Cancer patients experienced less potentially inappropriate end-of-life hospital care during the COVID-19 pandemic.

**End-of-life hospital cancer care in the COVID-19 era: a retrospective population-based study**

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**Background**

The COVID-19 pandemic led to a decline in cancer diagnoses and alterations in diagnostic and treatment pathways.

However, little is known about end-of-life care for cancer patients during the pandemic.

**Methods**

Population-based data from the Dutch National Hospital Care Registration and Netherlands Cancer Registry.

112,919 patients with cancer deceased between January 2018 and May 2021.

Potentially inappropriate care in the last month of life was compared between four COVID-19 periods and corresponding reference periods in 2018/2019 based on six indicators:

- Chemotherapy
- >1 ER contact
- >1 hospitalization
- Hospitalization >14 days
- ICU admission
- Hospital death

**Main results**

We observed a lower rate of potentially inappropriate end-of-life care in all COVID-19 periods, remaining significant after adjusting for age, sex and cancer type (P<0.01).

**Conclusion**

The COVID-19 pandemic was associated with less potentially inappropriate end-of-life hospital care.

This may be due to increased awareness of triaging and advance care planning, but also capacity constraints and patients avoiding hospital. Thus, it is unclear whether this reflects better quality care.

**What can we learn?**

These findings raise important questions about what pandemic-induced changes in care practices can help provide appropriate end-of-life care for future patients in the context of increasing patient numbers and limited resources.

**Research question**

Is there an association between the COVID-19 pandemic and potentially inappropriate end-of-life hospital care for cancer patients?

**Figure 1:** Proportion of patients scoring on ≥1 indicator of potentially inappropriate end-of-life care by period.

- A: 1st COVID-19 peak
- B: COVID-19 recovery period
- C: 2nd COVID-19 peak
- D: prolonged 2nd peak in 2021

Figure 1: Proportion of patients scoring on ≥1 indicator of potentially inappropriate end-of-life care by period.