

AIM: Describe the relationship between cancer patients' use of specialist palliative care (PC) and their experience of aggressive end-of-life (EOL) care



DID PATIENTS EXPERIENCE AGGRESSIVE EOL CARE?

If a patient experienced any of these event in the last month of life: (1) new chemotherapy regime (any chemotherapy in last 14 days), (2) >1 emergency department visit, (3) >1 hospital admission, (4) >14 days of hospitalization, (5) any intensive care unit admission, (6) hospital death.



DID PATIENTS USE SPECIALIST PC?

If a patient used any of these health care services after their cancer diagnosis: (1) palliative consult team, (2) pain and symptom clinic, (3) PC unit, (4) palliative home care, (5) hospice.

The patient cohort and healthcare context



PATIENTS (N=9029)

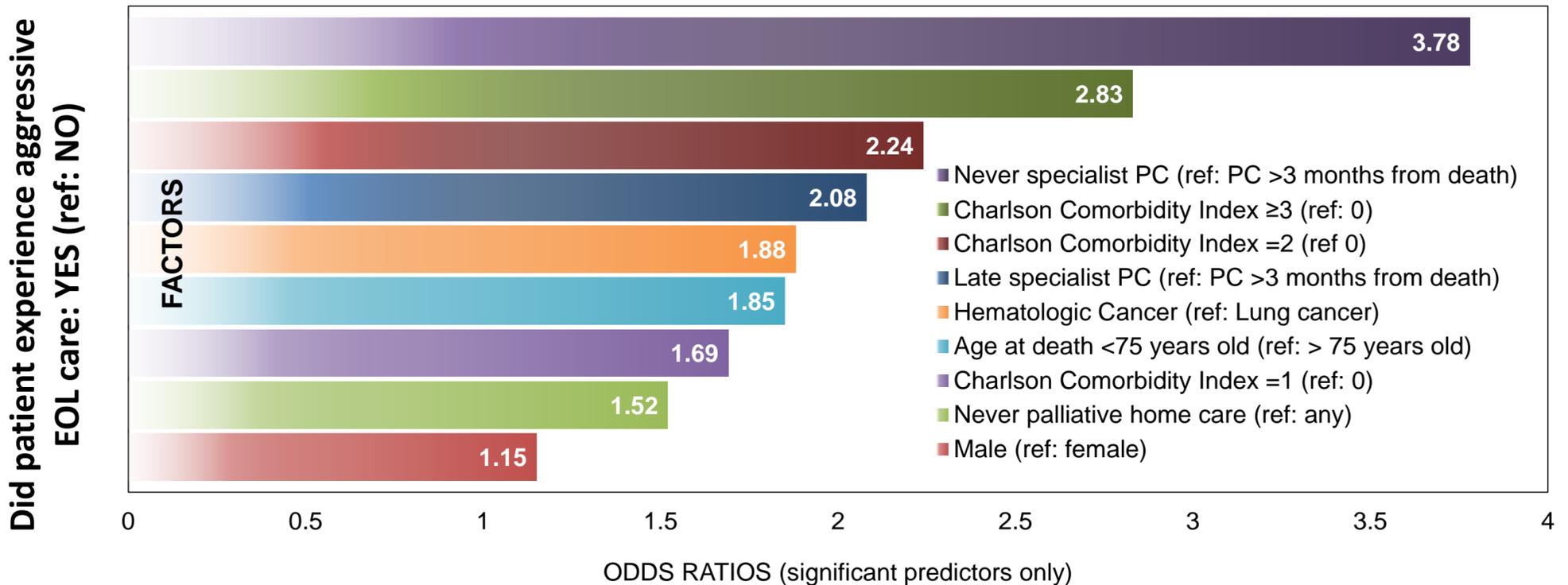
- Died of cancer between 2003-2010
- Lived with cancer diagnosis > 1 month
- Resident of Calgary, Alberta, Canada
- Adult



CONTEXT

- Health care is population-based but divided into geographical regions; we focused on Calgary region.
- Primarily an urban population of ~1.1 million.
- One tertiary comprehensive cancer centre.
- One mature Palliative and End-of-Life Care Program

Clinical and demographic factors that increased patients' risk of experiencing aggressive EOL care



Interactions in the data



When younger patients don't access specialist PC (versus any use), the odds of aggressive EOL care are higher than in older patients ($OR_{<70 \text{ years}} = 3.3$, $OR_{\geq 70 \text{ years}} = 1.7$)

Interpretation/ Conclusion

Efforts to ensure **earlier** specialist PC for all patients, but particularly for younger patients, could improve quality of care (reduce aggressive EOL care) for advanced cancer patients in the last month of life.

