Variation in Frequency and Timing of Palliative Care Consultation in Patients Receiving Care at a Tertiary Cancer Centre

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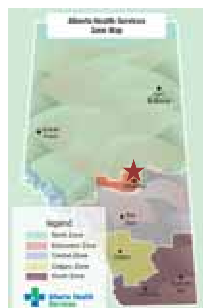
Introduction

- Early integration of palliative care (PC) with oncological care improves outcomes
- Limited information on the proportion of patients under oncological care who receive PC consultation, and predictors and timing of PC consultation

Cross Cancer Institute (CCI)

- Tertiary cancer centre for northern Alberta
- PC consultation team available for symptom management and liaison with community PC services
- Referrals mostly from oncologists



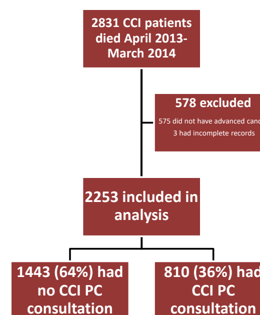
Objectives

- To determine the proportion of patients with advanced cancer under oncological care at the CCI that received PC consultation
- To examine predictors and timing of PC consultation

Methods

- Design: Retrospective
- Inclusion criteria
  - Received oncological care at CCI
  - Died between April 1, 2013 and March 31, 2014
  - Advanced cancer
- Data sources
  - Alberta Cancer Registry: care at CCI, dates of death, cancer types, demographics
  - Edmonton Zone PC Program (EZPCP) database: dates of first PC consultation (CCI and elsewhere)
  - Electronic medical records: dates of diagnosis of advanced (i.e. incurable) cancer

A minority of patients had CCI PC consultation



Patients with CCI PC consultation differed in age, residence, marital status, and survival

[illegible]	[illegible]	[illegible]	[illegible]
Mean age in years (range)	70.3 (19 – 99)	65.8 (19 – 94)	< 0.001
[illegible]	[illegible]	[illegible]	[illegible]
Residence in Edmonton Zone (%)	834 (57.8)	606 (74.8)	<0.001
[illegible]	[illegible]	[illegible]	[illegible]
Months from advanced disease diagnosis to death, median (range)	8.6 (0 – 180.1)	9.5 (0 – 211)	0.02
[illegible]			

Multivariate logistic regression analysis: age, residence, cancer type, survival predict CCI PC consultation

[illegible]	[illegible]	[illegible]	p-value
Age, relative to 65 years			< 0.001
[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	
Residence in Edmonton Zone	2.19	1.16 – 2.91	< 0.001
Cancer type			
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
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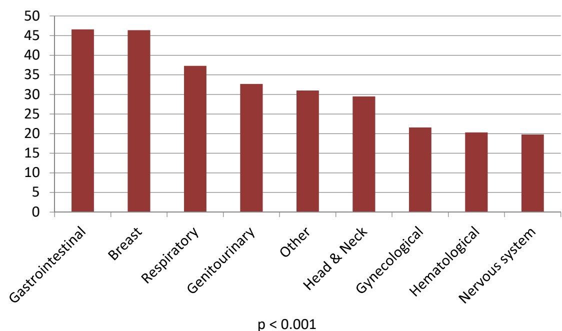
Advanced cancer diagnosis to death > 2.5 months	2.08	1.60 – 2.71	< 0.001
[illegible]			

Percentage of patients with CCI PC consultation varies by cancer type



p < 0.001

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Timing of CCI PC consultation varies by cancer type

[illegible]	[illegible]		
	[illegible]	[illegible]	[illegible]
Breast	21.5 (17 – 30)	14.5 (9 – 21)	4 (2 – 5)
[illegible]	[illegible]	[illegible]	[illegible]
Genitourinary	17 (12 23)	12 (8 18)	3 (2 5)
[illegible]	[illegible]	[illegible]	[illegible]
Head & Neck	10 (7 – 12)	5 (4 – 8)	2 (1 – 6)
[illegible]	[illegible]	[illegible]	[illegible]
Nervous system	11 (6 47)	10 (4 34)	2 (1 7)
[illegible]	[illegible]	[illegible]	[illegible]
Respiratory	7 (6 8)	3 (3 4)	2 (2 2)

[illegible]

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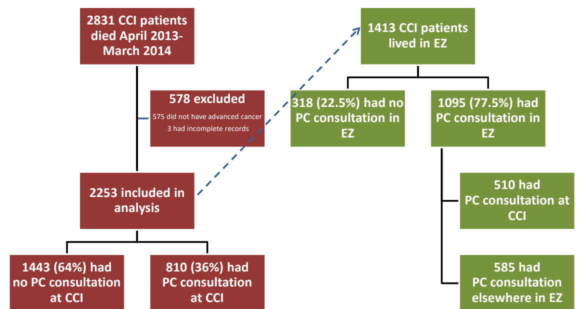
Frequency of PC consultation increases with comprehensive integrated PC program



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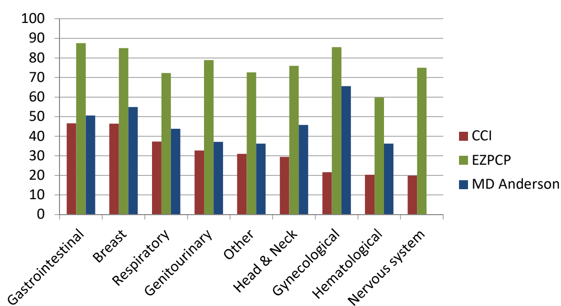
Percentage of patients with PC consultation increases for all cancer types



Hui D et al. Oncologist 2012; 17:1574-1580

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PC consultation occurs relatively late

Setting	Median (IQR) interval, months		
	Advanced cancer diagnosis to death	Advanced cancer diagnosis to first PC consultation	First PC consultation to death
CCI	10 (4 – 21)	4.5 (1 – 15)	2 (1 – 5)
EZPCP	9 (3.8 – 21)	4.4 (1.1 – 15)	2.1 (0.9 – 4.6)
MD Anderson	15 (7 – 30)	11 (4 – 24)	1.4 (0.5 – 4.2)

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Limitations

- Retrospective
- Does not capture patients referred to but not seen by PC consultation teams
- Does not account for “primary” PC

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Conclusions

- Frequency and timing of PC consultation vary significantly at our tertiary cancer centre, according to a number of factors
- The reasons for this variation require further exploration
- The optimal frequency and timing of PC consultation remain to be determined

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