**Background:** The influence of patient age on the quality of end-of-life care among cancer patients is unknown.

**Methods:** This nation-wide population-based study focused on the last week of life of patients ≥ 18 years dying from cancer in 2011-2012 (N=26,976), based on data reported to the Swedish Register of Palliative Care (SRPC; www.palliativ.se). We analyzed if age-dependent differences were present with respect to thirteen end-of-life care quality indicators (QIs). Patients were categorized into one of five pre-defined age groups. Odds ratios (OR) with 95% confidence intervals (CI), adjusted for type of end-of-life care unit, were calculated using logistic regression, with the oldest group as reference.

**Results:** 85% of all cancer deaths in Sweden during the study period were reported to the SRPC. Young patients more often died in specialized palliative care (Fig 1). Significant age-dependent differences were detected for ten out of thirteen end-of-life care QIs. Compared to elderly cancer patients, young patients more often had PRN prescriptions of injectable drugs against pain, anxiety and nausea (Table 1), were more likely to be informed about imminent death (Table 2), to be systematically assessed (NRS, VAS or other validated scale) for pain (Table 3) or other symptoms, and were more likely to receive support from palliative care consultation services. The families of young patients were more likely to be informed about imminent death and to be offered bereavement support 1-2 months after the death (Table 2).

**Conclusion**

Old age is a risk indicator for poor quality of end-of-life care among cancer patients in Sweden. Our results highlight an important aspect of inequality within contemporary palliative care that needs to be addressed and counteracted.