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Impact of early palliative care in quality at the end of life in small cell lung cancer patients

Background: Early palliative care (EPC) in patients with advanced cancer is associated with better quality of life and fewer cancer-related symptoms during the dying process and improved overall survival (OS). Patients with small cell lung cancer (SCLC) have a biologically aggressive disease, so early inclusion may be relevant to modify clinical practice guidelines.

Methods: We performed a retrospective cohort study of patients with SCLC diagnosed between 2009 and 2019. The primary outcome of the study was to correlate the EPC with quality indicators (QIs) at the end of life. EPC was considered if they were referred within 12 weeks after diagnosis. Quality indicators (QIs) for end-of-life cancer care that we used were defined as a six-point scale: home or hospice death, received opioids <7 days before death, not an intensive care unit admission, not a prolonged inpatient hospital admission (>14 days), not >1 emergency room visits, all in the last month of life, and no chemotherapy within 2 weeks before death. Overall survival (OS) was also assessed.

Results: Of 101 SCLC, 69.3% were male and 31.7% were female. The median age was 65 years (SD 9.013). A EPC was performed in 24.5% of the sample. There were no differences in clinical characteristics between both groups except for stage at diagnosis, extended disease, 92% in EPC vs 68.4% in non-EPC, p = 0.038, and type of chemotherapy, carboplatin, 84% in EPC vs 57.9% in non-EI, p = 0.034. The primary outcome EPC was associated with lower score in QIs at end of life (1.20 vs 1.87, p = 0.018). These differences remained when adjusting for stage in the multivariate model. Patients with EPC used more morphine at the end of life (76% vs 50%, p = 0.041) and had fewer visits to the emergency department (28% vs 55.3%, p = 0.033). However, no differences were observed between prolonged admissions, chemotherapy stopped within 14 days before death and place of death. OS was 5.16 months (95% CI, 3.41-6.90) in EPC vs 9.01 months (95% CI, 7.25-10.77) in non-EPC, p = 0.007.

Conclusions: EPC is related to less therapeutic aggressiveness at the end of life. Higher rate of extended disease could be related to worse prognosis and survival. SCLC should be referred to EPC to maximize the full benefits.

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Don’t forget the children: A qualitative study when a parent is at end of life from cancer

Background: Preparing children for the death of a parent is one of the greatest challenges faced by parents when mum or dad is at end of life from cancer. Parents are often uncertain if and how to communicate and support their children for the death of a parent. Many parents feel it is protecting their children by not telling them about the prognosis. Children less prepared for parental death from a terminal illness are more susceptible to later adversities. Parents require support from professionals about how best to prepare their children for the death of mum or dad. This aim of this study is to explore how parents can be best supported in relation to their children, when a parent is at end of life from cancer.

Methods: An interpretive qualitative study, using 79 semi-structured interviews with parents at end of life (n = 3), bereaved parents (n = 21), health and social care professionals, (n = 32) and funeral directors (n = 23). Data were analysed using reflexive thematic analysis and triangulated.

Results: Parents are central to preparing their children for the death of a parent. Striving for everyday ordinariness, maximising social networks, maintaining hope, and making preparations for the future are helpful for families when a parent is at end of life. Most health and social care professionals were unaware of the challenges faced by parents at end of life, and psychosocial support was often left outside the caring realm. As a result, funeral directors noted complexities faced by the families after the death. Results are discussed under four themes: (1) communication with the children as a process, (2) coping throughout the unfolding end of life experience, (3) tension and complexities at end of life, and (4) preparing for the future.

Conclusions: Parents should be reassured that by involving the children early in the end of life experience when the ill-parent is ‘well enough’ to parent, enables them to be actively involved in supporting their child through one of the greatest life changing event. Health and social care professionals should: provide clear and honest information to parents about a poor prognosis; equip and support parents as they prepare for the death of a parent; and encourage parents to prepare for the future before the ill-parent dies.

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A comparative study on the effect of palliative care between palliative care team and medical oncologists in patients with advanced cancer at Phramongkutklao Hospital

Background: Palliative care for advanced cancer patients improves suffering symp- toms, and quality of life (QoL). However, routine implementation of palliative care by specialty palliative care consultation is still an unmet need among advanced cancer patients.

Outcome Scale (IPOS) (a holistic assessment tool used in clinical care) scores on first assessment (n = 24) recorded the main symptoms as weakness, lacking peace and anxiety. Family anxiety was the highest scoring aspect. Medical management at the end-of-life was, however, generally uncomplicated; total opioid (oral morphine equivalent) and benzodiazepine doses administered in last 24 hours before death were relatively low, median dose (range) 30mg (5-180 mg) and 10mg (0-30mg) respectively.

Conclusions: With prompt recognition and access to standard EOLC, the symptom management of cancer patients dying from C-19 is relatively uncomplicated. As a transmissible disease, associated with social anxiety and restrictions, death from C-19 is, however, undeniably complicated. Timely acknowledgment of the vulnerability of patients with advanced cancer and C-19 is essential to facilitate early communication about patients’ priorities and wishes, and enhance family support.

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