in 55 (70%); zoledronic acid (n=28, 35%) and pamidronate (n=24, 30%) were most common. Two (3%) received denosumab and one (1%) calcitonin. Thirty-four (43%) had a previous episode of HCM, 20 (25%) had an episode in previous 4 weeks of which 12 (60%) achieved normocalcaemia following bisphosphonates.

Plans for monitoring serum calcium were not documented in 33 (43%) cases. Many healthcare professionals considered treatment inappropriate in dying patients (n=51/66, 77%) and 8 (12%) had used denosumab previously for HCM.

Conclusion This analysis provides quantitative data about management of HCM across a variety of settings and has informed development of standards and guidelines. Further study is needed to determine the role of denosumab in management of HCM.

**Methodology** This study will involve an observational longitudinal analysis using BIVA assessments to evaluate hydration status and dehydration-related symptoms (dry mouth, thirst, taste and fatigue), physical signs (mouth moisture, sunken eyes and axilla dryness), oedema and survival in advanced cancer. Further work is needed to investigate how hydration status affects symptoms and quality-of-life in the dying phase.

**Aim** The aim of this feasibility study is to develop the necessary methodology and advanced consent procedure to conduct hydration research assessments in dying cancer patients.

**Proposed findings** The outcomes of this study will determine the feasibility of the methodology and will inform the development of further work. The identification of variables that are associated with hydration in the dying will facilitate the development of a clinical hydration assessment tool. This will ultimately help to develop a framework to clinically assess and manage hydration states patients with cancer.