

service and who died as a result of their disease. Patients were followed from inclusion until 31 August 2019 or death. To define therapeutic aggressiveness near the end of life, we used the criteria of Earle *et al.* Demographics and clinical parameters were collected from the medical history: age, gender, diagnosis date, ECOG, treatment line, start date and date of last administration, date and place of death and quality variables at the end of life (emergency care, hospital admission in the last month of life, admission to the intensive care unit (ICU) in the last month of life and assistance by the palliative care unit).

Results A total of 38 patients were evaluated. Mean age was 66.6 (SD 10.5) years, 58.0% were men, 92% had metastases and 50% had ECOG ≥ 2 . 21% had received three or more lines of treatment (1 line=45%; 2 lines=34%).

Therapeutic aggressiveness criteria

- 10.5% received antineoplastic treatment in the last 14 days of life (aggressiveness limit $\geq 10\%$).
- 8% started a new antineoplastic treatment in the last 30 days of life (limit $\geq 2\%$).
- 29% went to the emergency room on more than one occasion or were admitted to the ICU during the last month of life (limit $\geq 4\%$).
- 52.6% died in the hospital acute unit (limit $\geq 17\%$).
- 0% received palliative care (limit $< 55\%$).

Conclusion and relevance Our population showed a slight excess of antineoplastic use at the end of life, which implies a greater demand for health resources (Earle *et al* criteria). The percentage of patients who died in hospital remained high. The results showed the need for greater implementation of palliative care in hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-092 EVALUATION OF AGGRESSIVENESS OF CANCER CARE NEAR THE END OF LIFE IN PATIENTS WITH METASTATIC NON-MICROCYTIC LUNG CANCER

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Background and importance Palliative care can improve the quality of life in patients with advanced cancer. However, WHO data indicate that only 14% of people who need palliative assistance take advantage of it.

Aim and objectives To evaluate therapeutic aggressiveness near the end of life in patients with metastatic non-microcytic lung cancer (mNSCLC) and implementation of palliative care in hospital.

Material and methods This was a retrospective observational study in a tertiary hospital. All adult patients diagnosed with mNSCLC who received intravenous antineoplastic treatment in 2018 and died of cancer were included. Patients were followed from admission until 30 August 2019 or death. To define therapeutic aggressiveness near the end of life we used the criteria of Earle *et al.* Demographic and clinical parameters were collected from the medical history: age, gender, diagnosis date, ECOG, treatment line, the first and last day of administration, date and place of death and quality variables at the end of life (emergency care, hospital admission in the

last month of life, assistance by the palliative care unit and admission to the intensive care unit (ICU) in the last month of life).

Results A total of 36 patients were evaluated. Mean age was 65 (SD 9.7) years, 78% were men, 61% of patients had ECOG ≥ 2 , 19% received three or more lines of treatment and 37.8% were treated with chemotherapy and 22.2% with immunotherapy.

Therapeutic aggressiveness criteria:

- 2.8% received antineoplastic treatment in the last 14 days of life (aggressiveness limit $\geq 10\%$).
- 8.3% started a new antineoplastic treatment in the last 30 days of life (limit $\geq 2\%$).
- 41.7% sought emergency care at least once or were admitted to the ICU during the last month of life (limit $\geq 4\%$).
- 25.0% received palliative care (limit $< 55\%$). Type of follow-up: 77.8% inpatients and 22.2% outpatients.
- 80.5% died in the intensive care unit (limit $\geq 17\%$).

Conclusion and relevance The data revealed no excessive use of antineoplastic treatment at the end of life (Earle *et al* criteria). However, the percentage of patients who died in hospital was high. In addition, our results reflect the lack of palliative care among terminally ill patients with mNSCLC. This supports the need for greater implementation of palliative care in hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-093 EFFECTIVENESS OF DEXAMETHASONE MOUTHWASH 0.1 MG/ML FOR PREVENTION OF EVEROLIMUS RELATED STOMATITIS

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Background and importance Stomatitis is a class effect associated with inhibition of mTOR and is associated with everolimus therapy for breast cancer. Topical steroids might reduce the incidence and severity of stomatitis.

Aim and objectives To describe the population treated with everolimus and evaluate the effectiveness of dexamethasone mouthwash 0.1 mg/mL for prevention of stomatitis in patients with metastatic breast cancer treated with everolimus-exemestane.

Material and methods A retrospective observational study was carried out from January 2012 to 2019 in a tertiary hospital. We included patients with breast cancer who were treated with everolimus-exemestane and collected it at the outpatient pharmaceutical care unit of the hospital pharmacy. Demographics and clinical parameters were collected from the medical history: age at the beginning of the treatment, dose, duration of treatment, adverse reactions and reason for suspension of therapy. The incidence of mucositis was recorded and a comparison was made between patients who initiated prophylaxis with dexamethasone mouthwash 0.1 mg/mL versus those who did not.

Results A total of 24 patients were evaluated. Mean age was 61 (39–82) years. Treatment with everolimus-exemestane was a secondline antineoplastic treatment in 54% (n=13) of patients. For the remaining 46% it was a thirdline treatment