

**Results** The median number of CCoD for elderly people dying from cancer was 1.0 (range: 0 to 14). The range gradually increased over the study period (2001–2004 0–10; 2005–2008 0–13; 2009–2012 0–14).

The majority (69.3%; 95%CI: 69.0%–69.6%) of elderly people dying from cancer in hospital had at least one CCoD recorded; 18.8% (95% CI: 18.6%–19.0%) had Pneumonia, 8.5% (95% CI: 8.3%–8.7%) Respiratory disease, 7.6% (95% CI: 7.5%–7.8%) Circulatory disease, 7.4% (95% CI: 7.3%–7.6%) Ischaemic heart disease, 27.6% (95% CI: 27.4%–27.9%) ‘Other’ conditions. The prevalence of each CCoD category increased from the earliest (2001–2004) to the latest (2009–2012) time period. This increase was greatest for Pneumonia (4.5%; 95% CI: 4.2%–4.8%) and smallest for Old age (0.9%; 95% CI: 0.7–1.2%) and Cerebrovascular disease (0.9%; 95% CI: 0.6%–1.2%).

**Conclusion(s)** The increase in the number of contributing causes of death may represent an increased complexity in managing elderly people at the end of life. Further attention is needed on how palliative care and health care for the elderly can meet these challenges in the future.

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P 039 **INCREASING COMPLEXITY AT THE END OF LIFE IN PEOPLE WHO DIED FROM CANCER AGED 85 YEARS OR OLDER, ENGLAND 2001–2012**

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**Introduction** Cancer patients are dying at increasingly older age and with more coexisting conditions. A lack of knowledge about these conditions is hindering better end of life care planning, policy and care for this rapidly growing group.

**Aim(s) and method(s)** Population-based observational study using death registry data in England, 2001–2012. All hospital deaths for people who died aged 85 or older from cancer were included for this study (N=121,921). The number and types of contributing causes of death (CCoD) are described by time periods (2001–2004, 2005–2008, 2009–2012).