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## BOOK OF ABSTRACTS

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## P\_24 Trends in Place of Death for Patients Who Died from Cancer in Canton Ticino, Southern Switzerland, 2000-2016

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### OBJECTIVES:

Several studies showed that the place of death influences health care costs and the end-of-life care organization. Aim of the study is to describe changes in the place of death of cancer patients diagnosed in canton Ticino.

### METHODS:

Patients died of invasive breast, prostate, colorectal and lung cancer in 2000-2016 were included in the present study. Related death certificates were extracted from the database of Ticino Cancer Registry. Patients with unknown place of death were excluded (2.7%). Time differences in the distribution of place of death were measured as the estimated annual percent change (APC) with the 95% confidence interval (95% CI). Categorical variables were investigated using the Chi-Square test and differences in mean age at death through the t-test. A multivariate analysis through the logistic regression evaluated the association of the place of death with sex, presence of metastasis, age and tumour site.

### RESULTS:

Of 5588 patients, 66.7% died in hospital and 33.3% at home or in nursing homes. During the study period there was a significant decrease of the former proportion (APC: -0.9, CI95%: -1.4;-0.3) and a significant increase in the latter proportion (APC: 1.7, CI95%: 0.4;2.9). The univariate analysis showed that the likelihood of dying in hospital was lower for women (OR=0.84, p=0.0022) and younger people (OR=0.96, p<0.0001). Metastatic disease (OR=1.34, p<0.0001) and lung cancer (OR=1.51, p<0.0001) were associated with an increased likelihood of dying in hospital. The multivariate analysis confirmed the association of place of death with age, tumour site and sex.

### CONCLUSION:

Our study showed that for patients dying of cancer the most common place of death is hospital. However, our results show that dying is shifting to cancer people's homes in canton Ticino, as observed in other countries (Britain, Germany and Canada). This trend suggests that an improvement in palliative medicine and supportive care is urgent in the end-of-life policies.