Incidence and characterization of end-of-life (EoL) systemic anticancer therapy (SACT) in melanoma patients (pts): a monocentric experience.

**BACKGROUND**

- The overuse of SACT in the EoL is an indicator of poor quality of care and is associated with higher rates of downstream acute care, delayed hospice care and higher costs;
- In a cohort of unselected cancer pts, recent data showed a SACT use rate of 39% within 30 days of death;
- Few data available for melanoma pts.

**METHODS**

- Retrospective observational study;
- Cohort of stage IV melanoma pts treated between January 2013 and December 2022 at the Oncology Unit of the University Hospital of Udine;
- Recorded data about type of last SACT, occurrence of acute event (AE) and incidence of Hospital admission in the last 30 days.

**RESULTS**

Overall, 140 pts were included. Pts characteristics are summarized in Tab 1. 39% of pts started a new therapy in the last three months of life and 36% (51/140) of pts received the last dose of SACT during the last 30 days, with target agents as prevalent type [Fig. A].

With regards to hospitalization rate, 70% of pts treated in the last month was hospitalized (vs 42% of pts not treated), of whom 77% was admitted due to an adverse event (AE). Only 8% of pts were referred to the Palliative care Unit. Overall, the median survival from the last dose of SACT was 1.7 months.

**CONCLUSIONS**

In our cohort of melanoma pts the rate of SACT within the last 30 days of life was consistent with the historical literature data across all cancer type. Pts receiving a dose of SACT in the last month of life have a higher risk of AE and hospital admission. A higher and earlier use of Palliative Care tools is needed to reduce the overuse of SACT in the EoL.

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