New ACS Research Finds Low Uptake of Supportive Care at the End-of-Life for Patients with Advanced Cancer

American Cancer Society researchers recommend interventions to help remove barriers to end-of-life care

ATLANTA, February 21, 2025 — Despite considerable efforts to improve the quality of end-of-life care in the United States, a new retrospective study led by American Cancer Society (ACS) researchers revealed that close to half of patients with advanced cancer received potentially aggressive care at the end-of-life at the expense of supportive care. The findings are out today in the *Journal of the American Medical Association* (JAMA) *Health Forum*.

“Even though clinicians and professional healthcare organizations have recommended early integration of supportive and palliative care for all patients with advanced cancers, it remains underused,” said Dr. Robin Yabroff, scientific vice president of health services research at the American Cancer Society and senior author of the study. “High-quality patient-centered end-of-life care is especially important for maximizing remaining quality of life for this population, yet uptake of advanced care planning and palliative care was low and late hospice enrollment was common.”

Researchers analyzed information from the Surveillance, Epidemiology, and End Results (SEER) program linked with Medicare data to characterize patterns of end-of-life care. The study included 33,744 patients aged 66 or older with fee-for-service Medicare health insurance coverage who were initially diagnosed with distant-stage breast, prostate, pancreatic, or lung cancers and died between 2014 and 2019. Monthly utilization of acute care, systemic therapy, and supportive care (i.e., palliative and hospice care and advanced care planning) were examined in the last six months of life. Additionally, a claims-based indicator was used to examine potentially aggressive care in the last 30 days of life, defined as experiencing more than one acute care visit, in-hospital mortality, late receipt of systemic therapy, or hospice entry.

Study results showed only one-quarter of patients diagnosed with advanced cancer received any palliative care in the last 6 months of life, and those who received it did so mainly in the month of death. Overall, 45% of decedents experienced any indicator of potentially aggressive care. There was an increase in the mean number of acute care visits (from 14.0 to 46.2 per 100 person-months), hospice use (from 6.6 to 73.9 per 100 person-months), palliative care (from 2.6 to 26.1 per 100 person-months), and advanced care planning (from 1.7 to 12.8 per 100 person-months) over the last 6 months of life.

“This research highlights the need for interventions to improve quality of care for patients with advanced cancers, especially those helping to remove barriers to better access palliative care,” Yabroff added. “It also suggests the importance of clear, proactive communication between providers and patients and their families regarding advanced care planning to better guide end-of-life care efforts.”

Dr. Youngmin Kwon is lead author of the study. Other ACS researchers contributing to the report include Kewei Sylvia Shi, Dr. Jingxuan Zhao, Dr. Qinjin Fan, Dr. Xuesong Han, and Dr. Zhiyuan Zheng.

Additional ACS Resources:

- Palliative Care
- End-Of-Life Care
- Study Shows People With Advanced Cancers More Likely to Use Palliative Care if Providers are Close to Home
- Medicaid Expansion Associated With Increase in Palliative Care for Patients With Advanced Cancers, New Data Suggests

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for everyone. For more than 110 years, we have been improving the lives of people with cancer and their families as the only organization combating cancer through advocacy, research, and patient support. We are committed to ensuring everyone has an opportunity to prevent, detect, treat, and survive cancer. To learn more, visit cancer.org or call our 24/7 helpline at 1-800-227-2345. Connect with us on Facebook, X, and Instagram.

For further information: FOR MORE INFORMATION, CONTACT: American Cancer Society, Anne.Doerr@cancer.org

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