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Utilization and timing of specialist palliative care in patients with metastatic cancer receiving immunotherapy: real-world insights

Gwen de Jong[1,2], Heidi P. Fransen[1], Ellis Slotman[1] , Eric C.T. Geijteman[3], Evelien J.M. Kuip[4], Manon S. Boddaert[1,5], Rebecca van Jaarsveld[5], Maurice J.D.L. van der Vorst [6], Sabine Siesling[1,2] , Natasja J.H. Raijmakers[1]

[1]Department of Research and Development, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, the Netherlands, [2] Department of Health Technology and Services Research, Technical Medical Centre, University of Twente, Enschede, the Netherlands, [3] Department of Medical Oncology, Erasmus MC Cancer Institute, Rotterdam, the Netherlands, [4]Department of Medical Oncology and Department of Anesthesiology, Pain and Palliative Care, Radboudumc, Nijmegen, the Netherlands, [5] Centre of Expertise in Palliative Care, Leiden University Medical Center, Leiden, the Netherlands, [6] Center for Supportive and Palliative Care and Department of Internal Medicine, Rijnstate Hospital, Arnhem, the Netherlands

BACKGROUND

Immunotherapy changed disease trajectories of patients with metastatic cancer, resulting in improved survival but also greater prognostic uncertainty and distinct adverse events.

Early palliative care is known to improve quality of life, however, population-based evidence on utilization of early palliative care in patients receiving immunotherapy remains scarce

AIM

To evaluate utilization and timing of hospital-based specialized palliative care (SPC) in patients with metastatic cancer receiving immunotherapy compared to other systemic therapies.

METHODS

Netherlands Cancer Registry and National Hospital Care Registration

27,684 adults with synchronous metastatic cancer (2018-2022) who received systemic therapy in any treatment line

Patients receiving immunotherapy

VS

Patients receiving other systemic therapy: targeted therapy, chemotherapy and/or endocrine therapy

Primary outcomes

Hospital-based SPC utilization

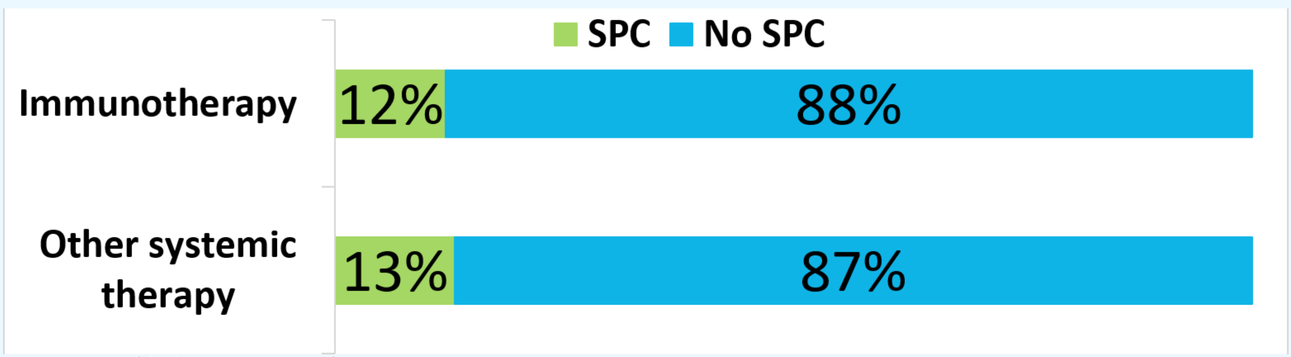
Timing of first SPC consultation

Early	Late	Very late
>90 days before death	90-31 days before death	≤30 days before death

MAIN RESULTS

UTILIZATION SPC

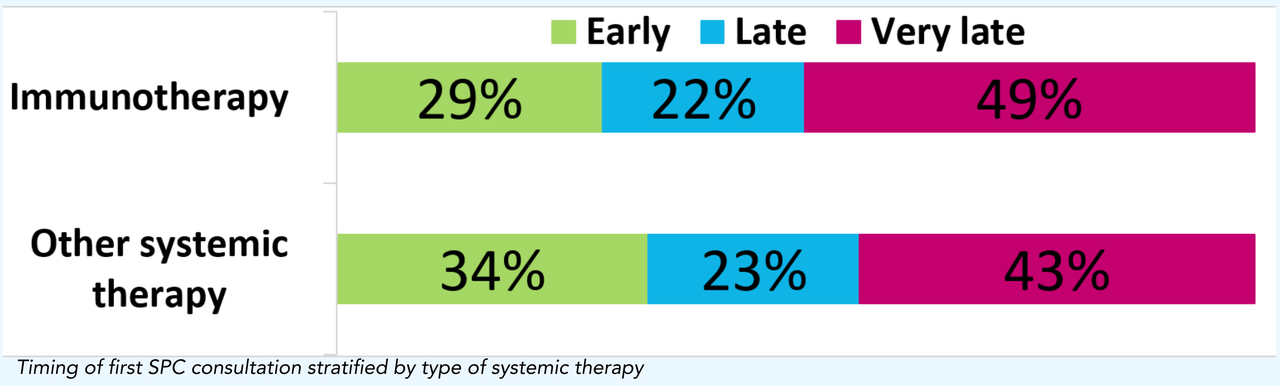
- SPC utilization was similar in patients receiving immunotherapy and patients receiving other systemic therapy (12% vs. 13%), and remained comparable after adjustment for age and sex (adj. OR 0.96, 95% CI 0.89-1.04)



Proportion of SPC utilization stratified by systemic therapy type

TIMING SPC

- Patients receiving immunotherapy had their first SPC consult more often very late (<=30 days before death) compared to patients receiving other systemic therapies



Timing of first SPC consultation stratified by type of systemic therapy

TAKE HOME MESSAGE

SPC utilization was limited across all systemic therapy types.

SPC was often initiated close to death, particularly in patients receiving immunotherapy.

As immunotherapy increasingly reshapes the trajectory of metastatic cancer, palliative care should be systematically integrated into oncology care pathways and included in national and European cancer care stategies.

Gwen de Jong
g.dejong@iknl.nl

