BACKGROUND

- Palliative care (PC) interventions have been shown to improve quality of life, symptom management, and communication for patients with cancer.¹
- PC has demonstrated a positive economic impact in cancer care.² However, research on its financial viability in oncology, especially in developing countries, is lacking.
- This study sought to estimate hospitalization costs for patients with cancer by type of support received and to evaluate the impact of outpatient palliative care (OPCT) in the place of death.

METHODS

Retrospective study
Electronic medical records were reviewed from January 2022 to March 2023
Eligibility criteria
- Patients aged 18 years and older
- Patients diagnosed with any type of cancer
- Patients from Oncoclínicas who died in a hospital setting
Data collection
- Clinical characteristics (e.g., age, gender, and cancer histology)
- Hospital admission date and length of stay until death
- Type of accommodation until death
- Cost estimates relied on regional private hospital data, with generalized figures for daily hospital and ICU stays, omitting patient or procedure specifics

Statistical Analysis
- Patients were divided into two groups: those who received OPCT and those who did not receive any OPCT
- We performed univariate comparisons using Linear and Logistic Regression

RESULTS

Table 1. Patients’ characteristic s (N=69)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
<th>P-value</th>
<th>OR (CI 95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (Min-Max)</td>
<td>68 (39-95)</td>
<td>61 (26-83)</td>
<td>0.48</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>P-value</th>
<th>OR (CI 95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>0.99</td>
<td>1.00</td>
</tr>
<tr>
<td>Male</td>
<td>0.01</td>
<td>4.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease Stage</th>
<th>P-value</th>
<th>OR (CI 95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>0.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Yes</td>
<td>0.99</td>
<td>4.25</td>
</tr>
</tbody>
</table>

CONCLUSION

- Our study demonstrates compelling evidence of the economic benefits associated with providing OPCT in a developing country like Brazil.
- By effectively reducing the length of hospital stays and preventing unnecessary ICU admissions, OPCT proves to be a cost-effective intervention for patients with cancer.
- These findings underscore the importance of prioritizing and integrating OPCT into the comprehensive end-of-life care model.
- Policymakers and healthcare providers should recognize OPCT as an indispensable component of cancer care, contributing not only to enhanced patient outcomes but also to substantial healthcare cost savings.

Limitations
- Retrospective design
- Generalized cost estimates

Unmeasured variables: relevant variables that could influence costs and outcomes
- Selection bias
- Further research are essential to ensure broader access to this support for patients and families

REFERENCES