current trend of palliative care clinic (pcc) referrals and their impact on symptom burden in patients (pts) who are seen in genitourinary medical oncology clinic (gumoC): retrospective analysis at an american comprehensive cancer institute

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Aim: 1) To assess the frequency of specialist PCC referrals in our GUMOC. 2) To analyze the impact of PCC referrals on the symptomatology of patients.

Methods: 239 consecutive pts were collected from a retrospective review of GUMOC records in Roswell Park Cancer Institute from 12/1/2013 to 2/28/2014. This group of pts was used to assess the frequency of PCC referral. Pts were divided into two arms: Arm A = GUMOC pts referred to PCC; Arm B: GUMOC pts not referred to PCC. To be able to detect a 15% between the two arms at 95% significance, 37 additional pts (who were already being seen at GUMOC) were collected from retrospective review of PCC records over 9/1/2013 to 2/28/2014. Total 276 patients were divided into Arm A (n = 49), Arm B (n = 227 patients). Arm B includes 12 pts from GUMOC records and 37 pts from PCC records. Data for baseline symptom score and 4-week follow up symptom scores were collected. A palliative care screening tool (retrieved from Center to Advance Palliative care [CAPC] website) was used to assign a palliative care screening score (PCSS) to all study patients. Chi square test and T-test used respectively for categorical variables and numerical variables.

Results: Out of the 239 initially collected GUMOC patients, 5% were referred to PCC. 10% (n = 24) had PCSS score of ≥ 4, and 33% pts with PCSS ≥ 4 were referred to PCC. Baseline symptoms, ECOG status (2-3) and cancer stage (locally advanced or stage 4) were more advanced in the Arm A vs. Arm B (p = 0.02, p < 0.01, p < 0.01 respectively). On comparing the symptom score change from baseline to 4-week follow up, significant improvement occurred in Arm A (vs. Arm B) in pain (p = <0.01), nausea (p = <0.01), depression (p < 0.01), anxiety (p < 0.01), drowsiness (<0.01), anorexia (p < 0.01), well-being (<0.01), dyspnea (p = 0.02), and mean score (p < 0.01).

Conclusions: GU cancer patients who are referred to PCC from medical oncology clinic have significant decrease in distressing symptoms. Frequency of PCC consultation is still low in comprehensive cancer institutes, and not in congruence with the available palliative care screening tools criteria suggested by CAPC. Standardized tools should be developed to guide PCC referrals, and routine use of these tools may help selecting patients who will benefit the most from PCC referral.

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