

00077 **Effect of a Pilot Early Palliative Care Intervention on Subsequent Health Services Utilisation for Patients With Advanced Lung Cancer**

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Aims: The Enhancing Quality of life in Patients (EQUIP) trial was a phase II randomized control trial of a nurse-led outpatient palliative care service by National Cancer Centre Singapore (NCCS) for patients with advanced lung cancer. This analysis aims to compare the post-intervention health services utilisation of patients who underwent the EQUIP programme and those who received standard palliative care in terms of: 1) number of unplanned hospitalisations and 2) length of hospital stay.

Methodology: 69 patients with newly diagnosed advanced lung cancer were randomised to receive standard palliative care or EQUIP intervention in addition to standard care. Baseline characteristics were determined at recruitment. Data on inpatient admissions and deaths following recruitment were obtained from hospital records until 27 October 2017. Both groups were compared in terms of baseline demographic and clinical characteristics, number of unplanned admissions and length of hospital stay from unplanned admissions. The independent samples t-test for continuous variables and Fisher's exact test for categorical variables were used to assess for differences in the above outcomes. A p-value of <0.05 was considered significant.

Result: There were no significant differences in baseline demographic and clinical characteristics between intervention and control groups. Eleven of 35 (31.4%) participants in the intervention group and 15 of 34 (44.1%) participants in the control group had at least 1 unplanned admission within 6 months of recruitment ($p=0.33$). Eight patients (22.9%) in the intervention group and 5 patients (14.7%) in the control group spent more than 7 days in hospital from unplanned admissions within 6 months of recruitment ($p=0.54$).

Conclusion: The EQUIP trial did not lead to a significant reduction in health services utilisation compared to standard outpatient palliative care.