

High-intensity end-of-life cancer care for young patients



A high proportion of children, adolescents, and young adults who died at hospitals in France as a consequence of cancer received high-intensity end-of-life (HI-EOL) care, according to a recent study.

Gabriel Revon-Rivière (La Timone Children's Hospital, Marseille, France) and colleagues did a population-based, retrospective, cohort study using the French national hospital database to assess the frequency of HI-EOL care in patients aged 0–25 years at the time of death and who died from cancer in hospitals between 2014 and 2016. The primary outcome of the study was the proportion of patients who received HI-EOL care, defined as the presence of at least one of the following indicators: undergoing one or more hospital-based intravenous chemotherapy sessions in the 14 days preceding death, one or more hospital admissions at an intensive care unit

in the last 30 days of life, more than one emergency room admission in the last 30 days of life, and more than one hospital admission at an acute care unit in the last 30 days of life. The researchers also analysed hospital-related and patient-related predictors of HI-EOL care.

The researchers identified 1899 individuals from 345 hospitals and noted that 1165 (61%) received HI-EOL care. HI-EOL care was associated with social disadvantage (adjusted odds ratio [AOR] 1.30 [95% CI 1.03–1.65]; $p=0.028$), blood cancers (2.09 [1.57–2.77]; $p<0.001$), complex chronic conditions (1.60 [1.23–2.09]; $p=0.001$) and specialty centre-based treatment (1.70 [1.22–2.36]; $p=0.001$). However, HI-EOL care was less common among the 69% of patients receiving palliative care (AOR 0.31 [95% CI 0.24–0.41]; $p<0.001$). Precisely, 83% of patients

with no palliative care had a HI-EOL intervention.

Coauthor Nicolas André (La Timone Children's Hospital, Marseille, France) said, "[This study] is a starting point to be shared by physicians, patients, and families in order to discuss and collectively define what levels of care we think is appropriate when getting closer to end of life." However, Emily Johnston (University of Alabama, Birmingham, AL, USA) commented, "What is particularly striking [in this study] is that children from socially disadvantaged areas still had different end-of-life care patterns despite France having universal health care, including a robust paediatric palliative care initiative. Therefore, access to care, including palliative care, does not eliminate disparities in end-of-life care."

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