

Introduction

Identifying the complexity of palliative care needs is a key aspect of referral to multidisciplinary early palliative care teams (EPC).

The PALCOM scale is an instrument consisting of five multidimensional assessment domains, developed in 2018 and validated in 2023, to identify the level of complexity in advanced cancer patients.

PALCOM: Complexity Scale of Palliative Care Needs in People with Advanced Cancer	
Would you be surprised if the patient died in the next 12 months? If the answer is no, the PALCOM scale can determine the complexity of palliative care needs and allows managing the intervention of specialized Palliative Care teams.	
1. Is a high symptom burden detected?	Presence of ≥5 chronic symptoms with at least a moderate intensity (Visual Analogue Scale or Numeric Rating Scales ≥4/10) out of 10 systematically recorded symptoms: * Pain * Anorexia * Weakness * Nausea-vomiting * Constipation * Dyspnea or cough * Insomnia * Drowsiness * Anxiety * Sadness * Others...
2. Are there any markers of difficult pain control?	Any of the following characteristics can lead to potentially difficult pain: * Neuropathic pain * Mixed pain (nociceptive and neuropathic) * Breakthrough cancer pain * Pain associated with cognitive impairment * Pain associated with a history of addiction to alcohol or other substances of abuse
3. Is there functional impairment?	Person who requires relevant assistance for activities of daily living. (e.g. Barthel index ≤60 or Karnofsky index ≤50-60%)
4. Any socio-familial risk factors	* Absence of identified caregiver * Caregiver limitations due to advanced age, health problems, or socio-family or economic burdens * Minors or more than one member of the nuclear family who needs support * Risk of severe family burnout. * Other complexity situations (social vulnerability, poverty, domestic violence, addiction of abuse substances...)
5. Any ethical or existential conflict?	* Conflicts related to information (denial, conspiracy silence, ...) * Healthcare team disagreement * Disagreement between patient/family and healthcare team * Loss of meaning in life or existential distress * Desire to advance death, demand for euthanasia or assisted suicide * Spiritual distress. * Others...
Each of these 5 domains is scored dichotomously, 0 absence or 1 presence of any of the variables, the sum, between 0 and 5, is the total score of the PALCOM scale.	
0-1 Low complexity: Basic palliative care is recommended. Referring team to get back in contact if patient becomes more complex. In some cases, timely consultation with specialist palliative care may be needed for a comprehensive assessment or management of difficult isolated symptoms.	
2-3 Medium complexity: Specialised palliative care is systematically recommended (hospital teams, home support teams or palliative care services).	
4-5 High complexity: Intensive specialised palliative care is systematically recommended (teams in the hospital, support teams in the home or palliative care services).	

Figure 1. PALCOM Scale.

Objective

To determine the instability degree (likelihood of level change or death), health resource consumption and survival of patients according to level of palliative complexity assigned at the baseline visit, according PALCOM scale, during a 6-month follow-up

Method

Observational, prospective, multicentre, based on pooled data from the development and validation cohort of the PALCOM scale. Outcome variables: instability index (IR), defined as the probability of level change or death; emergency department visits; hospitalization days; hospital-death; survival. All variables were analysed monthly according to the complexity level assigned at baseline visit

EVOLUTION OF COMPLEXITY OF PALLIATIVE CARE NEEDS AND PATIENT PROFILES ACCORDING TO THE PALCOM SCALE: ANALYSIS OF THE COHORTS FOR ITS DEVELOPMENT AND VALIDATION

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Results

607 patients with advanced cancer were enrolled. According to the PALCOM scale, 20% of patients were classified as low complexity, 50% as intermediate and 30% as high complexity. Overall IR was 45% in the low, 68% medium and 78% high complexity group (p<0.0001). No significant differences in mean monthly emergency department visits were observed between levels. Mean number of days spent in hospital per month was 1.5 for low, 1.8 for medium and 3.2 for high level of complexity (p<0.001). The probability of in-hospital death was significantly higher in the high complexity group (28.6%) compared to medium (16%) and low complexity level (7.6%) (p<0.001) Actuarial survival was significantly lower in the higher complexity groups (p<0.001).

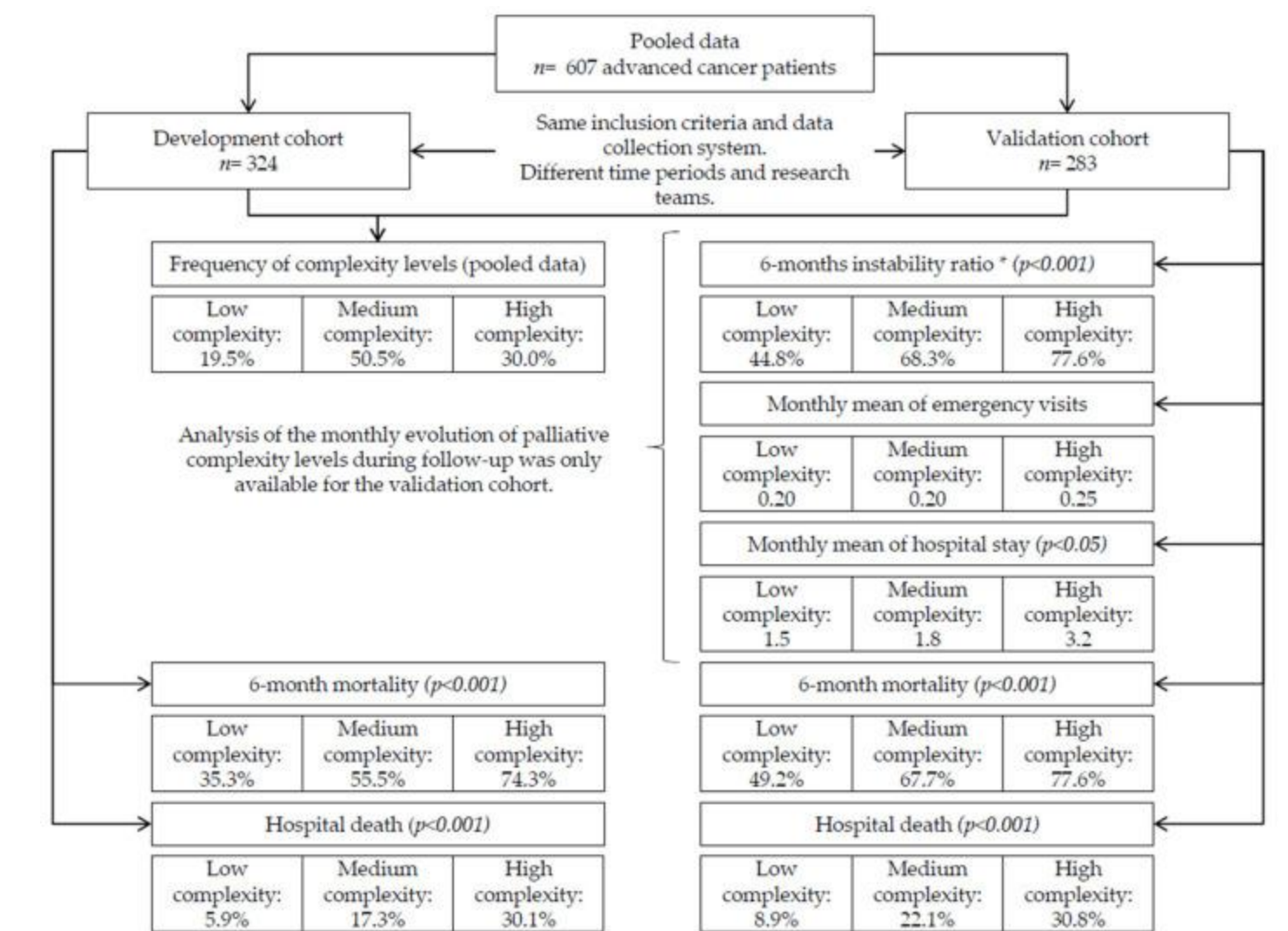


Figure 2 Flow-diagram of pooled data of the PALCOM development and validation cohorts

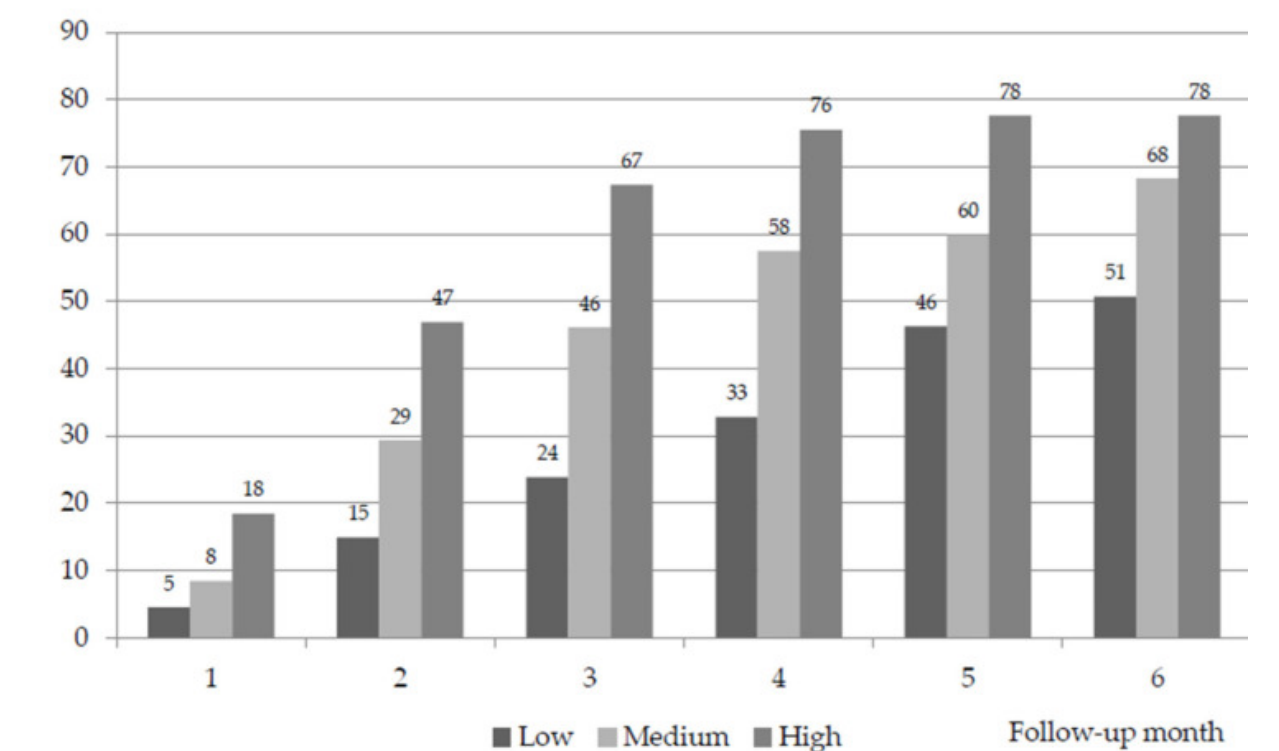


Figure 3 Cumulative instability rate over follow-up (monthly probability of level change or death) (%)

CONCLUSIONS

Higher levels of PALCOM complexity are associated with lower survival and greater instability and use of hospital resources. PALCOM scale is a consistent tool for describing complexity profiles, targeting referrals to EPC and managing the shared-care