

# Palliative Care Interventions and End-of-Life Care for Patients with Metastatic Breast Cancer : A Multicentre Analysis

Carole Bouleuc, Department of Supportive Care, Institut Curie, Paris France  
For the Group of Palliative Care UNICANCER

## Introduction

Since the 2000s, numerous randomized clinical trials have confirmed that early palliative care improves quality of life and reduces symptom intensity.

The American Society of Clinical Oncology (ASCO) and the European Society for Medical Oncology (ESMO) have published guidelines to recommend specialized palliative care for patients with advanced cancer early in the course of the disease, and concurrent with active treatment.

Different models of palliative care integration have been described, but there is an expert consensus to support timely and targeted palliative care interventions by a multidisciplinary team, to comprehensively address the patients' and their caregivers' multidimensional care needs.

The aim of this study was to describe the implementation of integrated palliative care (PC) and the intensity of care at end-of-life for patients with metastatic breast cancer in French comprehensive cancer center.

## Conclusion

PC team integration was frequent and late for patients with metastatic breast cancer.

Implementation of PC criteria should be assessed in every cancer center  
1/ The ratio of patients who met the PC team at least once before death  
2/ The median time between first meeting with the PC team and death

Referral to the specialized PC team should not depend only on oncologist's decision. Further studies are needed to find more objective criteria.

## Materials

We conducted a retrospective multicentre analysis on a cohort of adult patients who died from metastatic breast cancer in the period from November 1, 2019 to February 29, 2020. The decedents were identified from hospital administrative data, and all consecutive patients were included, whatever the place of death.

Out of 17 comprehensive cancer centers in France, 13 agreed to participate, 4 declined, and one discontinued just after the start of recruitment because of the resignation of the principal investigator.

The PC provision of the participating institution is homogenous :

- The PC teams belong to the cancer center with a clinical activity for inpatients or outpatients (consultation or day care hospital). No center has any PC unit. The PC teams are composed of doctors (mean 2.7, SD 1.3), specialized nurses (mean 2, SD 1.4), and work in daily practice with a multidisciplinary team including psychologists, social workers, and dieticians.
- PC intervention initiation is based on oncologist's assessment according to usual referral criteria (severe symptoms, psychosocial distress, expressed wish of hasten death, demand from patients or family, ethical issues).
- The PC team interventions are provided by a nurse and a specialist physician working together.

## Results (2)

Ratio of patients with PC team intervention (NA = 26) : 204 patients (65%)

Time between 1st hospital PC team visit and death (N = 204)

Median (Q1-Q3) : 39 (13-108) days  
 First visit ≤ 1 week before death : 18%  
 First > 1 week and ≤ 1 month before death : 26%  
 First > 1 month and ≤ 3 months before death : 25%  
 First > 3 months before death : 31%

Time between last systemic anticancer treatment and death (N=340)

Median time (Q1-Q3) between :  
 ▪ Initiation of last systemic anti-cancer treatment line : 97 (48-213) days  
 ▪ Last administration of systemic anti-cancer treatment : 34 (0-66) days

Time to death from last chemotherapy (NA = 26)

▪ > 60 days : 68%  
 ▪ 60-31 days : 18%  
 ▪ 30-16 days : 6%  
 ▪ 15-0 days : 8%

Univariate and multivariate analyses showed factors independently associated with a higher frequency of chemotherapy in the last month before death:  
 1/ having a dependent person at home,  
 2/ meeting for the first time with a PC team < 30 days before death,  
 3/ time between the first metastasis and death below the median.

## Results (1)

340 decedent patients from 12 comprehensive cancer centres in France

Criteria	Value
Mean age (SD)	56.6 (14)
Female gender	335 (98.5)
Breast cancer type (NA = 10)	
RH+	223 (67.6)
HER 2+	33 (10)
Triple negative	65 (19.7)
Other	9 (2.7)
Site of metastasis (NA = 5)	
Visceral	280 (83.6)
Non visceral	55 (16.4)
Time between diagnosis and 1st metastasis	35 (2-85)
Median (Q1-Q3) in months	
Time between 1st metastasis and death	28 (13-50)
Median (Q1-Q3) in months	138 (40.6)
At least one comorbidity	19 (5.6%)
Others cancer	12 (3.5%)
Harr disease	11 (3.2%)
Dementia	5 (1.5%)
Marital status (NA = 3)	
With a partner	190 (56.4)
Single	147 (43.6)
Primary caregiver if single (n = 147, NA = 14)	99 (74.4)
Psychosocial vulnerability	61 (17.9)
Transplanted (NA = 16)	22 (6.8)
Far from social circles (NA = 16)	25 (7.7)
Dependent person at home (NA = 3)	59 (17.5)
Psychological vulnerability (NA = 5)	65 (19.4)
Distance between home and cancer centre (NA = 6)	
< 1 h	222 (66.5)
1-2 hs	95 (28.4)
> 2 hs	17 (5.1)