Drugs

OP 016 IMPACT OF A CANCER OF UNKNOWN PRIMARY (CUP) SERVICE ON END OF LIFE PLANNING FOR PATIENTS WITH METASTATIC DISEASE

Jackie Marshall, James Stewart, Louise Hancock, Roopinder Gillmore. *Royal Free Hospital, London, UK*

10.1136/bmjspcare-2014-000654.16

Background NICE recommends every cancer centre should establish a consultant-led CUP team (oncology, palliative care consultants and specialist nurse) (NICE CG 104). One of the aims of this service is to ensure patients with imaging suggestive of metastatic disease have early review by oncology and palliative care.

Aim This analysis assessed the impact of a CUP service on patients diagnosed with metastatic cancer who were not fit enough for active treatment.

Methods Clinical notes were reviewed for all acute hospital admissions with an imaging-based diagnosis of metastatic cancer, who did not go onto receive active treatment. A retrospective analysis performed prior to the establishment of the CUP team (January-April 2009), was compared to prospective data following the launch of the CUP service (June-December 2012).

Results Following establishment of the CUP team – mean length of stay was significantly reduced (6.7 days, 18.6 days, $p<0.004$) and only one patient was unable to be discharged to their preferred place of death. Furthermore all patients were reviewed by palliative care to optimise symptom control (Table 1).

Table 1 Outcome measures comparing the two time period.

	2009	2012	
Number of patients	9	15	
Mean age (range) (years)	73 (35–92)	82 (46–94)	
Mean LOS (range) (days)	18.6 (4–51)	6.7 (2–15)	**p<0.004**
% Died in hospital (absolute numbers)	67 (6/9)	7 (1/15)	**p<0.002**
% Readmission	33 (1/3)	14 (2/14)	**p>0.4**
% Oncology review	33 (3/9)	100 (15/15)	**p<0.0005**
% Palliative care	33 (3/9)	100 (15/15)	**p<0.0005**

p<0.05 significant Age and LOS were analysed using t-test other data were compared using a chi-squared test.

Conclusions Early assessment by the CUP service facilitates specialist input from oncology and palliative care, successful discharge planning, with reduced length of stay and rates of readmission.