

Association of early palliative care use with survival among cancer patients in Thailand.

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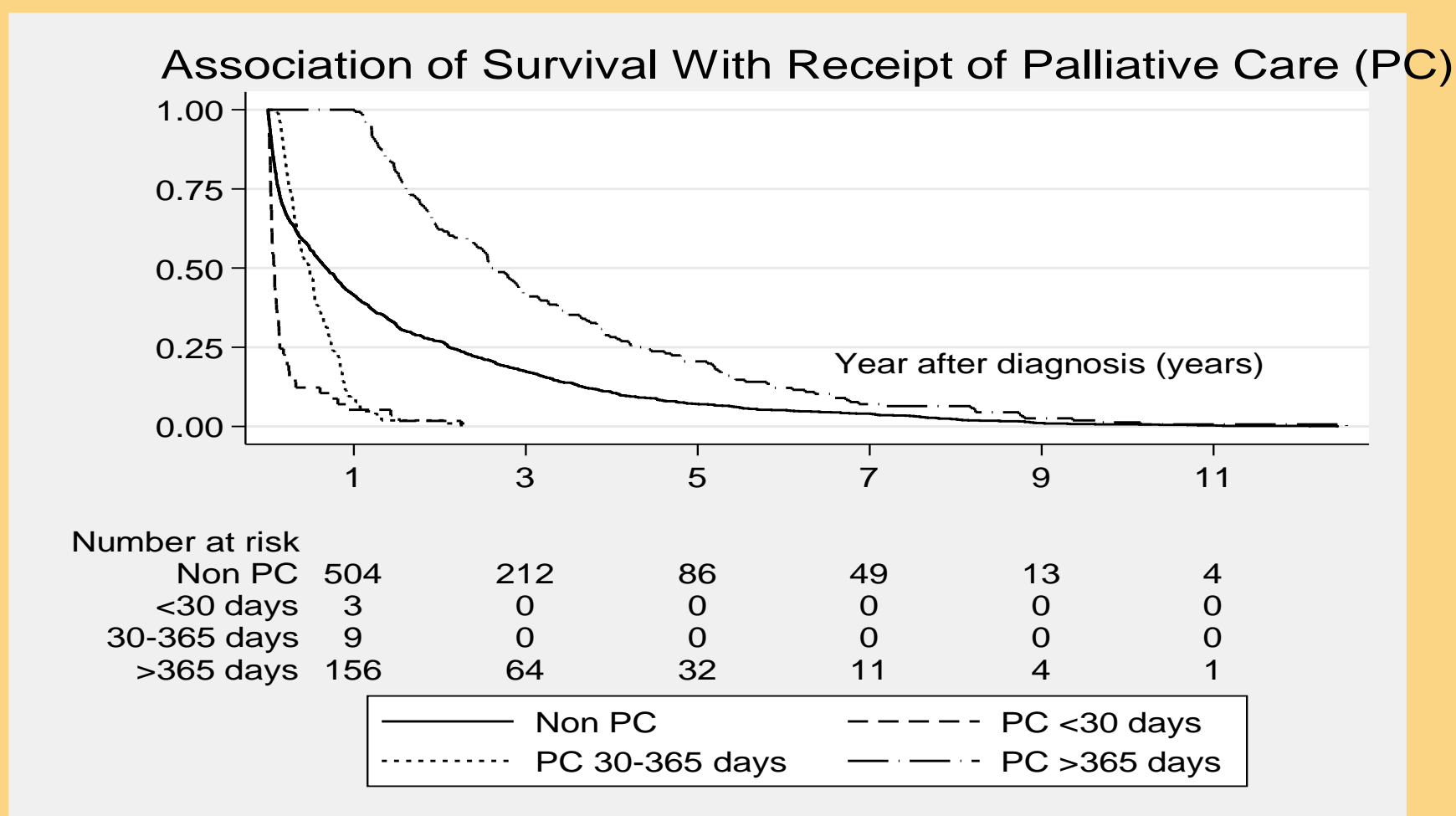
BACKGROUND

Early palliative care access can improve symptom control and quality of life and reduce the costs of care in terminally cancer patients and their families. Whether early palliative care studies are relevant to overall survival (OS) benefits in cancer patients remains limited in Thailand. The study aimed to compare survival outcome between those who were given palliative care and those who were not after diagnosis among cancer patients.

METHODS

All patients diagnosed with cancer and registered in the Ramathibodi Cancer Registry (RCR) were identified through the database, that included cancer patients had death between Jan 1, 2016 - Dec 31, 2021. The patients were divided into two groups: non-palliative and palliative care (PC). Kaplan-Meier, log-rank test and Cox regression to examine the OS with these outcomes.

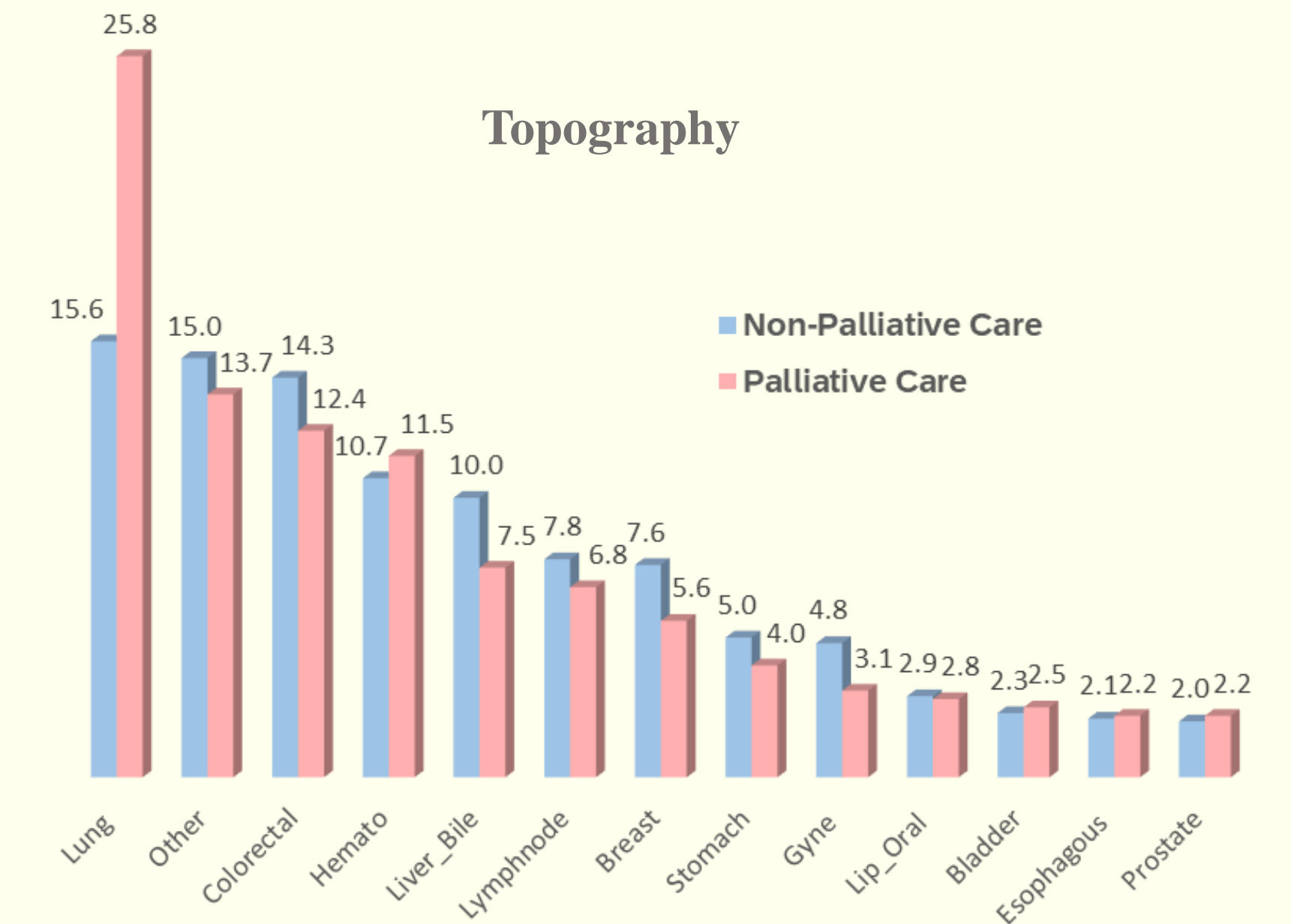
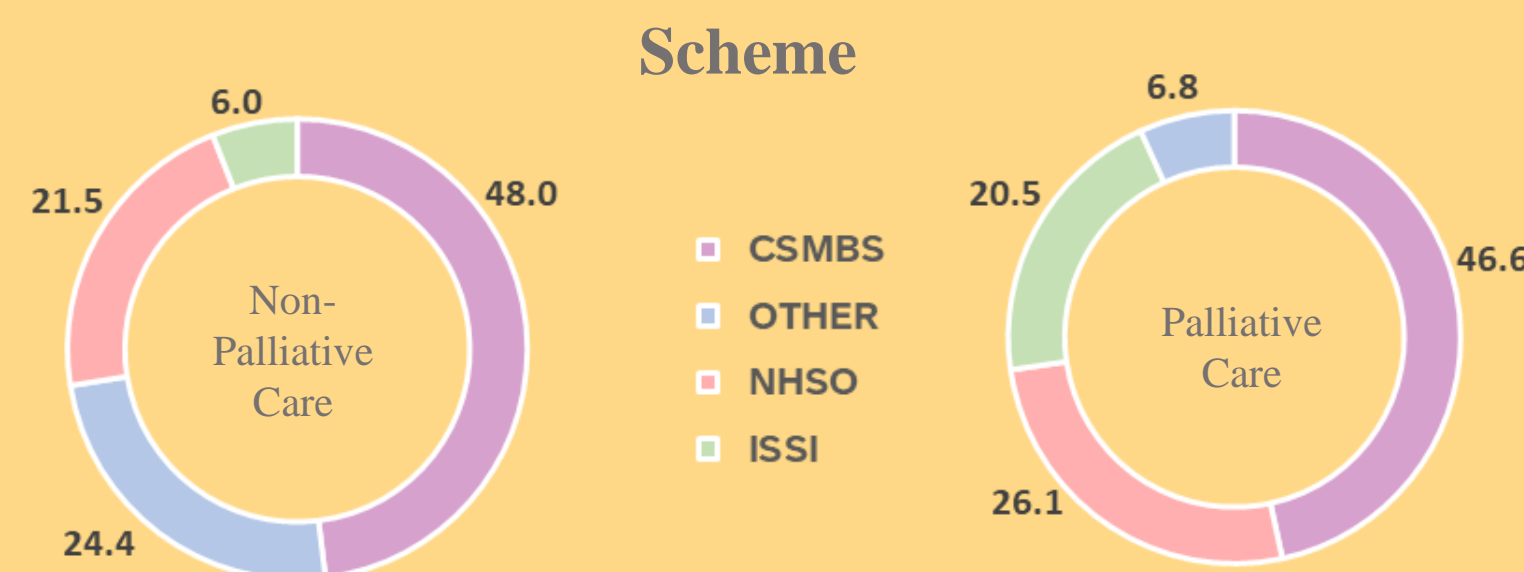
RESULTS



All-Cause Mortality Among Patients Who Received Palliative Care by Timing of Palliative Care Receipt

Timing of receipt after diagnosis	Number	1-Year OS	2-Year OS	5-Year OS
Non-PC	1,226	41.1 (38.6-44.2)	26.8 (24.4-29.4)	7.07 (5.7-8.6)
<30 days	61	5.3 (1.4-13.2)	1.7 (0.1-8.2)	*
30-365	105	8.6 (4.2-14.8)	1.9 (0.3-6.1)	*
≥ 365 days	156	1.0	65.2 (33.3-48.6)	20.5 (14.6-27.2)

Patient Characteristic	No. (%)		p-value
	Non-Palliative Care (n=1226,79.2%)	Palliative Care (n=322,20.8%)	
Gender			0.145
male	627 (80.7)	150 (19.3)	
female	599 (72.5)	172 (22.3)	
Age at diagnosis, y			0.666
<60	450 (79.8)	114 (20.2)	
60+	776 (78.9)	208 (21.1)	
Mean age at diagnosis (SD)	62.8 (16.2)		
Median (IQR)	64.3 (18.7)		
Mean of group	62.4 (79.3)	64.4 (20.7)	0.044



CONCLUSIONS

Patients with PC within 30 days after diagnosed had poorer clinical condition and shorter survival than other group. However, consultation with hospital palliative care teams' associates with significant survival benefit. There should be a palliative care curriculum available to healthcare workers across the country, patients to have faster access to palliative care and to accommodate the growing number of cancer patients in the future.

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