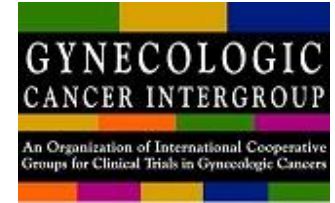




End of life care in ovarian  
cancer  
**Presenter:**  
**Elisabeth Åvall Lundqvist**

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Substudy proposal: Symptom benefit study

Lead group: NSGO (Kristina Lindemann)

Participating group: AGO Germany (Felix Hilpert)

# Background

- Most patients with ovarian cancer die of their disease
- About 15% are treated with chemotherapy in the last 30 days<sup>1</sup>
- In the US, risk of intensive end of life care has increased<sup>2,3</sup>
- Early palliative care may increase quality of end of life care and ultimately survival<sup>4</sup>
- We can't change what we don't know

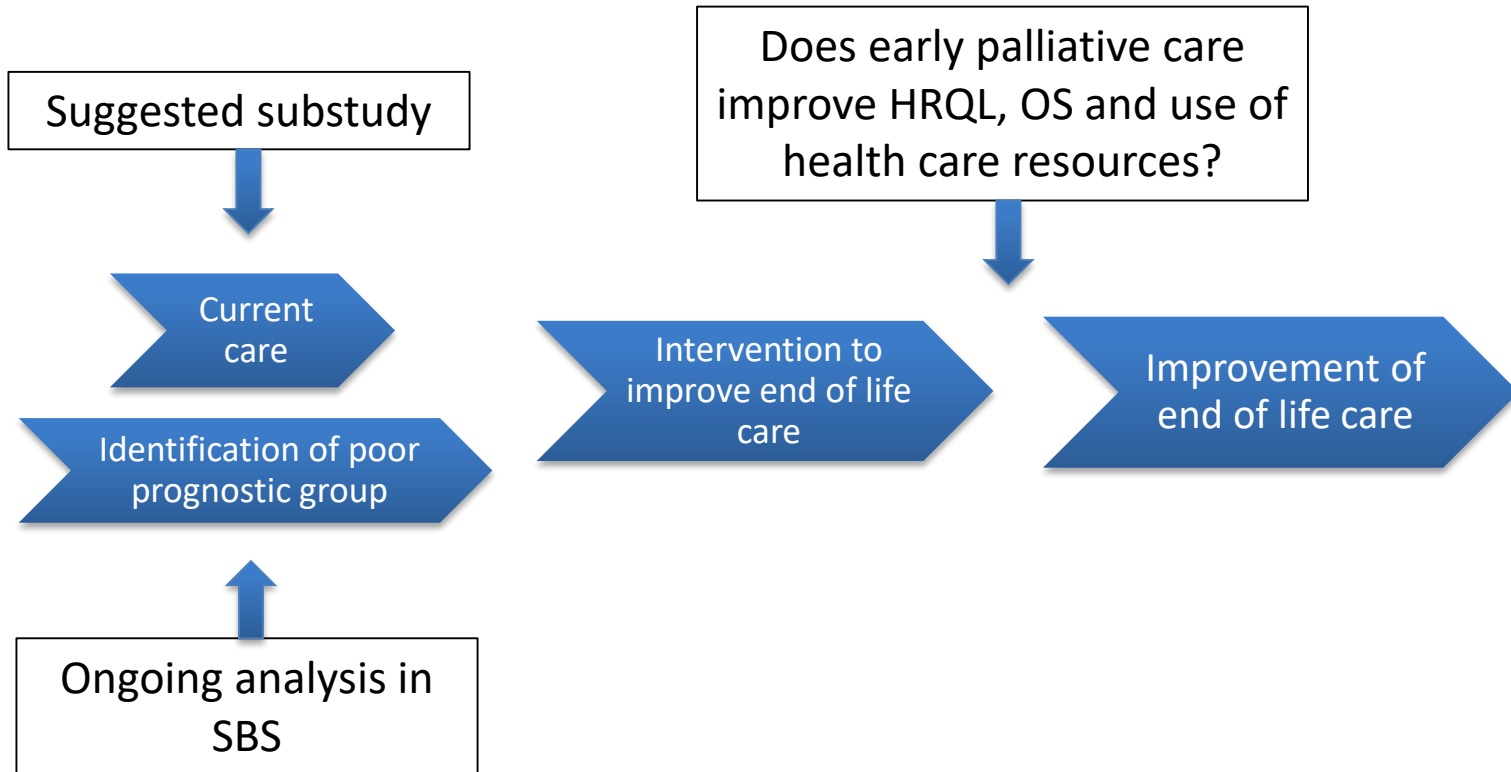
<sup>1</sup>Roncolato F et al. *Oncologist*, 2017 Sep;22(9):1117-1124.

<sup>2</sup>Wright AA, et al. *J Clin Oncol*. 2014 Nov 1;32(31):3534-9.

<sup>3</sup>Taylor et al. *J Clin Oncol*, 2017;35:1829-1835

<sup>4</sup>Temel et al. *NEJM* 2010; 363:733-742

# Aim



# Significance

- First study assessing end of life care patterns in ovarian cancer patients on a multinational level.
- Identify gaps in clinical care and define benchmark criteria for the quality of end of life care.
- Results can be utilized to support trials in supportive care.

# Study summary

- Retrospective study of ovarian cancer patients who participated in the Symptom Benefit Study
- End of life care will be assessed by medical chart review.
- Patterns of care will be assessed by age group and country and other baseline characteristics.

# Objectives

To assess

- ED presentations last 30 days
- Hospital admission last 30 days
- Length of stay >14 days
- ICU admissions within last 30 days
- Use of chemotherapy within last 14 days
- Surgical interventions within last 30 days

# Feasibility

| Advantages  | Limitations                          |
|---|--------------------------------------|
| Patients have been consented  | Retrospective study                  |
| Well characterized cohort of patients   | Local funding required               |
| Multinational data collection   | Sites need to commit to chart review |
| Framework of SBS group suitable to develop interventions to decrease aggressive end of life care and potentially improve survival | Renew local ethics submission        |