Oral Presentations

0-1 ENHANCED SUPPORTIVE CARE IN CANCER

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 helpful 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.

0-2 CANCER RELATED INSOMNIA: WIRELESS MONITORING OF SLEEP METRICS

Aims: 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:
  - Patient
  - Nurse
  - Family

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.

Statistics: Statistical analysis was undertaken using SPSS version 22. 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

Background: Mediations 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 measures monitored daily as previously described. The primary analysis was preliminary cross-sectional and preliminary cross-sectional. The relationship between daily ACL and measures at baseline were analyzed with univariate and multivariate linear regression models.