

FPIN's Help Desk Answers

Life Expectancy with Hospice Care

Todd Eichelberger, DO, and Anthony Shadiack, DO, Ocala Health, Ocala, Florida

Clinical Question

Does admittance to hospice care increase life expectancy for terminally ill patients with cancer?

Evidence-Based Answer

Patients with terminal lung, pancreatic, or metastatic melanoma receiving hospice care have a minimally increased life expectancy. Receiving at least one day of hospice care may increase life expectancy by up to three months. (Strength of Recommendation: B, based on large retrospective cohort studies.)

Evidence Summary

A 2007 retrospective cohort study (n = 4,493) measured survival periods for patients with a terminal diagnosis.¹ All patients included in the study died within three years of diagnosis. About one-half (2,095) received hospice care, defined as at least one claim for hospice services in three years. The study was composed of disease-specific cohorts, including patients with primary terminal diagnoses of breast, colon, lung, pancreatic, and prostate cancers. In subgroup analysis, patients with lung and pancreatic cancers who received any hospice care had an increased life expectancy compared with those who did not receive hospice care (279 vs. 240 days in patients with lung cancer, $P < .0001$; and 210 vs. 189 days in patients with pancreatic cancer, $P = .0102$). Patients with colon cancer (414 vs. 381 days, $P = .0792$), prostate cancer (514 vs. 510 days, $P = .8266$), or breast cancer (422 vs. 410 days, $P = .6136$) did not have statistically increased life expectancy after receiving hospice care.

A 2015 retrospective cohort study of Taiwanese patients with terminal lung cancer compared survival in those

receiving hospice care for at least one day (n = 566) with those not receiving hospice care (n = 2,833).² Patients younger than 20 years were excluded. Hospice care increased survival time after diagnosis (median = 0.86 years vs. 0.61 years, $P < .001$).

A 2014 retrospective cohort study of patients 65 years and older with metastatic melanoma (n = 862) examined survival benefits and cost-effectiveness of hospice care.³ Patients received no hospice care (n = 225), up to three days of hospice care (n = 523), or more than three days of hospice care (n = 114). Median survival from terminal diagnosis to death was 6.1 months in those who did not receive hospice care, 6.5 months for those who received up to three days of hospice care, and 10.2 months for more than three days ($P < .001$). Patients receiving four or more days of hospice care had 3.3 months longer median survival than those receiving three days or less, even after matched modeling (hazard ratio = 0.66; 95% confidence interval, 0.54 to 0.81).

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Address correspondence to Anthony Shadiack, DO, at ashadiack@telmedical.com. Reprints are not available from the authors.

References

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