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**CONFERENCE ABSTRACT****A Rapid Access Palliative Clinic to reduce waiting time for palliative radiotherapy in a Regional Cancer Centre in Ireland**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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**Purpose:** In September 2014, the Rapid Access Palliative Clinic [RAPC] was set up in the Radiation Oncology Department in Cork University Hospital [CUH] a Regional Cancer Centre in Ireland. Its purpose is to streamline the pathway and facilitate prompt review and timely delivery of palliative radiotherapy [PRT] for symptom relief of patients with terminal cancer.

This study reviews the clinical activity of the RAPC over the initial 3 months and compares it to a second 3 months to evaluate if we are meeting the objectives of the program.

**Materials/Methods:** From the CUH oncology patient information system (Lantis) database, we retrieved the number of patients referred to the RAPC, their demographics, diagnosis and treatment for 1st September to 30th November, 2014 inclusive. We calculated the time interval between referral to consultation, consultation to simulation and the percentage of patients who started PRT on the day of their initial RAPC consultation. We calculated the 30-day mortality of the clinic. We also compared the data from the initial 3 months against a 3 month period from 1st May to 31st July, 2016 inclusive, when there was no clinic due to staffing shortages.

**Results:** During the initial 3 month period, the number of cases seen in consultation was 129. Patient's ages ranged from 28.4 to 96 years with a mean age of 69.1 years. Most common primary tumour sites were Genitourinary and Lung accounting for 25% and 21% of the patient population respectively. Most common indication for PRT was bone pain accounting for 69% of patients seen in the clinic. The 30-day mortality rate was 13.95%. Of the 122 patients who received PRT, 57 patients (46.7%) received single fraction PRT whilst 65 patients (53.2%) received fractionated PRT. 98% were seen within 2 weeks of referral (87% within 1 week). The median time from consultation to simulation was 0.9 days vs 2.7 days with no RAPC. 74% were simulated on the day of their initial consultation vs 31.4% with no RAPC. 35% started their PRT treatment on the day of their consultation visit vs 23% with no RAPC.

**Conclusion:** The overall median interval from referral to consultation was 4 days. Thirty-five percent were simulated, planned and started treatment on the day of their initial consultation. The 30-day mortality rate suggests appropriate patient selection. The comparison between the initial 3 months of the RAPC vs the 3 months with no RAPC showed the median time from consultation to simulation tripled and only twenty-three percent received same day

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treatment. Setting up a dedicated clinic decreased waiting times, reduced the number of visits to the Regional Cancer Centre and provided prompt PRT to symptomatic patients in the terminal phase of their illness. The RAPC is therefore meeting our objectives.

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**Keywords:** palliative; services; streamline; pathway

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