

Impact of Palliative Care on aggressive end of life care measures among patients with advanced cancers.

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BACKGROUND: Among other aims, Palliative Care (PC) is intended to improve the quality of life of patients and their family caregivers. Previous studies suggest that PC have positive impact on satisfaction with health care, symptoms of depression, medical costs, health-related quality of life, and overall survival. In the last 30 days of life, visits to the emergency department, any hospitalization, Intensive Care Unit (ICU) utilization, and use of chemotherapy are all considered indicators of aggressive end of life care. Hospital death and very late hospice referral are also considered bad indicators of care. Our aim was to evaluate the impact of PC consultations on aggressive end of life care measures among patients with advanced cancers.

HYPOTHESIS: Patients submitted to PC receive less aggressive measures at the end of life; those consulted earlier should have greater benefit compared to the belatedly consulted ones.

METHODS: A retrospective study, based on analysis of medical records of patients with advanced cancers who died between 2010 and 2014 and with clinical follow-up in the last three months of life at the Barretos Cancer Hospital. The calculated sample size was 1.273; the preliminary results of the study are reported in this paper. Patients were divided into different groups: consulted by the PC team vs. not consulted; and early PC (first appointment in PC > 3 months before death) vs. late PC (first appointment in PC < 3 months prior to death). Results were obtained by comparing the quality of end-of-life care indicators between the groups.

RESULTS: The mean age of patients was 62.2 years, most were men (n=212, 56.0%), and with ≤ 8 years of education (n=227, 60.0%). The most common types of cancer were urological (n=58, 15.3%), breast (n=53, 14.0%), lung (n=45, 11.9%), colorectal (n= 39, 10.3%), and head and neck (n=38, 10.1%). From 378 patients, 280 (74.1%) were referred to the PC department, however, only 238 (63%) came to be really consulted by the PC team. Patients consulted by the PC team had fewer visits to the emergency department (44.2% vs 25.4%; $p < 0.005$), fewer admissions to ICU (61.1% vs 32.3%; $p < 0.001$) and lower chemotherapy rates in the last 30 days of life (55.0% vs 27.5%; $p = 0.001$) when compared to the group of patients not seen by the PC team. Regarding to the site of death, patients consulted by the PC died less often at hospital (18.8% vs 31.5%, $p < 0.001$) compared to patients who have never been evaluated in the PC. Comparisons between the groups of patients referred early vs late to PC showed no statistical significant differences.

CONCLUSION: Patients with advanced cancers consulted by the PC team receive less aggressive measures at end of life compared with those patients who never been consulted. The current sample size cannot demonstrate statistically significant differences between early and late PC referral times.