

Annual Meeting on

ASIA PACIFIC ONCOLOGISTS,
HOSPICE AND PALLIATIVE CARE

May 13-14, 2019 Singapore

Poster

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Feasibility of early application of an advance directive at the time of first-line palliative chemotherapy in patients with incurable cancer: a prospective study

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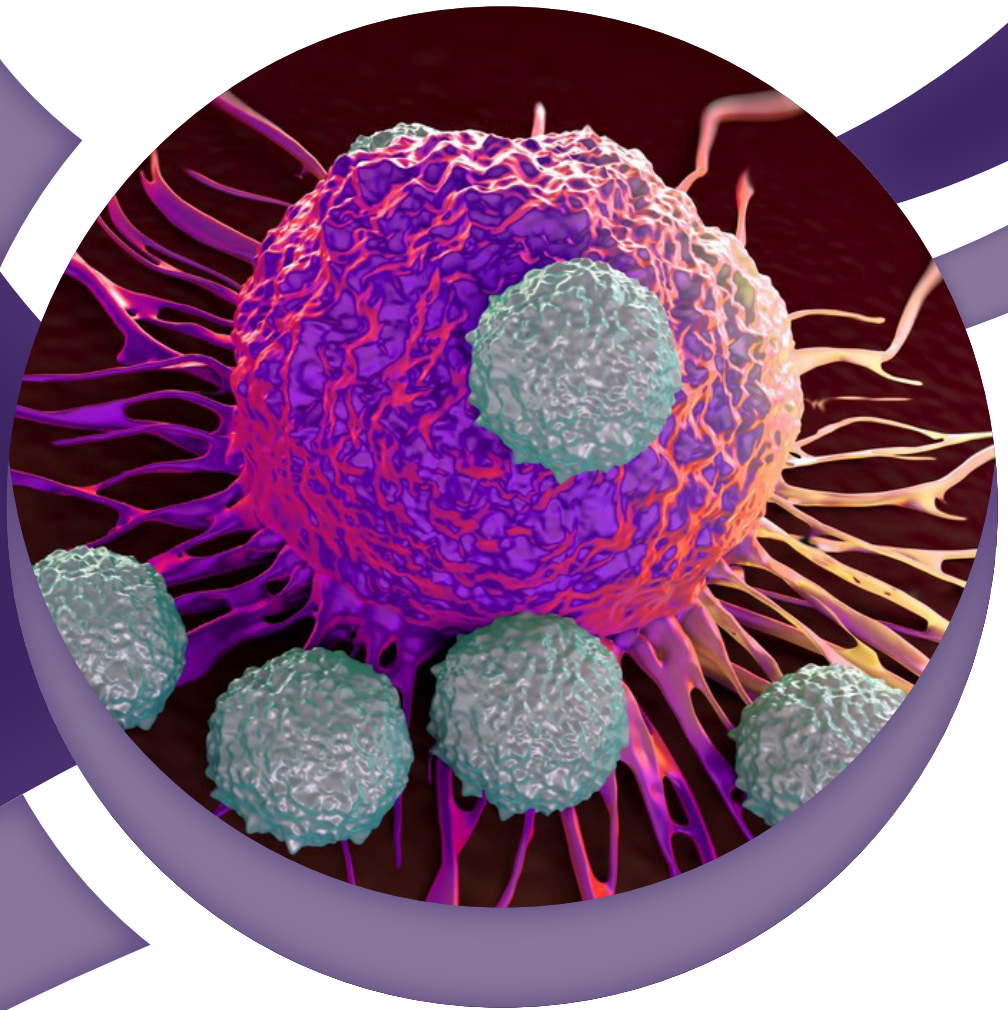
The purpose of this study was to evaluate the feasibility of an Advance Directive (AD) at the time of starting first-line palliative chemotherapy. We investigated the changes in emotional distress, Quality of Life (QoL) and attitudes toward anticancer treatments before and after the AD. Patients with advanced cancer who had just started first-line palliative chemotherapy were prospectively enrolled between February 2014 and October 2016. We assessed the attitude towards chemotherapy, the Hospital Anxiety and Depression Scale (HADS) and the European Organization for the Research and Treatment of Cancer Quality of Life questionnaire (EORTC-QLQ) scores before conducting the AD and subsequently performed the AD after the first cycle of chemotherapy. Follow-up evaluations using the same parameters were performed in the next cycle visit. During the study period, 104 patients started palliative chemotherapy. Among them, 41 patients were excluded and the remaining 64 patients were recommended an AD. Among these 64 patients, 44 agreed to conducting the AD. Ultimately, 41 patients completed the AD and all data including follow-up, whereas three were excluded. There were no significant differences before and after the AD in terms of HADS and EORTC-QLQ scores. Attitudes regarding chemotherapy were also unchanged ($P=0.773$). A total of 36 patients (82%) followed physician recommendations, with the exception of eight patients, who terminated chemotherapy due to refusal or loss to follow-up. Based on our results showing no significant changes in depression and anxiety scores, QoL, and attitudes toward anticancer treatments after the AD, early integration of the AD at the start of first-line palliative chemotherapy is recommended.

Biography

Eunju Park is a Clinical Assistant Professor at the Department of Family Medicine at Pusan National University, Yangsan Hospital in South Korea. Eunju Park is a clinical assistant professor at the department of family medicine at Pusan National University Yangsan Hospital in South Korea. She is under a PhD at Pusan national university now.

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Accepted Abstracts

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Evaluation of TOP2A and HER2/neu in malignant pleural mesothelioma

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Introduction & Aim: Malignant Pleural Mesothelioma (MPM) is an aggressive tumor. Most of MPM cases present at advanced stage and treatment options are mainly palliative chemotherapy and best supportive care. The current lines of chemotherapy are limited and ineffective hence there is an urgent need to improve patient outcomes. This requires better understanding of genetic alterations and biomarkers driving MPM to improve diagnostic, prognostic and therapeutic strategies. TOP2A and HER2/neu were thoroughly investigated and proved to be predictive factors in breast cancer and other solid tumors. We aimed at investigation of TOP2A and HER2 expression in malignant pleural mesothelioma, for better understanding of the involvement of different biomarkers in this aggressive type of cancer and the possibility of introduction of new treatment strategies accordingly.

Methods: Thirty-four cases of MPM with full data that were referred to NCI, Cairo University, Egypt from 2011 to 2015 were enrolled in the study. We investigated protein over expression of TOP2A using immunohistochemistry as well as gene amplification of TOP2A and HER2 genes using FISH technique and correlated the results with different clinic-pathological data and survival using ROC curve, Chi-square and Kaplan-Meier tests.

Results: Our study included 34 cases of MPM. Median age was 51 years. Sixteen (47%) cases were females. Nineteen (55%) cases were stage-1 and 2. Twelve (35%) cases underwent major operations, Extrapleural Pneumonectomy (EPP) or Pleurectomy and Decortication (P/D). Thirty (88%) cases received chemotherapy, mainly platinum based chemotherapy combined with ALIMTA (if available) or Gemcitabine. Eight (23%) cases received radiotherapy either adjuvant in multimodality treatment or palliative for pain and bone metastasis. All cases were evaluated for TOP2A by immunohistochemistry with cutoff value=0.825. Twenty-two (64%) cases were TOP2A positive. All patients with progressive disease were TOP2A negative ($p=0.012$). Thirteen (72%) out of 18 male cases were TOP2A negative. Eleven (73%) out of 15 stage-3 and stage-4 cases were TOP2A negative. Eight (88%) out of 9 biphasic cases were TOP2A negative. Nine (81%) out of 11 TOP2A positive cases were epithelioid ($p=0.08$). There was a statistical significant correlation between Time to Progression (TTP) and TOP2A expression ($p=0.012$). There was a difference between over-expression of TOP2A immunohistochemically and amplification by FISH technique, as only 5 (14%) out of the 34 evaluated cases showed TOP2A amplification. There was a statistical significant correlation between better PFS ($p=0.005$), OS ($p=0.024$) and TOP2A amplification by FISH. However, these significant correlations were not proved using multivariate analysis. As regard HER2neu, 3 (0.08%) out of the 34 evaluated cases were HER2neu positive. There was a trend between HER2neu non-amplified cases and earlier stage ($p=185$). Most of the HER2neu amplified cases were males.

Conclusion: Our preliminary studies revealed favorable prognosis of MPM cases with TOP2A expression. TOP2A should be evaluated by immunohistochemistry and not only by FISH technique as there is obvious discordance between the two techniques, the former succeeded in identification of more cases with TOP2A overexpression. We recommend performance of a pilot study using anthracyclines in addition to standard chemotherapy regimen in MPM cases to evaluate the benefit of these types of drugs.

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Antiemetic prophylaxis for Temozolomide: Monotherapy vs. combination?

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Introduction: Temozolomide >75 mg/m² has moderate emetogenic potential and 5HT₃ antagonist monotherapy is recommended as antiemetic prophylaxis. However, NCCN, ESMO and other international guidelines recommend multi-drug combinations for intravenous chemotherapy of moderate emetogenicity but antiemetic prophylaxis for oral chemotherapeutic agents is not well defined. Further Temozolomide has potential for causing delayed emesis. We hypothesize the need for combination antiemetic prophylaxis for adjuvant Temozolomide and compared 5HT₃ antagonist monotherapy with combination regimens.

Methods: We maintain a prospective chemotherapy database of patients diagnosed with central nervous system tumors. This database was used for selection of cases for the current practice audit. Patients included in study were receiving adjuvant Temozolomide for gliomas from October 2017 to June 2018. Antiemetic prophylaxis was administered for five days along with Temozolomide (150–200 mg/m²) under three subsets: Ondansetron 8 mg BD, Ondansetron 8 mg BD+Domperidone 10 mg BD and Ondansetron 8 mg BD+Olanzapine 5 mg BD. CINV (graded as per CTCAE 4.03) was defined as either nausea or vomiting occurring within 120 hours of last dose of TMZ. Statistical Analysis was performed using SPSS version 20 and R Studio version 1.1.456. The CINV, nausea, vomiting were compared using chi-square test with Bonferroni correction. A p value of below 0.025 was considered significant.

Results: 360 patients were selected with 91 (25.3%), 113 (31.4%) and 156 (43.3%) patients in Ondansetron, Ondansetron+Domperidone and Ondansetron+Olanzapine group respectively. The overall incidence of CINV, nausea and Vomiting was 25.0% (n=90), 25.0% (n=90) and 7.2% (n=26) respectively. The incidence of \geq Grade 2 nausea [17(18.7%), 13(11.5%) and 10(6.4%) p:0.012] and \geq Grade 2 vomiting [5(5.5%), 5(5.3%) and 0; p:0.015] was reduced with combination antiemetic regimes which was statistically significant. Olanzapine+Ondansetron were most efficacious antiemetic prophylactic combination.

Conclusions: The CINV rates with Temozolomide at 150-200 mg/m² are high with Ondansetron monotherapy. The combination of Ondansetron with Olanzapine leads to statistically significant decrease in the rate of moderate to severe emesis and nausea and offers a cost effective steroid sparing antiemetic regimen.

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Preoperative prediction of postoperative pancreatic fistula after pancreaticoduodenectomy at tertiary care center in Nepal

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Introduction: Post-Operative Pancreatic Fistula (POPF) is a single most common and most significant cause of post-operative morbidity and perioperative mortality. This study was evaluated the predictive value of Pancreatic Configuration Index (PCI) to predict POPF after Pancreaticoduodenectomy (PD) at Tribhuvan University Teaching Hospital (TUTH).

Methods: This was a prospective observational study from March 2017 to June 2018. The patients with age <16 years and those who underwent re-exploration or mortality before 3rd POD, additional surgery along with PD were excluded from the study. PCI was defined as ratio of pancreatic parenchymal thickness and pancreatic duct diameter (mm) measured in axial CT scan (pancreatic protocol) of abdomen. Predictive value of PCI in predicting POPF was evaluated.

Results: Among 58 patients, 9 were excluded from study and 49 patients included in the study. The mean age of the patients was 56.6±13.9 years (21 to 79 years) and male to female ratio was 1.1:1 (26 vs. 23). POPF was developed in 13/49 (26.5%) patients. On univariate analysis, pancreatic texture (p=0.022), main pancreatic duct diameter at neck (p=0.002) and PCI (p=0.000) were significantly correlated with the development of POPF which were also significantly correlated with POPF in multivariate analysis. The sensitivity and specificity of PCI to predict POPF is 92.3% and 91.7% with positive predictive value 80% and negative predictive value 97.1% respectively.

Conclusion: Pancreatic configuration index can predict POPF.

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Mucinous colorectal cancer presenting as pseudomyxoma peritonei: A case report

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Pseudomyxoma peritonei is a rare locoregional disease and has incidence rate of one per million per year, characterized by mucinous tumor on peritoneal surfaces producing excessive amounts of mucinous ascites. It was originally applied to intraperitoneal mucinous spread originating from a cystadenoma of the appendix, which is benign, but currently was recognized that aggressiveness may exist hence, a three pathologic subtypes were proposed, disseminated peritoneal adenomucinosis, peritoneal mucinous adenocarcinoma, intermediate type PMP. A case of 71 years of female, Filipino who presented with abdominal pain, in right lower quadrant, vague in character, with increasing abdominal girth, change in bowel movements, anorexia and a pelvoabdominal mass 35x8 cm in size was noted. WAB CT scan revealed cystic pelvoabdominal mass; patient had undergone laparotomy and noted mucinous discharge covering the whole peritoneum with mesenteric cystic mass 20x20 cm with mucoid discharge and perforation in cecal area. Biopsy result revealed pseudomyxoma peritonei, CEA was elevated, a repeat CT scan was done and revealed recurrence of pelvoabdominal mass, bone scan showed possible bone metastasis. Patient was then diagnosed with mucinous adenocarcinoma stage-4 with peritoneal and bone metastasis. Patient refused to undergo colonoscopy. Mucinous Colorectal Adenocarcinoma (MCA) is a subtype of colorectal carcinoma with different biological behavior; less common aggressiveness and prognosis than classical adenocarcinoma hence treatment approach is different. MCA is more common in female, originates more common at proximal colon, diagnosed at advanced age and at a late stage. New studies revealed that cytoreductive surgery with hyperthermic intraperitoneal chemotherapy is a potential treatment.

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Assessment of knowledge on cervical cancer among Bangladeshi women: A hospital based cross sectional study

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Aim: The aim of this study was to assess the level of knowledge of cervical cancer among Bangladeshi women and to determine the source of information.

Method: A total of 250 women aged 17 to 55 years, were interviewed using a structured questionnaire. It is a population-based, cross-sectional survey which was conducted in a tertiary cancer hospital, National Institute of Cancer Research and Hospital (NICRH), Mohakhali, Dhaka, Bangladesh from September 2017 to March 2018. Data on socio-demographic characteristics, knowledge of cervical cancer and source of information were collected. The bivariate analysis was completed using a quantitative data collected.

Result: The majority of our study participants reported to have very poor knowledge about cervical cancer. Mostly it is related with women's low level of formal education, illiterate (OR: 5.653, 95% CI: 0.021-0.257, p-value<0.001). Very few women reported to have detailed knowledge about cervical cancer (education above primary level P-value<0.001). Other factors associated with poor knowledge were occupation (OR: 6.543, 95% CI: 2.213-19.206, p-value<0.001) monthly family income (p-value<0.001), husband's education level (p-value<0.001). We found age of the women was significantly responsible for poor knowledge, women aged more than 40 years (p-value<0.005) old having cervical cancer were unaware about cervical cancer.

Conclusion: Knowledge about cervical cancer is found to be poor among Bangladeshi women, unlike findings in developed countries. There is need to educate our women on the early warning signs of cervical cancer as failure to recognize the early symptoms and signs contribute to the late presentation and poor prognosis.

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Achievement of pathologic complete response of patients with locally advanced rectal adenocarcinoma: A five-year single institution experience in Cebu, Philippines

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Background: The current standard of treatment for locally advanced rectal carcinoma is neo-adjuvant chemoradiation followed by surgery. However, there is a limited data available on the histopathologic resultant tumor response in the Philippines. This study reports the achievement of pathologic Complete Response (pCR) of neoadjuvant chemoradiation in patients with locally advanced rectal cancer in a tertiary institution in Cebu, Philippines.

Method: This is a retrospective cohort study of 25 adult Filipino patients diagnosed with locally advanced rectal carcinoma who underwent neoadjuvant chemoradiation followed by surgery at a tertiary hospital in Cebu, Philippines from January 2013 to December 2017.

Results: Median age at diagnosis was 63 years old with majority (68%) of patients were males. Seventy-two percent presented with hematochezia while 18% had altered bowel habits. Forty-four percent of the tumors were located at the proximal rectum, 32% were at the distal and 24% were at the middle. All patients had CT scan of the pelvis as the pre-chemoradiation imaging and they had stage III (T3N1M0) at diagnosis. All patients received neoadjuvant chemotherapy with Capecitabine and completed the neoadjuvant radiotherapy with total dose of 50.4 Gy for 30-35 sessions in an average of four to five weeks. 88% of the patients had low anterior resection, 8% had abdominoperineal resection and 4% had proctectomy. In this study, 24% of patients (6 of 25) achieved a pathologic complete response to neoadjuvant chemoradiation therapy.

Conclusion: Adult Filipino patients with locally advanced rectal carcinoma treated with neoadjuvant chemoradiation therapy in a tertiary hospital in Cebu, Philippines were able to achieve a pathologic complete response that is comparable with internationally published data.

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Knowledge, skills and attitudes among KMTC nurse lecturer's on palliative care

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Country: Kenya

Aim: To study aims to assess the knowledge, skills and attitude among nurse lecturer's on palliative care, to determine the lecturer's knowledge on palliative care. Identify the lecturer's attitude on palliative care, establish the type of palliative care training the lecturers have received and to assess the factors influencing eye care utilization in Murang'a level five hospital eye unit.

Method: This is a cross-sectional quantitative study at Kenya Medical Training College (Nairobi, Muranga & Thika) with lecturer's knowledge, attitude and skills on palliative care. 54% felt PC is important in caring for terminally ill, while out of 58 only 17 (29%) had training related to PC. Out of 17 lecturers 12 (70%) had undertaken a five (5) day course on pain management. One (1) 6% had a degree in PC while 4(24%) had a higher diploma in PC. There is a knowledge gap among the nurse lecturers on PC concepts while their attitude towards PC is favorable. On the types of training received the study concludes that there is a big gap in the training of lecturers on PC as the majority has only undertaken a five day course on pain management.

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Referral pattern at a young palliative care unit in southwest, Nigeria

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Background: Studies have shown that palliative care referral is not done as often and as early as required. In order to identify the potential barriers to appropriate referrals and awareness of palliative care service in a young growing unit. The current referral pattern would need to be audited for efficient palliative care services.

Method: A retrospective cross-sectional study was carried out reviewing all the in-patients from the medical information's department and palliative care unit records. The data was collected from the June 1st 2016 to October 30th 2018. Data was entered using the SPSS statistical package version 20 (Chicago IL).

Result: There were a total of 10,186 in-patient admissions during the 29 months review period. The number of patients diagnosed as having different forms of cancer were 309, out of which only forty two (42; 13.6%) cancer patients were referred to be seen by the palliative care unit of the hospital. General surgeons referred the most; 21(50%), then gynecologist 14(33.3%), Internal medicine 3(7.1%), hematology 2(4.8%), while orthopedics and pediatric referrals were 1(2.4%) each. It should be noted that 100% of cases referred were cancer patients.

Conclusion: In view of the referral pattern documented in our facility, most clinicians benefit from education on who needs palliative care how early such patient should be referred to palliative care specialist for better quality of life.

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Awareness, knowledge and attitude of heal care workers about palliative care services in a Nigerian tertiary health facility

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Introduction & Aim: Palliative care has become an area of special expertise within medicine, surgery, nursing, social work, pharmacy, chaplaincy and other disciplines. However, advances in palliative care have not yet been integrated effectively into standard clinical practice. There is an increasing acknowledgment of the inadequacies in the care of dying persons and their families. The goal of improving the quality of palliative care services is a challenge to the very integrity of health care professionals and the health care system. In our health care facility however, chronic pain and palliative unit is a part of anesthesia and intensive care department established May 2016. The modality of management of palliative care patients in our health facility is a comprehensive approach where different specialists work together as a team in overall patient care. The aim of this study is to provide a pragmatic solution to none or late referral (of patients that may benefit from palliative care) from other departments. Howbeit to establish the level of awareness, knowledge and attitude of the tertiary institution staff members as regards palliative care services rendered in the health care facility. It is hoped that this survey will make a significant contribution to improving the plight of dying patients and their families in our health facility.

Method: This was a descriptive study based on the assessment of the level of awareness, knowledge and attitude of different cadre of staff of the state tertiary facility. The study was carried out for a period of six months February-July 2018 (both data collection and analysis). Data was collected using self-administered questionnaires. Ethical considerations were ensured. Data analysis was done with Statistical Package for Social Sciences (SPSS) version 20 Chicago IL (U.S.A).

Result: A total of 400 questionnaires were administered during the period of study. 92 were returned unfilled, while a total of 308 agreed to participate in the study. The study showed that majority of the participants had good knowledge about chronic pain and palliative care. Majority (213, 69.16 %) of the participants have heard about the term Hospice and Palliative Care before. Majority (124, 58.21%) heard about the term at the inauguration ceremony of the unit, meanwhile others came across the term through social media [Television/Radio/Internet (34, 15.96%)], information materials (20, 9.39%), cancer screening facility (19, 8.92%) and from family members (16, 7.52%). Furthermore, majority (274 89.0%) of the participants were willing to support the successful running of Palliative Care services by giving physical (123, 39.94%), emotional (79, 25.65%) or spiritual support (50, 16.23%). Only few were willing to support financially (31, 10.06 %). Many (283, 91.88%) of them would prefer to refer dying/terminally ill patients to the hospital for care till death comes.

Conclusion: Despite the fact that larger proportions of the participants have appreciable level of knowledge and awareness about palliative care services and also willing to support the successful running of services, majority still prefer to refer mainly dying/terminally ill patients for the services.

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Nurses preparedness on end of life care in selected hospitals in Albay and Sorsogon province, Bicol region, Philippines

Francia Cruz-Lisay

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Palliative Care (PC) is defined by WHO as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness through prevention and relief suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual, nurses as part of health care team plays an important role in achieving optimal and quality care for the patients. The demand for highly trained and compassionate health care professionals such as nurses for palliative care is indeed very important especially of more persons living with the effects of serious illness due to poor lifestyle, effects of globalization and the increasing rate of non-communicable and chronic diseases. Results show that nurses are generally competent in terms of knowledge and attitude, however, still needs an improvement in terms of their practice on end of life care. Practices that need to improve are communication among health care providers, patients and families, Alternative choices of treatment, guiding principle and involvement in decision making process. Factors perceived by nurses as hindrances in giving quality end of life care includes inappropriate nurse to patient ratio, insufficient supply of pain relief medication and lack of continuing education. Therefore, nurses in a developing country like Philippines must emphasize the needs of specialized trainings and skills to provide quality palliative care.

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