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Background

- At our centre, consultations for palliative radiotherapy (PRT) occur in multiple settings differing by discipline and PRT-related experience of the non-physician clinical team.
- Both the Outpatient Clinic (OPC) 1 and OPC2 teams consist of oncology nurses (RN), with OPC2 RNs additionally involved in caring for patients actively receiving radiotherapy.
- The dedicated Palliative Radiation Oncology (PRO) clinic is staffed by radiation therapists (RTTs) and RNs with advanced training in Palliative Care.
- Objective:** We explored the differential impact of PRT consult location on availability of patient-reported symptoms.

	Overall (N=550)	PRO (N=216)	OPC1 (N=161)	OPC2 (N=135)	Other (N=38)	P value
Median Age (range)	68.3 yrs (21.8 - 95.9 yrs)	66.9 yrs (30.9 - 93.8 yrs)	70.0 yrs (35.7 - 91.4 yrs)	68.6 yrs (21.8 - 95.9 yrs)	65.9 yrs (35.4 - 85.7 yrs)	0.01
Male	287 (52.2%)	89 (41.2%)	95 (59.0%)	77 (57.0%)	26 (68.4%)	0.0003
Lung	168 (30.5%)	44 (20.4%)	88 (54.7%)	22 (16.3%)	14 (36.8%)	<0.001
GI	95 (17.3%)	54 (25.0%)	6 (3.7%)	22 (16.3%)	13 (34.2%)	
GI	93 (16.9%)	22 (10.2%)	41 (25.5%)	30 (22.2%)	0 (0%)	
Breast	79 (14.4%)	56 (25.9%)	2 (1.2%)	19 (14.1%)	2 (5.3%)	
Other	115 (20.9%)	40 (18.5%)	24 (14.9%)	42 (31.1%)	9 (23.7%)	
Inpatient at RT Consult	89 (16.2%)	34 (15.7%)	20 (12.4%)	28 (20.7%)	7 (18.4%)	<0.005
Completed PRT as Planned	510 (92.7%)	202 (93.5%)	144 (89.4%)	128 (94.8%)	36 (94.7%)	0.28

Table 1. Cohort characteristics.

Methods

- We retrospectively reviewed consecutive adults with any primary cancer who were prescribed ≤ 10 fractions of PRT to any site (03-06/2023).
- Patients are invited to complete the MySymptomReport (MSR) questionnaire at each cancer centre visit.
- The MSR lists 15 symptoms which are rated on an 11-point Likert scale anchored from 0 (absence of a symptom) to 10 (worst imaginable).
- Data abstracted included demographics, consult location, completion of symptom questionnaires, and date of death.
- Descriptive and summary statistics, Chi square tests and Kaplan-Meier survival curves were calculated.

Cohort

- Of 550 patients, 39.3% (N=216) were seen in PRO, 29.3% (N=161) in OPC1, 24.5% (N=135) in OPC2 and the rest (N=38) elsewhere, typically virtually (Table 1).
- 52.2% were male and almost 1/3 had lung cancer.
- Median follow-up was 85.0 weeks from consult (95%CI 83.1-86.1 wks).
- As of the date of analysis, 73.3% have died.

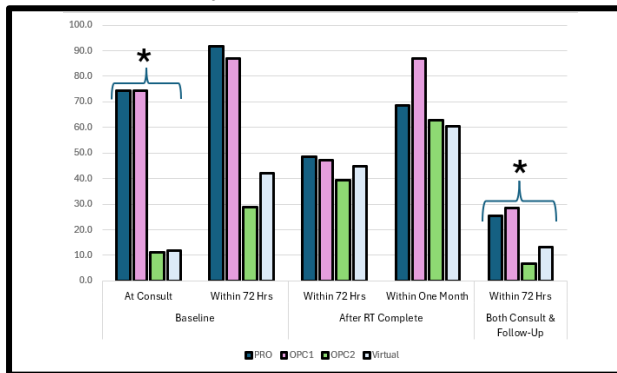



Figure 2. Availability of patient-reported symptom scores. *p<0.05.

Clinical Outcomes

- Completion of symptom ratings are shown in Figure 2, with significant differences between groups for MSR availability at baseline and within 72 hours of baseline and follow-up dates.
- For the 89 patients admitted to hospital at consult, there was a trend in discharge by 4-week follow-up: 45.0% of OPC1, 38.2% of PRO, 35.7% of OPC2 and 14.3% of Virtual patients admitted at consult had been discharged by 4 weeks (p=0.06).
- 14.2% of patients did not have any further lifetime Oncology or Palliative Care follow-up after this course of PRT.

- Overall median survival was 27.9 weeks (95%CI 23.4-31.0 weeks) from consult without differences between groups.
- There was no significant difference in location of death (p=0.83).

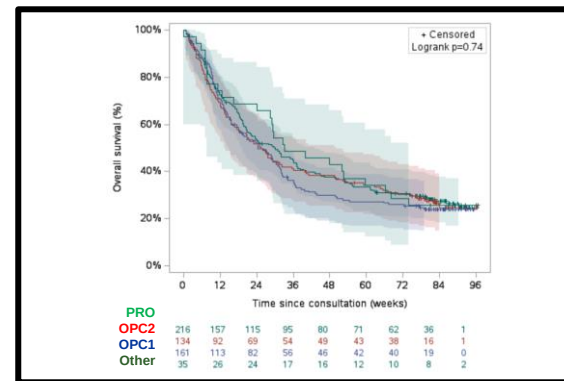


Figure 3. Overall survival by group.

Conclusions

- A holistic personalized management plan is achievable only if patients have an opportunity to systematically report and discuss symptoms with their care team, the frequency of which varies significantly by setting of PRT consult at our centre.
- Ongoing work is exploring potential impact on additional clinical outcomes.

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References

Available upon request

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