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CONSEJERÍA DE SALUD Y FAMILIAS

Impact of Early Palliative Care in Quality at The End of Life in Small Cell Lung Cancer Patients (e-poster 1456P)

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Background

Early palliative care (EPC) in patients with advanced cancer is associated with better quality of life and fewer cancer-related symptoms during the dying process and improved overall survival (OS). Patients with **small cell lung cancer (SCLC)** have a biologically aggressive disease, so early inclusion may be relevant to modify clinical practice guidelines.

Methods

We performed a **retrospective** cohort study of patients with SCLC diagnosed **between 2009 and 2019**. The **primary outcome** of the study was to correlate the EPC with **quality indicators (QIs)** at the end of life. **EPC** was considered if they were referred within **12 weeks after diagnosis**. Quality indicators (QIs) for end of life cancer care that we used were defined as a six-point scale (the lesser, the better) **(figure 1). Overall survival (OS)** was also assessed.

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Figure 1: Quality Indicators

Out-hospital death (home or hospice)	Opioids ≥ 7 days before death	No Intensive Care Unit admission
No chemotherapy within 2 weeks before death	Not >14 days of hospital admission (last month of life)	Not >1 emergency room visit (last month of life)

Table 1: Distribution

	EPC	Non-EPC	p
Sex, male (%)	80	65,8	0.181
Age (mean, years)	66.9	64.97	0.342
Extended disease (%)	92	68.4	**0.038**
QIs (media)	1.20	1.87	**0.018**
Chemotherapy cycles (number)	3.16	4.26	**0.007**
Morphic, use (%)	76	50	**0.041**
>1 Emergency visit (%)	28	55.3	**0.033**
Overall survival (months)	5.16	9.01	**0.007**

Results

A description of the **101** patients can be seen in **Table 1.** An **EPC** was performed in **24.5%** of the sample.

There were no differences in clinical characteristics between both groups except for stage at diagnosis and type of chemotherapy. The **primary outcome EPC** was associated with **lower score in QIs at end of life** (1.20 vs 1.87, p=0.018). These differences remained when adjusting for stage in the **multivariate** model.

Patients with EPC used more morphics at the end of life and had fewer visits to the Emergency Room. However, no differences were observed in **no other indicators.**

OS was significantly lower in EPC group than in non-EPC group

Conclusions

EPC is related to **less therapeutic aggressiveness** at the end of life. **Higher rate of extended disease in EPC** could be related with worse prognosis and survival. SCLC should be referred in EPC to maximize the full benefits.