Oral Presentations

O-1 ENHANCED SUPPORTIVE CARE IN CANCER

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Background Enhanced Supportive Care (ESC) is a fresh approach to supporting people through cancer treatment. At its heart is better and earlier access to expertise in managing the adverse effects of cancer and cancer treatments. ESC is recognised nationally by NHS England, and received a Quality in Care (QiC) award (February 2016).
Methods In (2012–2015), The Christie NHS Foundation Trust (a major cancer centre) piloted ESC across 4 cancer disease groups (skin, breast, hepatobiliary, upper GI). We provided *appropriate* supportive care treatments, at an early stage, for patients who were starting to develop problems with pain or symptoms, related to their cancer or cancer treatments. We also worked with oncologists to improve communication with primary care teams. In order to facilitate early involvement, we rebranded and changed the name of our team from 'palliative care team' to 'supportive care team'.
Results A reduction was seen in the relative number of emergency admissions in disease groups where there has been significant ESC support. Such reductions were not seen consistently in those disease groups that did not receive significant ESC support. This reduction in emergency admissions suggested a potential £1.38m saving over a three year period. ESC also demonstrated improved patient and carer experience. Patients benefitted from being presented information in a hopeful and positive way. The initiative was warmly welcomed by colleagues in oncology.
Conclusion The landscape of cancer is changing due to better treatments. More and more people are living longer with chronic cancer. In line with emerging research on the benefits of early palliative/supportive care, ESC demonstrates improved quality and reduction in overall healthcare costs. The reduction in emergency admissions may reflect early detection and management of symptom problems, preventing these from escalating. The next phase of ESC broadens access to supportive care through integration with acute oncology and development of local ambulatory ESC units.

O-2 CANCER RELATED INSOMNIA: WIRELESS MONITORING OF SLEEP METRICS

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Background Insomnia involves difficulty with sleep onset, maintenance, early morning wakening or non-restorative sleep. Prevalence is 30%–75% in cancer. Consequences include fatigue and impaired memory or concentration. It is underreported, overlooked and severely impairs quality of life. Subjective sleep diaries underestimate insomnia. Objective measurements previously required dedicated sleep laboratories. Wireless medical technology enables objective sleep measurement in the natural environment.
Aims
- Conduct a feasibility study to examine if a wireless monitor can measure sleep in cancer.
- Evaluate acceptability in:
  a. Patient
  b. Nurse
  c. Family
- Correlate objective device results with subjective reports.

Methods A prospective observational study recruited 10 consecutive hospice inpatients (IP) and 20 consecutive community participants (CP) with cancer. Insomnia Severity Index recorded subjective sleep pattern. Participants used a wireless non-contact bedside sleep monitor for 3 nights. Three insomnia features were examined (sleep onset, maintenance, early awakening). A daily sleep diary was completed. Acceptability questionnaires were completed by patient, nurse and family. Statistical analysis was undertaken with SPSS version 22.
Results The device successfully recorded sleep patterns in all 30 participants. Inpatients: Mean age was 63 years (range 47–61). 7/10 were positive for one or more insomnia features. Delayed sleep onset was most common (7/10). Community Participants: Mean age was 64 years (range 47–84). 15/20 were positive for one or more insomnia features. Fragmented sleep was most common. 14/20 recorded over 30 min awake overnight with more than 2 awakenings. Early morning wakening was not present in either cohort. Poor sleep hygiene was noted in community participants compared to inpatients. Correlation between subjective and objective measures was not significant (IP: $p=0.07$; CP: $p=0.106$). Patients, nurses and family members reported 100% device acceptability.
Conclusions
1. A wireless bedside monitor effectively measures sleep in cancer.
2. High patient acceptability supports clinical use.
3. Cancer-related insomnia features were common in both cohorts.
4. Objective measurements correlated poorly with subjective.

O-3 OPIOIDS, BENZODIAZEPINES, ANTI-CHOLINERGIC LOAD AND CLINICAL OUTCOMES IN PATIENTS WITH ADVANCED CANCER

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Background Medications used to manage symptoms in patients with cancer have associated, but poorly understood, harms. The aim of this study was to explore the temporal relationship between oral morphine equivalent daily dose (MEDD), oral diazepam equivalent daily dose (DEDD) and the daily anti-cholinergic load (ACL) with cognitive and gastrointestinal symptoms, performance status, quality of life and survival in patients receiving palliative care.
Methods Secondary longitudinal analysis of cancer decedents (n=235) from a palliative care trial with multiple outcome