

# DESCRIPTORS AND OUTCOMES FOR PATIENTS ATTENDING ENHANCED SUPPORTIVE CARE WITH LATE EFFECTS.

D Monnery, & H Wilson. The Clatterbridge Cancer Centre NHS Foundation Trust, Liverpool, United Kingdom

## Introduction

Enhanced Supportive Care (ESC) is a model for delivering holistic, coordinated, multiprofessional care to patients receiving cancer treatment and beyond<sup>1</sup>.

In the UK, it has developed to include palliative care as a central point, providing a coordination role for other supportive care specialties<sup>2</sup>. As a result it is thought of as early palliative care<sup>3</sup>.

However these services in the UK are starting to support more patients with curative disease, venturing into an area of support quite outside traditional palliative care. Little is known about the efficacy of these services in the survivorship population.

**Our aim is to examine the impact of an ESC approach on the delivery of symptom care for patients with late effects.**



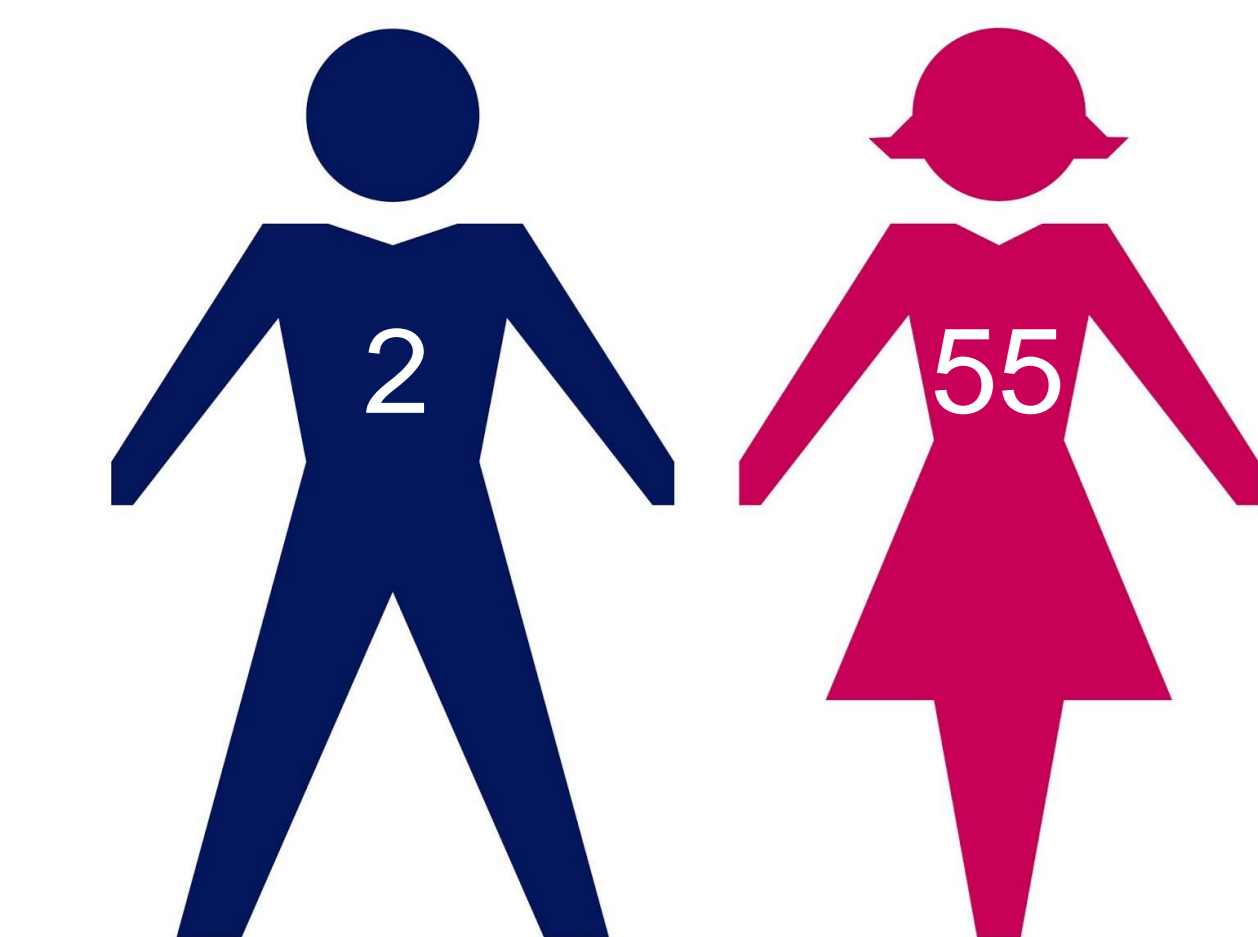
## Method

ESC launched at our tertiary cancer centre in 2016, providing a holistic support model initially to patients with treatable but not curable cancer. The service began seeing patients with curative disease in 2021 and patients with late effects in 2022.

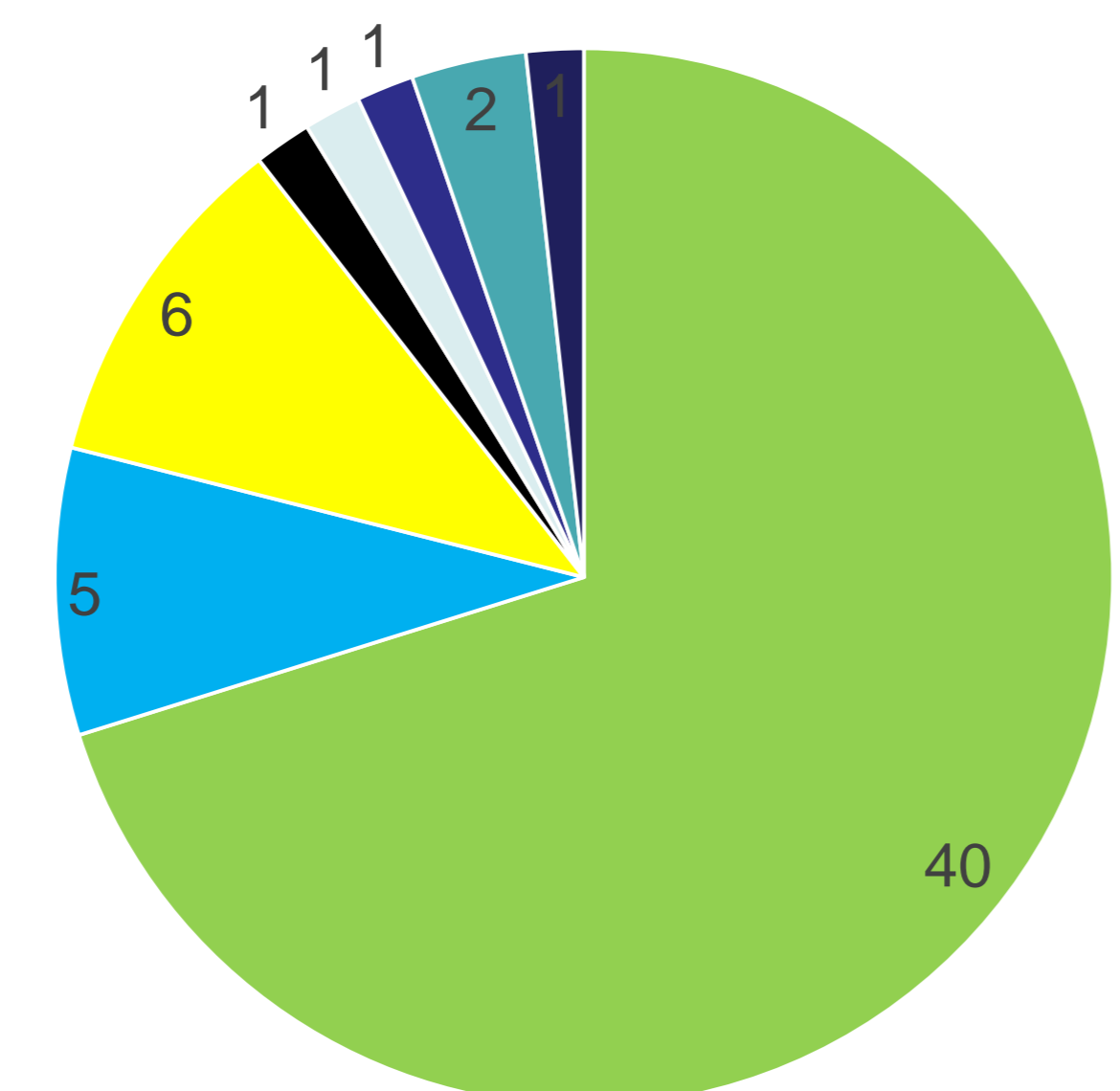
In October 2023, a retrospective case note analysis was undertaken for all patients attending the ESC clinic over the previous 12 months who were referred with late effects. Data was collected relating to demographics, reasons for referral and treatment outcomes including symptom severity as recorded using IPOS.

## Results

### Demographics



Age	Freq
30-39	4
40-49	8
50-59	23
60-69	15
70-79	5
80-89	2
<b>Average</b>	<b>57</b>



Tumour groups	Freq
Breast	40
Gynaecology	5
Lower GI	6
Lung	1
Sarcoma	1
Haemato-oncology	1
Melanoma	2
Urology	1

Treatment to Referral (years)	Freq
<1	10
1-5	39
6-10	5
>10	3
<b>Average</b>	<b>3.2</b>

Main Reason for referral	Freq
Localised Pain from treatment (radiotherapy)	11
CIPN	17
PRD	9
AIMSS	15
Fatigue	1
Itch	1
Dry Mouth	1
Hot Flashes	1
Cough	1

## Conclusion

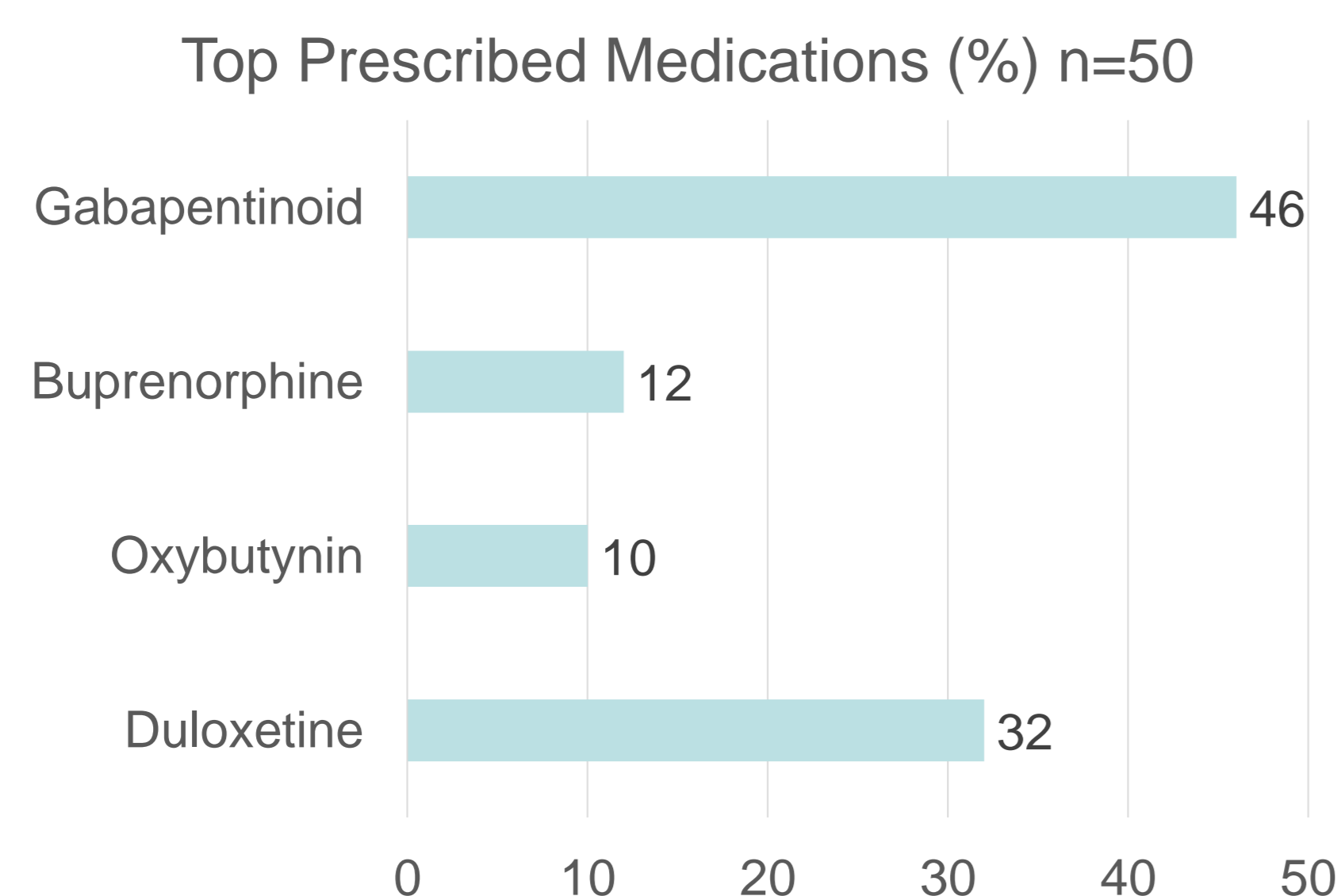
The ESC model is effective in providing symptom relief, psychological support and addressing practical concerns following curative treatment for cancer. Common conditions seen in this service include Chemotherapy Induced Peripheral Neuropathy (CIPN), Pelvic Radiation Disease (PRD), Aromatase Inhibitor Induced Musculoskeletal Symptoms (AIMSS) and localised post radiotherapy pain. This model can work alongside other organ-specific late effects services to address the holistic aspects of late effects beyond excluding disease recurrence and addressing organ dysfunction. Further work is needed to clarify which members of the ESC team confer which outcomes with regards to the different late effects and exploring the potential role for integrative oncology in this area.

## References

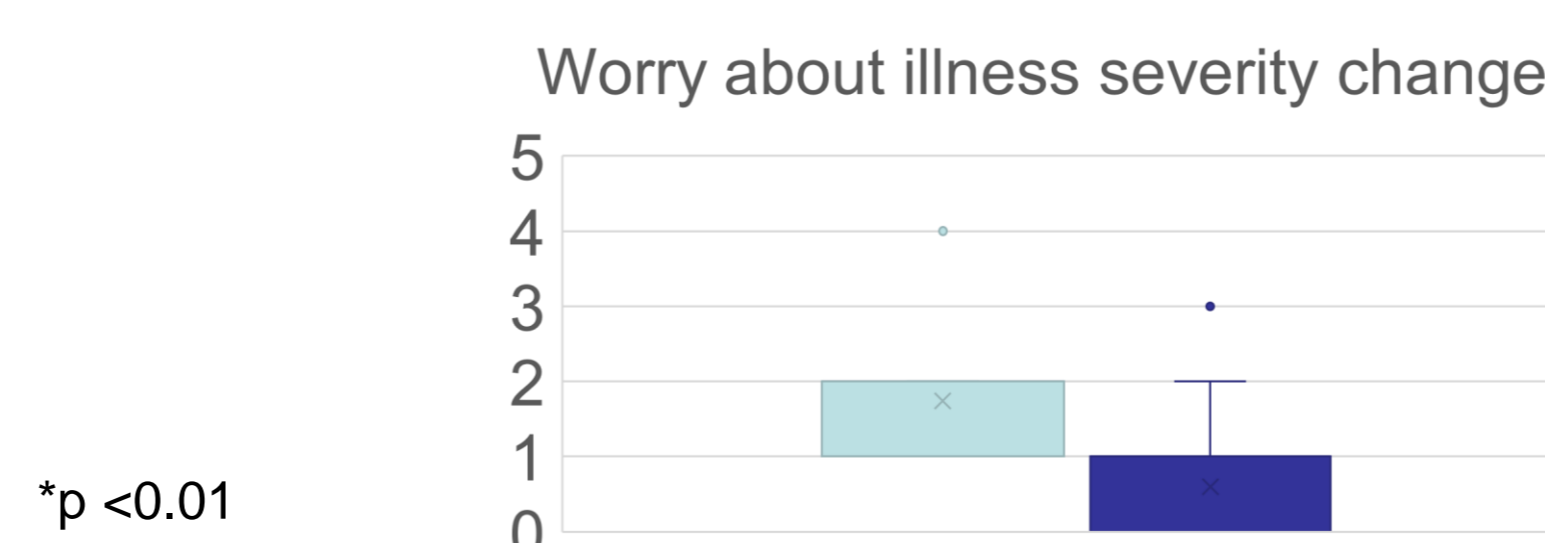
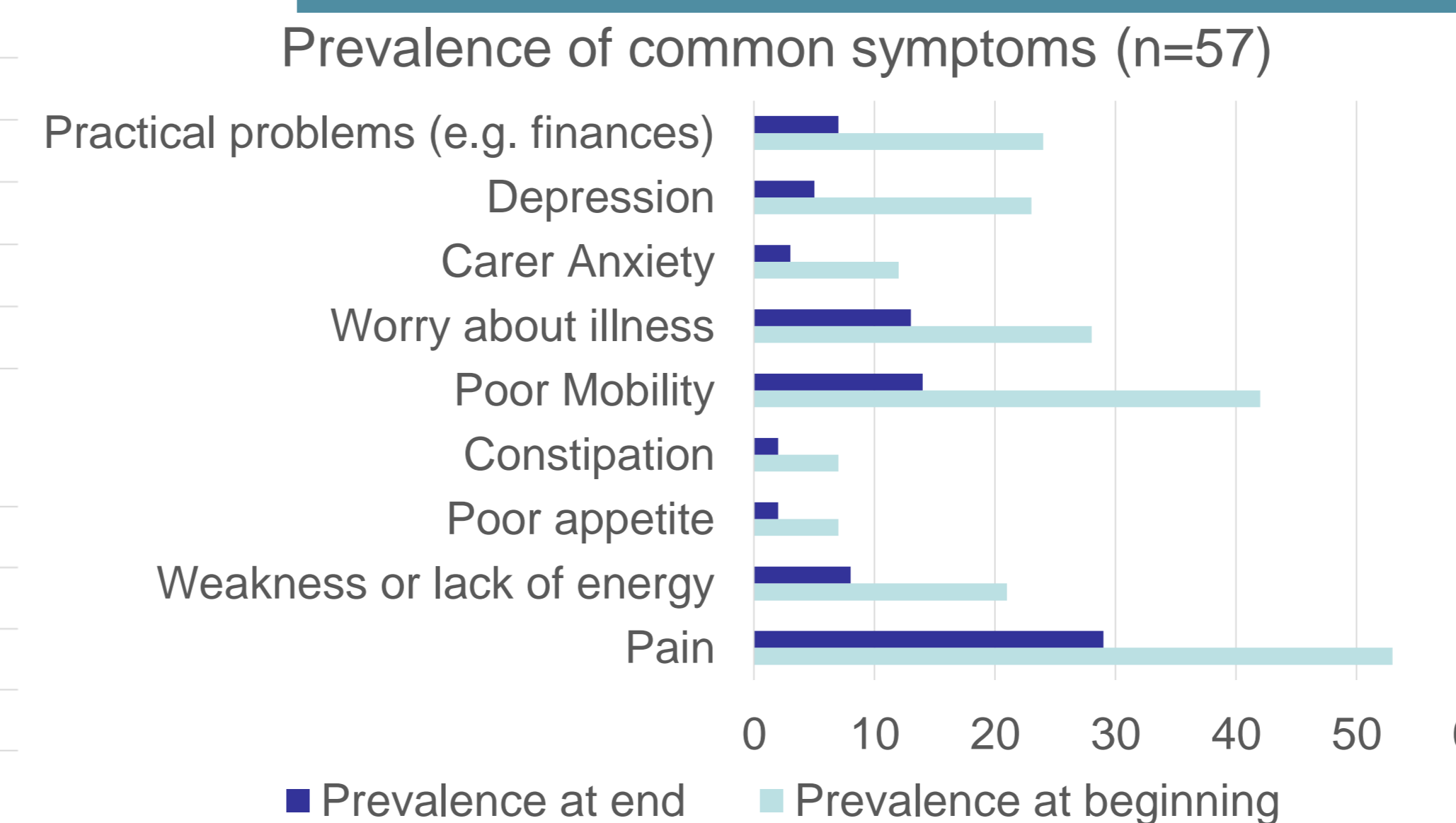
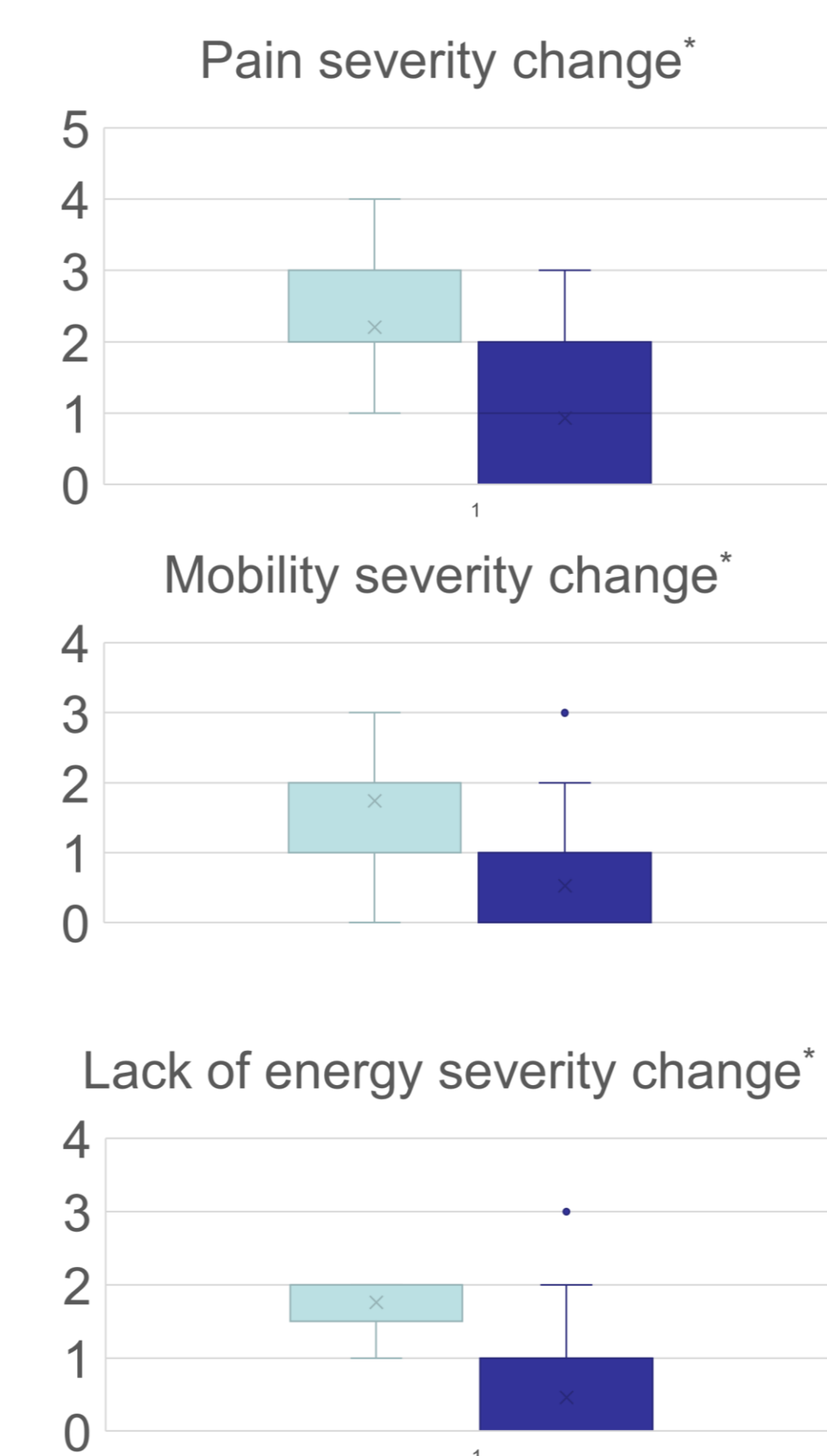
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- Adapted from: Hui D, Hoge G & Bruera E. Models of Supportive Care in Oncology. *Curr Opin Oncol*. 2021, 33(4); 259-266

## Interventions

Number of Appointments	Freq
1	14
2	9
3	9
4	8
5	6
6	6
7 or more	5
<b>Median</b>	<b>3</b>



## Outcomes



\*p < 0.01