65.4% received hospice services before death from cancer (at least 55.0%).
8.6% were admitted to a hospice within 3 days of death (limit ≥ 8%).

Conclusion According to Earle et al. indicators, the patients were excessively treated with antineoplastic drugs at the end of life, which demanded more healthcare services. However, they received good support care from palliative care at the end of life. There are no European studies including all indicators for patients with solid tumours near death. Standards to assess the aggressive care at the end of life would be helpful in improving strategies at the end of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-114 DOING PLATINUM AND TAXANES IN OBESE PATIENTS: A SYSTEMATIC REVIEW

Background Platinum and taxane-based chemotherapy dosing, as in other anticancer agents, is based on body surface area, except in the case of carboplatin that is more often based on the area under the curve. Both parameters depend on weight, and obesity (body mass index > 30 kg/m²) could lead to overdose. Some guidelines recommend using actual body weight (ABW) avoiding arbitrary dose reductions that can compromise efficacy. Therefore, this issue remains a challenge.

Purpose To analyse the evidence and recommendations available concerning the dosage of platinum-based (cisplatin, carboplatin, oxaliplatin) and taxane-based (paclitaxel, docetaxel, nab-paclitaxel) chemotherapy in obese patients.

Material and methods We performed a systematic review for each drug on Pubmed, Scopus and Web of Science using ‘obese or obesity’ in the title and the drug name in the title/abstract/keywords. Eventually, we limited the search by language (English/Spanish).

Results We included 18 articles about cisplatin, 58 about carboplatin, 15 about oxaliplatin, 43 about paclitaxel, zero about nab-paclitaxel and 41 about docetaxel. For cisplatin, the most usual recommendation was to use ABW justified by an increased clearance and volume of distribution in obese patients. More controversy was found related to carboplatin (using the Calvert dosing formula). To calculate the glomerular filtration rate (GFR), both ABW or adjusted body weight were recommended to be used, while other authors proposed to limit the GFR to a maximum of 150 mL/min. Related to oxaliplatin it is advised to use ABW for monitoring the possible risk of neurotoxicity. For paclitaxel and docetaxel, the use of ABW is recommended too. In the articles reviewed usually there was no distinction by the degree of obesity, but when there was no distinction by the degree of obesity, but when body composition was taken into account, sarcopenic obese patients tended to suffer more toxicity than non-sarcopenic obese patients.

Conclusion For platinum and taxane-based chemotherapy, the use of ABW for dosing in obese patients is the most accepted proposal according to the analysed literature. For carboplatin, depending on the GFR obtained, this should be limited to a maximum of 150 mL/min or use of an adjusted body weight for dosing. Furthermore, analysis of body composition could be used for dosing or reducing the risk of toxicity in sarcopenic patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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