

Abstract 3032

## Aggressiveness of Cancer Care at End of Life in Patients with Metastatic Breast Cancer: A Regional Perspectives

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### Background

King Hussein Cancer Center (KHCC) is a comprehensive cancer center caring for patients with cancer at all stages of disease. Breast cancer is one of the most diagnosed malignancy in Jordan with 13.4% diagnosed with stage IV disease. We aim to evaluate quality of end of life care for these patients treated at KHCC

### Methods

Data was retrospectively collected after IRB approval. All consecutive adult patients who died with a diagnosis of MBC were screened for inclusion, patient with more than 1 primary tumor diagnosis were excluded

### Results

A total of 431 patient were included in the study, of which 222 (51.5%) had de novo metastatic disease. Median survival for patients with de novo metastatic disease was longer than for those with secondary metastasis (12.7vs 7.3 months,  $p = <0.0001$ ). Of all patients, 284 (65.9%) were referred to palliative care and 102 (23.7%) had early referral, defined as  $> 30$  days before death. Median survival from time of metastatic diagnosis was longer in patient with earlier referral compared to late or no referral (12.8 vs 8.6 months,  $p=0.03$ ). At time of death, 281(65.2%) were placed as "Don't resuscitate" (DNR). Of all included patients, only 10.0% and 1.2% received chemotherapy during the last 30 and 14 days of life, respectively. No chemotherapy was given after palliative care referral.

During the last 30 days of life, patients with late referral were more likely to visit the ER more than once (OR 1.89, 95% CI 1.199-2.988,  $p=0.006$ ), more likely to be admitted to the hospital more than once (OR 2.268, 95% CI 1.379-3.728,  $p=0.001$ ), and more likely to be admitted to the ICU (OR 3.07, 95% CI 1.477-6.381,  $p=0.0027$ ). Due to social norms and family acceptance of end of life care, most patients died at the hospital regardless of palliative care and DNR status or time of referral; only 44 patients (10.2%) died at home.

### Conclusions

Our results suggest that earlier palliative care referral is associated with less aggressive end of life care, leading to less frequent ER visits, hospital admissions and ICU admissions during the last month of life. This was also associated with longer survival, however a larger sample size is needed for confirmation of such a finding

### Clinical trial identification

### Editorial acknowledgement