

## POSTER ABSTRACT

### Early detection of metastatic colorectal cancer patients who could benefit from specialist palliative care: a prediction model.

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**Introduction:** Palliative care is usually provided by healthcare professionals from all disciplines as part of the pallet of care tasks that they provide for their patients. More recently, a strong recommendation for the provision of specialist palliative care came from the WHO and the European Association of Palliative Care EAPC although this was based on a descriptive analysis of the available studies at that time Centeno et al., 2016. Furthermore, the review of Gaertner et al. 2017 showed that specialist palliative care was associated with a positive effect on quality of life and most effective if provided in an early stage Gaertner et al., 2017. In the Spaarne Gasthuis, a large teaching hospital in the Netherlands, a specialist palliative care team SPCT was assembled in 2015. In this study we will evaluate the quality of care provided by the SPCT for a restricted group of patients with metastatic colorectal cancer. In addition, predictive factors will be explored that could help to identify in an early stage, those patients who could be eligible for the specialist palliative care.

**The aims of this study are:**

1. To assess the differences in treatment, number and duration of re-admissions, complications between metastatic colorectal cancer patients who were or were not consulted by the SPCT in the Spaarne Gasthuis in 2016.
2. To identify potential predictive variables that could identify in an early stage, metastatic colorectal cancer patients who are eligible for the SPCT.

**Methods:** In this retrospective cohort study, all metastatic colorectal cancer patients aged  $\geq$  18 years who were diagnosed in the Spaarne Gasthuis in 2016 were eligible to be included in the study database. All patients were screened and evaluated for participation in the advanced care procedure of the SPCT.

In total, there were about 45 metastatic colorectal cancer patients who were eligible for specialist palliative care and were consulted by the SPCT. Those metastatic colorectal cancer patients who were not eligible for the SPCT about 500 will also be included in the study database.

Jovi; Early detection of metastatic colorectal cancer patients who could benefit from specialist palliative care: a prediction model.

A study database was constructed with the following independent variables: age, sex, date of diagnosis, diagnosis, treatment drug, dose, duration, complications, pain-scores, weight loss, liver function laboratory data, anemia, changes in defecation pattern, hematochezia blood in stool, number and duration of re-admissions. Data will be collected from patient files.

**Statistical analyses:** Rates, average, median, percentages and standard deviations will be analyzed for the total group, the SPCT group, and the non-SPCT group. For the dichotomous outcome variable "SPCT or not", univariate analyses will be performed to identify variables that are associated with eligibility for the SPCT using logistic regression. Next, to develop a prediction model, variables with a p-value <0.10 will be entered in a multivariate logistic regression model using forward elimination based on a likelihood ratio test to develop the final prediction model with "SPCT or not" as the outcome variable. The variables in the final prediction model will all have a p-value of <0.05.

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**Keywords:** specialist palliative care; metastatic colorectal cancer; prediction model

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