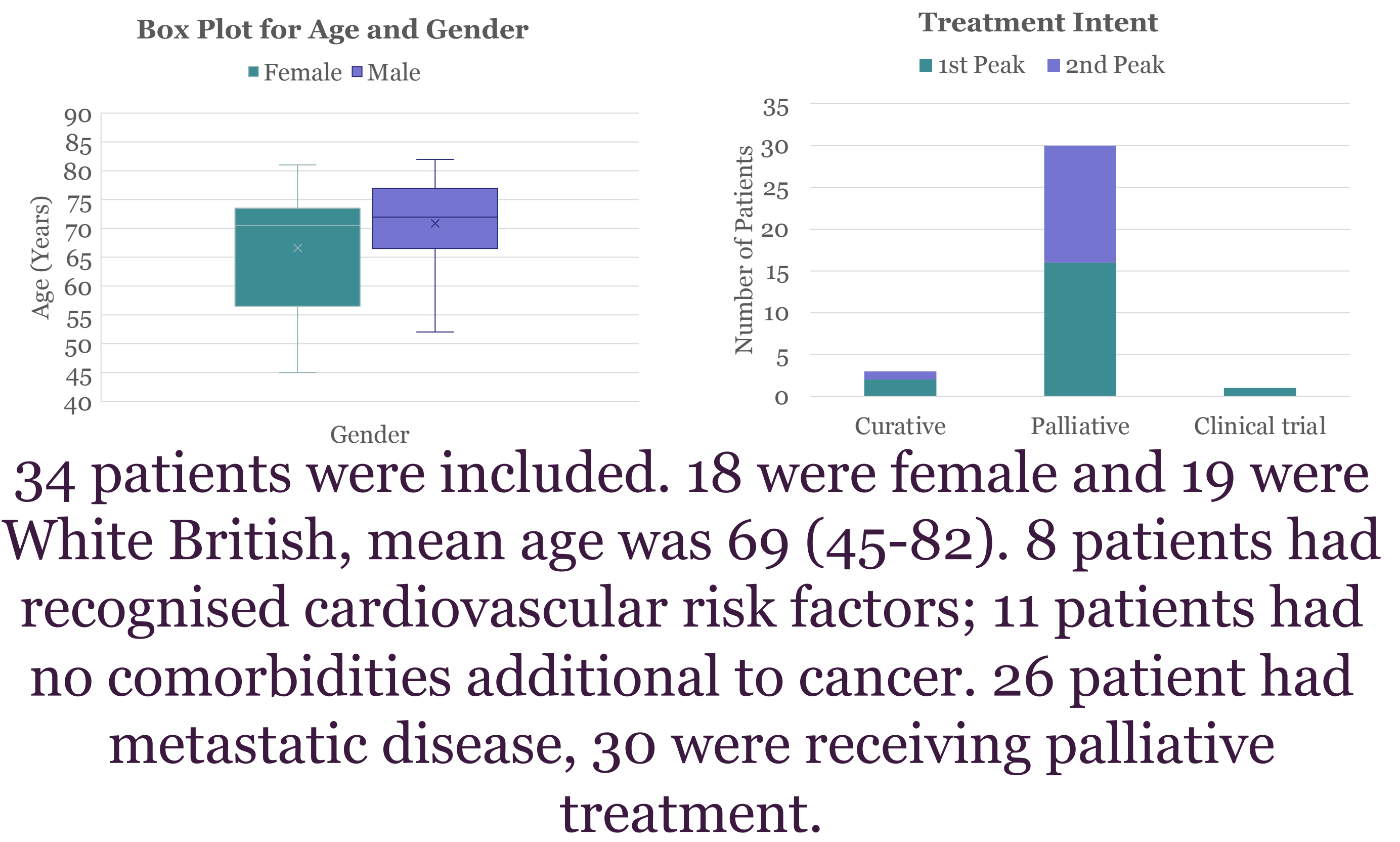
## Introduction

- 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.

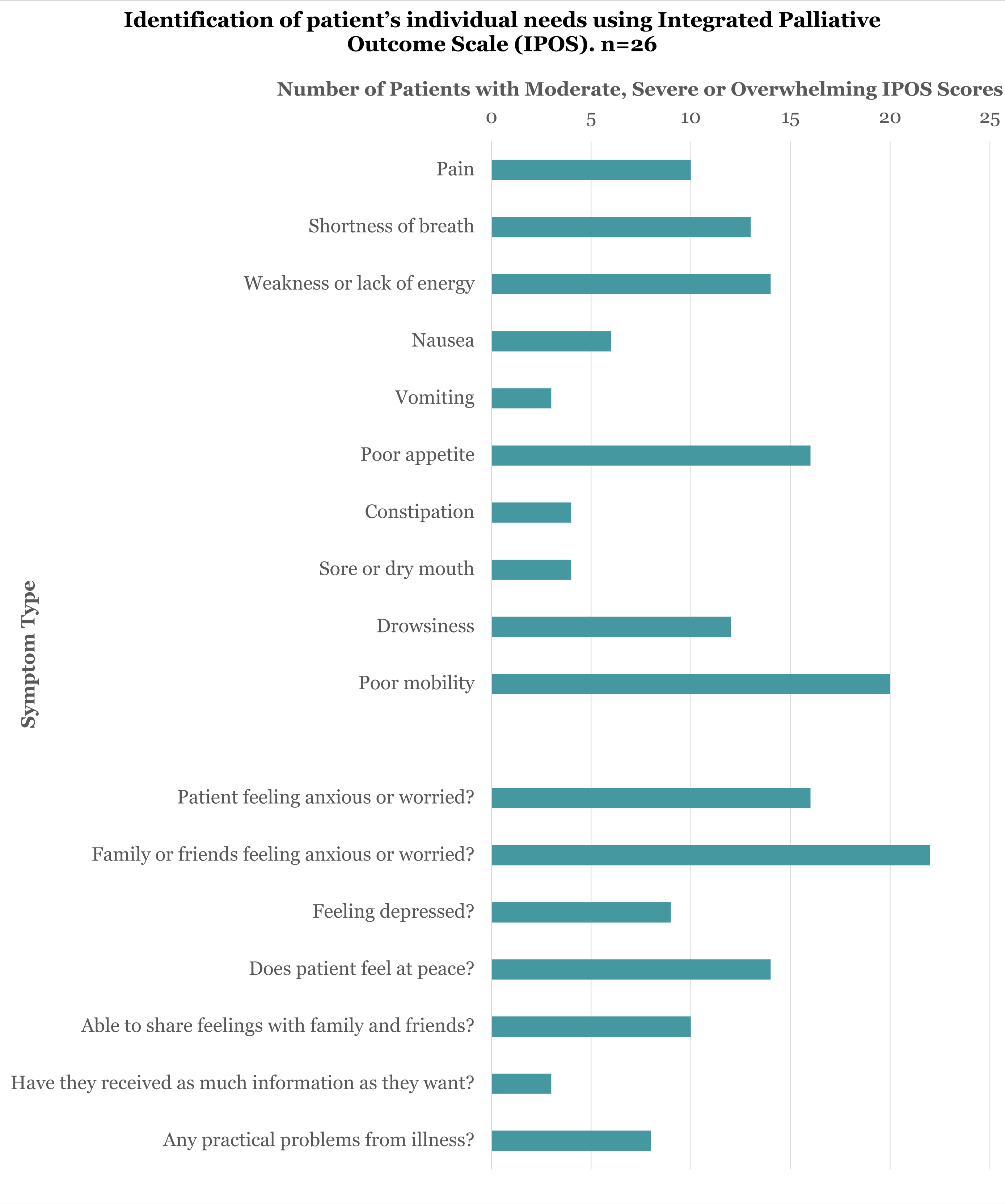
## Methods

- 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

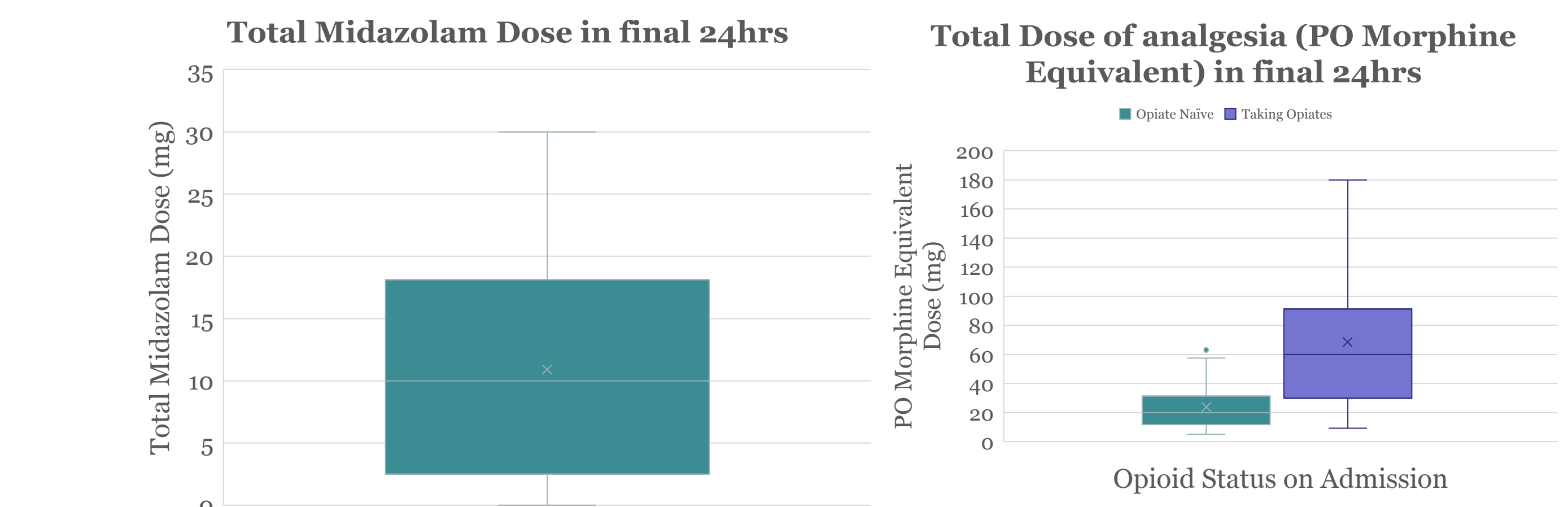
## Results



Most patients were referred to PC for symptom control (20), 8 were referred for EOLC. All patients had DNAR orders and TEPs. The median number of PC reviews was 5 (range 1-24).



Integrated Palliative Outcome Scale (IPOS) (a holistic assessment tool) scores on first assessment (n=24) recorded the main symptoms as weakness, lacking peace and anxiety. Family anxiety was the highest scoring aspect. Medical management at the end-of-life was, however, generally uncomplicated.



Total opioid (oral morphine equivalent) and benzodiazepine doses administered in last 24 hours before death were relatively low, median dose (range) 30mg (5-180 mg) and 10mg (0-30mg) respectively .

## Conclusions

- 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.

