

## Abstract

**Name:** Holly M. Holmes, M.D.

**Title of Proposed Research:** Utility of Medications for Patients with Cancer in Hospice Care

**Background:** Limited studies have identified commonly used medications in patients with cancer in hospice, but little attention has been given to medications other than those for symptoms. There are no criteria that help to identify which therapies are no longer necessary or beneficial and may result in undue burdens to the patient. Establishing which medications for asymptomatic conditions are useful at the end of life could result in a substantial number of medications to target for discontinuation in hospice patients.

**Methods:** The first aim of this proposal is to characterize the current state of medication use in patients with cancer in hospice, identifying the most commonly used symptom medications and non-symptom medications, and evaluating the change in medication use throughout a patient's hospice length of stay. Symptom medications are defined as those used for immediate benefit to control symptoms or acute diseases resulting in symptoms. Non-symptom medications are defined as those used for long-term benefit to control or prevent a chronic asymptomatic disease. Aim 1 will be accomplished with a retrospective analysis of a large database of hospice patients, comprising about 30% of the hospice population in the United States. The second aim of this proposal is to explore relevant data from clinical trials to quantify likelihood of benefits and risks of the most commonly prescribed non-symptom medications for patients with cancer in hospice, generating decision models for the use of these non-symptom medicines in hospice.

**Long-term Objectives:** The objective of this work is to create criteria for better medication use in patients with cancer enrolling in hospice care, in order to improve quality of life and reduce burdens at the end of life. The knowledge gained from this research will enable future prospective studies that evaluate the impact of improving medication use in hospice patients on quality of life.