

130: Starting a New Anticancer Regimen within 14 Days of Death (Lower = Better)



Why do we want to decrease the number of people receiving a new anticancer regimen at the end of life?

- Beginning a new anticancer therapy when someone is close to death:
 - Creates confusion for the patient and loved ones about goals of care
 - Is not likely to lead to clinical benefit
 - Can cause toxicity, which is likely to outweigh any benefit, even when low
- Costs of therapy lead to financial strain for patients and their loved ones

For whom is this measure collected?

- All patients who died from cancer or cancer treatment

How is this measure constructed?

- Numerator: people who start a new anticancer drug(s) within 14 days of death
 - Exclusion: people receiving a new anticancer drug as part of a clinical trial
 - Exclusion: people receiving endocrine therapy
- Denominator: people who die from cancer or its treatment

Where can this measure be documented?

- Oncologist's note
- Medication Administration Record
- Hospice form
- Infusion notes
- Death certificate
- Pharmacist notes

What are the common challenges documenting this measure?

- Difficulty finding start/end date for oral anticancer therapy administration
- Challenges in finding date of death
- Difficulty determining if cause of death is related to cancer diagnosis/treatment