Free Paper Abstract

A Prospective Study to Identify Prognostic Factors of Survival in a Palliative Care Unit
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Background:
Prognostic factors are important in survival estimates in end of life care. No formal studies on identification of prognostic factors have been performed in advanced cancer patients in local palliative care unit.

Objective:
To identify potential prognostic factors of survival in a local palliative care unit

Methods:
All advanced cancer patients who were admitted into the unit either as in-patient or out-patient between January and December 2002 were enrolled into this study. Potential prognostic factors including demographic data, tumour characteristic, blood parameters, functional status, co-morbidities, total symptom score and quality of life were recorded upon admission.

Results:
A total of 170 patients were eligible for analysis. Mean age was 69.3 yrs (SD 11.7) with 106 patients (62.4%) were male. The overall median survival was 76.5 days (IQR 30.8 - 160.3). The most frequent primary malignancy was lung (n=58, 34.1%), followed by liver (n=24, 14.1%) and lower GI tract (n=24, 14.1%). By univariate analysis, eleven factors were found to affect survival, including age (p=0.04), no. of metastatic sites (p=0.001), peritoneal metastasis (p=0.009), skin metastasis (p=0.011), tachycardia (p=0.009), albumin (p<0.0001), white cell count (p=0.002), Karnofsky Performance Scale (KPS) (p<0.0001), Hamilton Depression Scale (HDS) (p=0.004), Edmonton Symptom Assessment Scale (ESAS) (p=0.003) and quality of life (p=0.002). Multivariate analysis revealed that only age (hazard ratio 0.84, 95% CI:0.73 - 0.96), no. of metastatic sites (hazard ratio 1.32, 95%CI:1.13 - 1.56), albumin (hazard ratio 0.95, 95% CI: 0.92 - 0.98), KPS (hazard ratio 0.86, 95% CI: 0.78 - 0.96), ESAS (hazard ration: 1.21, 95% CI: 1.05 - 1.41) were independent prognosticators.

Conclusion:
Age, no.of metastatic sites, albumin, KPS and ESAS were independent prognosticators. Further study is needed to provide physicians with prognostic instrument applicable in local clinical settings.

Case presentation: A gentleman with multiple pathological fractures
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Background
Mr. C Chung was an 84-year-old gentleman who lived with wife in a public housing estate. He enjoyed independent activities of daily living. He had past history of gastritis, bilateral tinnitus, cataract and anxiety neurosis. Mr. Chung presented with liver abscess in 2/2004 and was incidentally found to have radiological left renal cell carcinoma (RCC) by CT abdomen. He refused nephrectomy and so was put under conservative management.

History of present illness
He first presented to the orthopaedic team with pathological fracture of right proximal humerus after a minor injury in May 2005. Bone biopsy revealed metastatic renal cell carcinoma and palliative radiotherapy was given in November 2005. For some unknown reasons, bone scan was not done.

In May 2006, Mr. Chung sustained another unprovoked pathological fracture of right femur. Long proximal femoral nailing was done and bone biopsy confirmed metastatic renal cell carcinoma again. Mr. Chung had to walk with quadripod during the period. He was transferred to a convalescent hospital for rehabilitation subsequently.

While staying in the convalescent hospital, Mr. Chung experienced another pathological fracture over the left humeral shaft upon transferral from bed