

# IS HAH RELEVANT AS A DOWNSTREAM SOLUTION FOR CANCER EMERGENCIES ?



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## Background and Aims:

Following advances in cancer treatment, life expectancy has increased significantly for the last years, making cancer a chronic pathology. As a result, symptoms leading patients to the emergency ward are more frequent. To avoid overloading specialist oncology departments, solutions such as HAH or local emergencies are being considered. In France Hospital at home (HAH) is an innovative care model, that is increasingly prescribed at different stages of cancer. However, it has not yet been identified as an emergency referral for cancer management.

## Methods:

To assess the relevance of HAH in such situations, we analysed 418 admissions in the emergency ward of IGR (an Hospital specialised in cancer treatment), in order to evaluate :

- 1: Whether HAH can be a suitable downstream solution for avoiding conventional hospitalisations in oncology departments.
- 2: Whether acute oncological situations requiring assessment by emergency ward warrant oncology expertise or could be dealt with by a conventional emergency ward team.

Relevance of downstream situation was evaluated by expert physicians.

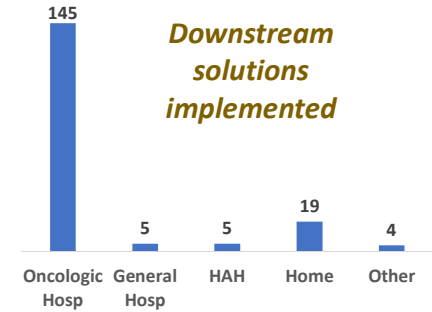
## Results:

- Age 19 to 82 – 59 % women / 41 % men.
- Types of cancer requiring emergency ward were similar to those described in the literature.
- Pain was the main symptom, observed in 76% of cases. Fever in 17%. All situations were directly related to cancer-related medical problems.
- Among patients requiring hospitalisation after emergency ward assessment, 96% came from home and 2.8% were referred by a HAH
- 42.5% required hospitalization for more than 1 night (178 patients)
- For about 10% HAH was relevant (100% among patients referred by HAH)
- For 90% an expert oncological care was required like interventional radiology, unanticipated announcement (progression, end of treatment ...) which would have been delayed if the patient had been referred to a multi-purpose emergency facility which only took symptoms into account.

## Conclusions:

Our study highlights three points:

- 1: A **specific emergency department is required** for optimal management of acute symptoms arising from cancer. The absence of such expertise would be a loss of opportunity for the patient. These acute oncological situations involve competence in decision-making skills. An oncologist is, for a large part of his activity, a decision-maker, in the particular context of these vital stakes involved.
- 2: Because of the need for a technical platform and/or an announcement by the referring oncologist, HAH is only exceptionally a possibility for downstream emergency care.
- 3: In our study, the onset of symptoms requiring emergency care is associated with a poor prognosis, and very often reflects a pejorative turn in the disease. (6-month outcome: > 66% death)



## Symptom that prompted the emergency visit

