

## **ESMO Palliative Care Fellowship** (Summer 2019)

**Ivana Kukec**

### **FINAL REPORT**

Home Institute: KBC - University Hospital Centre Zagreb, Zagreb, Croatia

Host Institute: The Royal Marsden NHS Foundation Trust, London, UK

Mentor: Dr. Joanne Droney and Dr. Jayne Wood

The ESMO Palliative Care Research Fellowship was a great experience for me. I have spent five weeks in summer 2019 at the “Centre of Excellence” (The Royal Marsden), with great Palliative and Supportive Care (in Oncology) Team.

Thanks to my wonderful mentors Dr Joanne Droney and Dr Jayne Wood I was part of the great “Triggers project” (for cancer patients that have been admitted to the Intensive Care Unit).

During my Fellowship I have learned a lot about research, that resulted with my first international congress abstract.

Dr Droney continued to supervise me remotely and we are now writing two papers from our results.

Aim of our work was that Palliative care within Intensive Care Units (ICU) benefits decision making, symptom control and end of life care. Palliative care prior to transfer to ICU may enhance communication, promote earlier discussions about ceilings of care and reduce inappropriate admissions.

We did retrospective electronic patient record review of cancer patients who died in or within 30 days of discharge from oncology ICU 2016-18.

Patients not known to the palliative care team prior to ICU admission were identified. Two sets of palliative care referral “triggers” were applied: one that is being tested locally and an internationally derived tool. The proportion of patients who met any of these triggers before their final ICU admission was calculated.

149 patients were included, median age 65 (range 20-83) years. 89% were unplanned ICU admissions.

The most common diagnoses were haemato-oncology (32%) and gastrointestinal (22%).

35% (52/149) patients were not referred to palliative care before death.

73% (108/149) were not known to a palliative care team before ICU admission.

The overall median time (range) between palliative care referral and death was 11 (0-1145) days.

Using the locally derived tool, 90% (97/108) these patients met triggers for palliative care referral prior to ICU admission and 74% using the international criteria.

Palliative care was introduced late, when patients were close to death.

Both “Triggers” tools identified a high proportion of patients who may have benefitted from palliative care referral to aid decision making about appropriateness of ICU transfer.

I have worked really hard, but it was such a pleasure to be part of such an wonderful Team.

I am also grateful to ESMO that enabled me this opportunity.

This Fellowship has strengthen me to become a leader in Palliative and Supportive Care in Oncology which has been my personal goal, as well as great contribution to my home Institution (University Hospital Centre Zagreb) and wider professional community in Croatia. Hopefully it may also result in sooner forming first Designated Centre of Palliative and Supportive Care in Croatia.

Oncology, Supportive Care by Eric E. Prommer, Lisa Thompson and Dennis A. Casciato.4.Pocket Pain Medicine, Richard D. Urman Nalini Vadivelu.5.Sociedad Española de Cuidados Paliativos (SECPAL), Guía de CuidadosPaliativos.6.Symptom control in palliative care, Oxford handbook of ONCOLOGY.7.Management of cancer pain in adult patients: ESMO Clinical Practice Guidelines 2018.