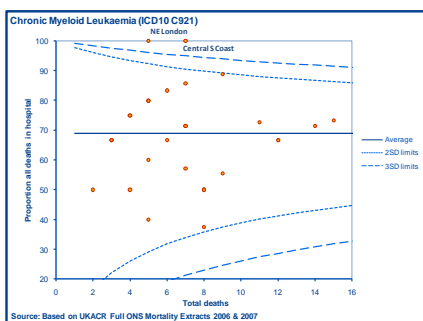
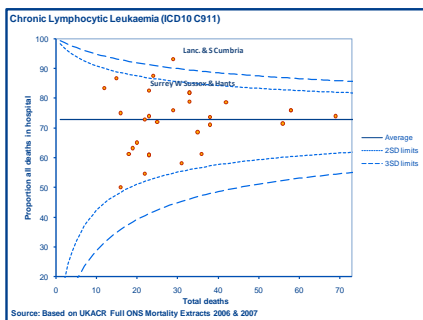
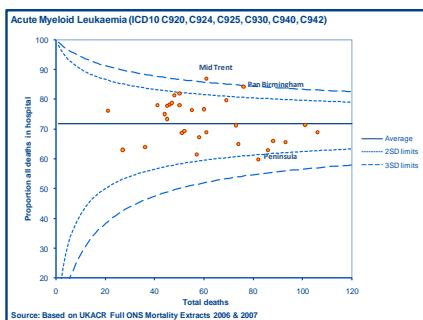
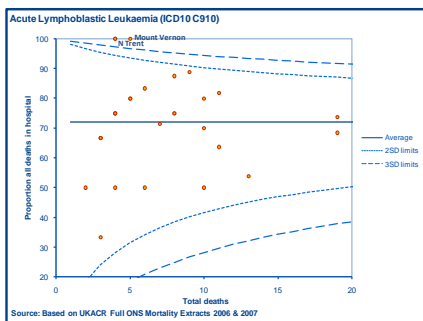


# Where do patients with haematological cancer die?

## A preliminary analysis of national mortality data by cancer network and disease sub-group.

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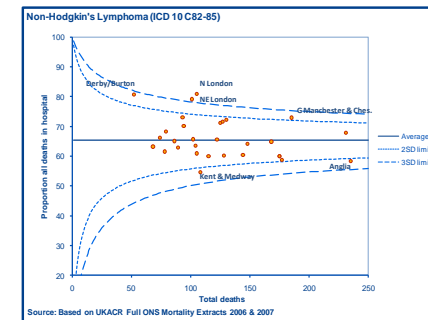
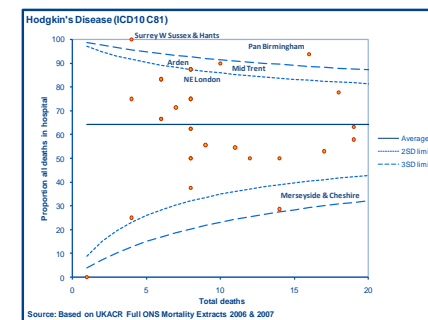
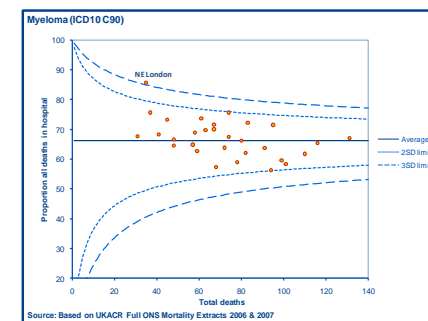
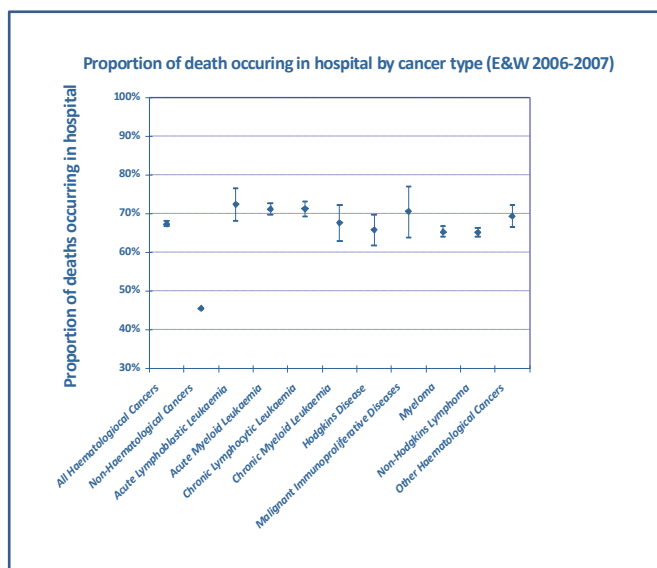
1. University of York & Hull York Medical School
2. Northern & Yorkshire Cancer Registry & Information Service
3. Northamptonshire General Hospital NHS Trust



Whilst most individuals would prefer a home death, this is achieved by a minority of cancer patients in the UK, with particularly low levels for patients with haematological cancer. We described recent patterns in place of death amongst patients with haematological malignancy by disease type and cancer network.

All cancer deaths in England using the ONS national mortality extracts (2006 -2007) were included in analyses. Deaths from haematological cancer were grouped by disease category and mapped to cancer networks. Funnel plots were used to explore the proportion of patients dying in hospital by cancer network and identify special-cause variation.

A total of 21,294 deaths from haematological cancer were observed, 8.5% of all cancer deaths. Most deaths occurred in hospital (67.4%; 95% CI 66.7-68.0%), 15.6% of patients died at home (CI 15.1-16.1%); 9.1% (CI 8.7-9.5%) in a hospice; 4.5% (CI 4.2-4.8%) in a care home and 4.5% (CI 4.2-4.8%) in an 'other location'. The proportion of hospital deaths amongst patients with non-haematological malignancy was significantly lower at 45.5% (CI 45.3-45.7%). The highest proportion of hospital deaths were seen in patients with acute lymphoblastic leukaemia (70.9%; 66.5-75.0%) and chronic lymphocytic leukaemia (71.3%; 69.2-73.2%), the lowest proportions were in patients with non-Hodgkin's lymphoma (64.2%; 63.2-65.3%); myeloma (65.3%; 63.9-66.7%) and Hodgkin's disease (65.8%; 61.8-69.7%).



Two thirds of patients dying of haematological cancer in England will do so in hospital. This pattern varies to some degree by the type of disease and between cancer networks. A clearer understanding of the reasons for special-cause variation between cancer networks requires consideration of other factors which may influence the place of death such as age, availability of palliative care services and socio-economic position.

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