Palliative cares for symptom clusters and clinical outcomes in hospice cancer patients

1Hemato-oncology, Department of Internal Medicine, Cheong Ju St. Mary’s Hospital, 2Department of Internal Medicine, 3Department of Radiation Oncology, 4Hospice Team, St. Vincent’s Hospital, The Catholic University of Korea

*Der Sheng Sun1, Eun Sil Ko2, June Seop Lee2, Chi Hong Kim2, Byoung Young Shim2, Seung Hwan Kim3, Ok Kyoung Lee4, Hoon Kyo Kim2

Background: Effective symptomatic care is important to improve quality of life for cancer patients in hospice ward. Despite the progression in palliative treatments, terminal cancer patients are still suffering from multiple discomfort symptoms. We tried to indentify the clusters of cancer symptoms and describe how the managements impact on the clinical course.

Methods: Patients were evaluated from August to December 2010. The symptoms from the patients were measured by the M.D. Anderson symptom inventory (MDASI), palliative procedures were recorded prospectively and the clinical outcomes were analyzed.

Results: Of the 86 patients, 51 were male (59%), 35 were female (41%) with a median age of 65 years (range 36-86). The most common diagnosis were lung cancer (31patients, 36%), stomach cancer (13patients, 15%), colo-rectal cancer (11patients, 13%). Five clusters were identified: 1. Pain (edema, metastasis), 2. Respiratory (dyspnea, tachypnea, sputum, hoarseness, pleural and pericardial effusion), 3. Fatigue (weakness, anorexia), 4. Digestive (dysphagia, ascites, constipation, ileus, weight loss), 5. Neuropsychological (confusion, anxiety, insomnia). The median severity score according to MDASI of the clusters were 8.6 in Pain, 7.4 in Respiratory, 6.7 in Fatigue, 7.5 in Digestive, 8.2 in Neuropsychological. The major palliative procedures in Pain cluster were opioids(40, 46.5%), radiation(7, 8.2%), in Respiratory cluster were oxygen supply (14, 16.3%), pleural effusion drainage (4, 4.6%), in Fatigue was hydration(5, 5.8%), in Digestive cluster were tube feeding (3, 3.5%), ascites tap (3, 3.5%), Levin-tube (4, 4.6%), and 6 (7.0%) with palliative sedation in neuropsychological cluster. 52 of the 86 patients had survival data. The clusters associated with poor prognosis with survivals (days) were Neuropsychological (2-17, median: 5), Respiratory (5-61, median: 14), Fatigue (8-21, median: 15) followed by Digestive (4-58, median: 18), Pain (2-present, median: 22). Conclusion: Pain cluster with active symptomatic procedures may improve clinical result on survival in hospice ward. To assess symptoms and proper palliative procedure is important to relief distress and quality of life in advanced cancer patients.