

Examining Social Determinants of Health Among Newly Diagnosed Lung Cancer Patients Contacted for Early Specialist Palliative Care Consultation

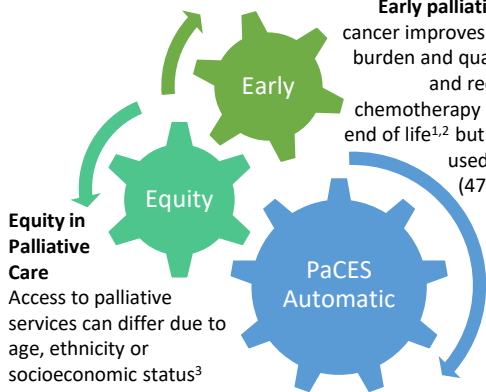
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Background

Early palliative care in cancer improves symptom burden and quality of life and reduction in chemotherapy use at the end of life^{1,2} but is still not used routinely (47% locally).

Equity in Palliative Care
Access to palliative services can differ due to age, ethnicity or socioeconomic status³



Palliative Care Early and Systematic (PaCES) – Automatic

- Co-designed with patients and providers⁴
- Patients with stage IV non-small cell lung cancer (NSCLC) automatically telephoned by a palliative & supportive care (SPC) nurse to offer a consultation, after their first oncologist visit to increase early palliative care access
- Tertiary Cancer Centre, Calgary, AB (Population 1.4 million)

Study Objective:

Describe & compare the demographic characteristics of patients/caregivers who accepted or declined the consultation

Methods

- SPC specialist nurses screened out-patient clinic list weekly and offered in-home SPC consultations
- Patient eligibility:
 - >18 years old
 - Newly diagnosed/suspected Stage IV NSCLC
 - Had their first medical/radiation oncologist visit
- Demographic factors collected from patient survey
- Bivariate analysis of demographic factors

Results

- 72% consultations accepted of 81 patients/caregivers called
- Demographics collected for 35 consenting patient/caregivers

	Consults Accepted (n=28)	Consults Declined (n=7)	p value
Female	67.9%	42.9%	0.22
≤ 65 years old	53.6%	71.4%	0.39
≤ high school	32.1%	14.3%	0.35
< \$60,000 household [^]	61.9%	33.3%	0.21
Spoke only English	82.1%	71.4%	0.53
Caucasian	71.4%	71.4%	1.00

[^]n=13 accepted, 2 declined

Conclusion

- No statistical difference in demographic factors in patients/caregivers that accepted or declined SPC consult
- Automatic, routine calls can ensure all patients are offered access to SPC

Next steps:

- Chart review to compare demographic factors of larger cohort identified by SPC nurses of those who accepted/declined consult
- Continue to identify and address inequities in cancer & palliative care service access and utilization

References

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