

Oral presentations

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1 A STUDY OF FATIGUE IN MALIGNANT PLEURAL EFFUSIONS

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Introduction Cancer-related fatigue is well described and can have a significant negative impact on patient quality of life. The prevalence of fatigue in patients with a malignant pleural effusion (MPE) and whether interventions for MPE could have an impact on fatigue has not previously been explored. FACIT-F is a validated tool for assessing patient-reported fatigue.¹

Methods 30 patients with MPE or presumed MPE presenting to the regional pleural clinic were surveyed. Consent was verbally obtained and local governance approval was sought. Basic demographics were collected as well as co-morbidities and relevant haematological results. Patients self-reported fatigue levels by completing the FACIT-F tool.

Results The median patient age 74.8 years, IQR 16, range (46–87). Diagnoses were 15 pleural mesotheliomas, 9 lung carcinomas, 4 breast cancers and 2 ovarian cancers. Patients had a wide range of co-morbidities from hypertension, previous myocardial infarctions, diabetes and previous resected cancers. 5 patients had more than 2 co-morbidities (hypertension being the commonest one). Median BMI was 26.5, range 21.3–34.3. All haemoglobin and kidney function were within the normal range. ECOG performance status was between 1 and 3 (1: n= 16, 2: n= 12, 3: n=2). Figure 1 shows the responses for each point of the FACIT-F tool.

Conclusion This is a small cohort which showed significant fatigue levels with a negative impact on daily living and quality of life. Patients presented to clinic and had generally good performance status. Further statistical analysis for confounding factors is warranted but this is enough data for a prospective study to examine whether interventions to manage MPE could improve patient-reported fatigue levels. A wider range of patients with multiple confounding comorbidities will be recruited and patients will fill the form with an investigator present to improve the number of responses. The Interventions for Malignant Pleural Effusions impact on Fatigue (IMPE-F) study now has IRAS and REC approval to run as a single centre study.

REFERENCE

1. <https://www.facit.org/FACITOrg/Questionnaires> (accessed 27.7.20)

2 TUNNELLED PERITONEAL CATHETERS FOR RECURRENT ASCITES IN A SPECIALIST PALLIATIVE CARE UNIT

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Introduction NICE recommend the use of tunnelled peritoneal catheters (TPCs) for individuals with malignant ascites likely

to require repeated paracentesis for symptom palliation. TPCs can avoid significant fluid build-up, improve quality of life (QOL) and reduce hospital admissions. TPCs are not commonly considered for patients with end-stage liver disease (ESLD). In NHS Grampian, TPCs are inserted by Palliative Medicine consultants in Roxburghe House Specialist Palliative Care Unit.

Methods

- Retrospective data collection and analysis for patients who underwent TPC insertion in Roxburghe House between 2014–2019
- Patient outcomes were assessed. The number of temporary drains/hospital
- admissions prevented by TPC insertion was estimated.

Results 96 patients had a TPC inserted in Roxburghe House between 2014–2019. Diagnosis: 83% malignancy, 11% cirrhosis, 6% malignancy & cirrhosis. TPC remained in place for a mean of 67 days (64 in malignant, 90 in cirrhotic) with a range of 2–287 days. Mean time from procedure to death was 67 days (65 in malignant, 100 in cirrhotic). 33% died within 1 month of TPC insertion, although this group had no adverse prognostic indicators.

- 9% had major complications (systemic infection, possible perforation, bleed).
- 8% had minor complications (local infection, dislodgement).
- Complications rates were lower in the cirrhotic population.
- An estimated 301 temporary drains were prevented by TPC insertion. The average
- admission for temporary drain was 6 days, equating to 1,806 days in hospital saved.

Conclusions TPC insertion is an effective management option for palliative patients with refractory ascites, and reduces hospital admissions in the last months of life. Although NICE guidance recommends TPC only for malignant ascites, this study shows low complication rates in the cirrhotic population. TPC should therefore also be considered for patients with ESLD who are ineligible for liver transplant. Further work is required to assess the impact of TPCs on QOL.

3 A MIXED METHODS STUDY EXPLORING FATIGUE IN ADVANCED CANCER CARE

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Background Many people are living for longer with advanced cancer because of improvements in cancer treatments. Fatigue is the most prevalent and burdensome symptom in this cohort of patients. Thus, many could benefit from any improvements in the management of fatigue. This research explored how fatigue was talked about in advanced cancer care, how oncologists approached it and how patients dealt with it.

Methods A mixed methods design combining video-recordings, questionnaires and interviews was used. The study was divided into three parts: Part A, video-recorded observations of palliative oncology visits; Part B, interviews with patients with fatigue; and Part C, interviews with oncologists. Data from observations were analysed using content analysis and