EARLY SYSTEMATIC PALLIATIVE CARE IN METASTATIC CANCER PATIENTS (PTS) IN AN ITALIAN ONCOLOGY UNIT (OU): IMPACT ON QUALITY OF CARE, MEDICAL SERVICE USE AND PATIENT QUALITY OF LIFE (QOL)

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Aim: Progress made in the treatment and better management of cancer pts has significantly improved overall survival. Early involvement of palliative care can translate into improvements in quality of care, QoL, and survival.

Methods: From March 2012 an oncologist specialized and dedicated full time in palliative care is working in the oncology team of our OU. For pts with metastatic disease receiving anticancer treatment she manages the decision making, the assessment and early best palliative care. Inpatients are evaluated systematically on a day-schedule while outpatients are followed in an ambulatory of palliative care 3 days/week. She collaborates with Palliative Cancer Units (PCUs) and general practitioners with a systematic and early approach.

Results: From March 2012 to March 2014, early palliative care was provided systematically to 770 pts (570 inpatients and 200 outpatients) from the palliativist oncologist. 384 pts of them were followed in palliative care ambulatory while 386 pts were taken in charge by PCUs (2010-2012 PCUs took in charge of 193 pts). 12.9% of them received chemotherapy in simultaneous care with PCUs with a longer time of median recovery in PCUs (75 days in 2012-2014 vs 67 days in 2010-2012). Assessment of symptoms with validated instruments (NRS, distress, QoL, ESAS, PS) was performed systematically; an effective communication and a care’s relationship with pts, giving correct and clear information during all steps of the disease was established. These results show an improvement in metastatic cancer pts both in terms of quality of care and in terms of number of pts appropriately charged to PCUs.

Conclusions: The presence of an oncologist dedicated to early palliative care in an oncology unit, according to AIOM and ESMO’s integration models, makes appropriate the use of medical services, optimizes patient QoL throughout the course of cancer disease, improves the “non-abandonment” culture and guarantees continuity of care to all cancer pts at every step of the disease through strictly relationships with territorial structures, hospice and emergency department.

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