

The association between survival time and quality of end-of-life care among patients with oesophageal and gastric cancer: A register-based cohort study

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Bakgrund

Oesophageal and gastric cancer is the 6th respectively the 3rd leading cause of cancer related death in the world. The prognosis is poor with an overall 5-year survival rate of 15-29 per cent. Although the majority of patients will die from their disease, research has primarily focused on anti-cancer treatment and the postoperative trajectory among patient treated with a curative intent. Therefore, more knowledge is needed about quality of end-of-life care among patients who die as a result of oesophageal and gastric cancer. Such knowledge is essential to properly understand the burden of illness and the ability of the current Swedish health care system to deliver timely and appropriate palliative care.

Frågeställning/Syfte

The aim was to describe the association between survival time and quality of end of life care in patients with oesophageal and gastric cancer.

Metod

The study was conducted as a register-based cohort study including patients who died during 2014 – 2016 with esophageal and gastric cancer in Sweden. Through data from The National Register for Esophageal and Gastric Cancer (NREV), National Cause of Death Register and The Swedish Register of Palliative Care (SRPC), 2156 individuals were included. Association between survival time and end-of-life care quality indicators were investigated. Risk ratios (RR) with 95% confidence intervals (CIs), were calculated using Modified Poisson regression.

Resultat

Compared to the long term survivors (≥ 17 months) patients with a survival ≤ 3 months and 4-7 months had a significantly higher RR of hospital death and a significantly lower RR of oral health assessment. Patients with a survival ≤ 3 months also had a significantly lower RR for pain assessment, end-of-life information and bereavement support compared to patients with a survival ≥ 17 months.

Konklusion

Short survival time is associated with inferior end-of-life care quality among patients with oesophageal and gastric cancer.