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1292P A review of in-hospital end-of-life care (EOLC) for oncology patients during the COVID-19 pandemic

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Background: Globally, 40 to 60% of all patient deaths occur in an acute hospital setting. Patients with cancer make up a significant proportion of those who die in hospitals. Clinicians involved in their care should be competent at recognising dying and documenting the quality of EOLC delivered to patients and families. Continued evaluation and audit of the care of the dying patient is essential for quality improvement at an organisational level.

Methods: The management of patients who died in Cork University Hospital under the Oncology Service's care between 1 January 2021 and 31 December 2021 was analysed. Paper and electronic records were reviewed, and patient care was assessed using the Oxford Quality Indicators (QIs) for EOLC. Ethical approval was granted by the Cork University Hospital Quality and Patient Safety Department.

Results: 66 patients were identified (M:F 29:37). The median age at time of death was 64 years [30-82]. The average length of admission resulting in death was 12.4 days [0-44]. 6% of patients died in the emergency department and 12% of patients died in the intensive care unit. The risk of dying was documented in 95.5% of cases and was communicated to 65.2% of patients and 82.8% of patients' families. There was a do not attempt cardiopulmonary resuscitation (DNACPR) order in place for 89.4% of patients. Unnecessary investigations and interventions were stopped for 71.2% of patients. Symptom assessment was documented in 81.8% of cases. What was important to the patient was documented as explored in 24.2% of cases. 10.6% of patients were offered a chaplain or faith advisor. The inpatient palliative care team were involved in 77.2% of cases. Using the Oxford QIs for EOLC, the average quality score was 3.5, on a scale of 1-5: 1 (very poor): 0%, 2 (poor): 21.2%, 3 (satisfactory): 33.3%, 4 (good): 19.7%, 5 (excellent): 25.8%. The average EOLC quality score was 3.5.

Conclusions: Oncology patients at our centre received, on average, satisfactory-to-good quality EOLC. Shortcomings identified have led to the development of a care of the dying Pro-forma to improve EOLC delivery and a survey of bereaved relatives to identify gaps in care. Holistic care of the dying is a fundamental part of the cancer care spectrum and needs to be prioritised in the acute hospital setting.

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1293P Impact of COVID epidemic on palliative care referrals in a national cancer center

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Background: During last several years palliative care has gained a lot on its importance in our country, but in 2020 the covid-19 pandemic had major impact on providing medical services in general. In our hospital all specialized palliative care (SPC) services (in-hospital, out-hospital, consultation, phone help-line) were influenced by general and hospitals' interventions directed in minimizing negative influence of covid-19 (conversation barriers (mask, vizier...), limited impersonal interactions (phone, e-contacts), restrictions of family visits, farewell from the dying only at palliative care department...). Our goal was to more precisely understand the influence of epidemic in our institutions.

Methods: We have analyzed data of SPC services completed in 2020 and compared them with pre-epidemic area. We collected number of patients (pts) involved in distinct services, proportions of deaths at SPC department, average length of stay, time of referral and compared with average between 2007-2019 and a year 2019 alone.

Results: In 2020 SPC have performed 1019 interventions (34,4% in-hospital, 23,3% out-patient, 42,4% consultation) for 587 pts (261 female, 326 male). Year 2020 in comparison with all-over pre-epidemic years showed increase of in-hospital service by 60% (2019 only: +25%), out-patient 22% (2019 only: +10%) and consultation 117% (2019 only: + 30%). Average stay shortens in 2020 from 7 to 5.1 day in general. Also,

the time of referral in general was prolonged by 50% (2019 only: +35%). In sub-analysis there was a period of a 2020 that stood out with, the period of first wave epidemic, when length of stay was only 4,3 days and referral time in in-patient was only 17 days.

Conclusions: We observe better integration of palliative care in our country for cancer patients in recent years, but covid-19 had influenced on a provision of it tremendously, especially during first wave. Still in general, we recognize greater recognition of palliative care nationally and globally.

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1294TIP Olanzapine for anorexia in cancer cachexia patients: A placebo-controlled randomized trial

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Background: Cancer-associated cachexia (CAC) is a complex multifactorial syndrome. Various antipsychotics have been associated with weight gain, especially olanzapine (OLZ) which is suggested to have a role in the management of CAC. It remains unclear whether OLZ has an ameliorating effect on cancer patients' anorexia, even when those patients exhibit no nausea or vomiting. Given the potential effect of OLZ on CAC and the mixed findings regarding this subject, the current trial aims at evaluating the efficacy of OLZ as a monotherapy in incurable cancer patients with cancer cachexia-associated anorexia.

Trial design: This is a single institution double-blind placebo-controlled randomized clinical trial. One hundred and sixty-four patients are being recruited from December 2021. The trial includes adult patients with incurable solid tumor, CAC, loss of appetite (≥ 4 score on the 0 to 10 loss of appetite scale of the Edmonton Symptom Assessment System [ESAS]), Eastern Cooperative Oncology Group (ECOG) performance status of 0-2 and a predicted survival >3 months. Causes for exclusion are: highly emetogenic chemotherapy, antipsychotic or appetite stimulant administration, nausea or vomiting score >3 on the 0 to 10 scale of the ESAS, weight gain for a known cause (e.g. oedema) or central nervous system disease. Participants will be 1:1 randomized to the intervention arm (OLZ 5 mg tablet once a night for 28 days) or the control arm (placebo tablet once at night for 28 days). The primary endpoint is the change in the loss of appetite score on the 0 to 10 scale of the ESAS from day 0 to day 7 of treatment. The secondary endpoints include the change in loss of appetite score from day 0 to days 14, 21 and 28 and the change in quality of life, handgrip strength, body mass index, body weight, lean body mass, fatigue and c-reactive protein level from day 0 to day 28.

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1295TIP Investigation of calcium electroporation (CaEP) therapy in malignant cutaneous and subcutaneous tumours: A non-randomized phase II clinical trial of a novel palliative therapy

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Background: Skin metastases can occur from any tumour entity and often cause distress. Surgery or radiation are options, limitations arise from size or location and prior treatments. Electroporation (EP) creates transient pores in cell membranes by short