



**Service Priorities and Programmes**  
**Electronic Presentations**

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**A single institution experience for the management of recurrent malignant pleural effusions with indwelling-pleural catheters and its associated benefits.**

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**Introduction**

Malignant pleural effusion (MPE) is a common but serious condition that is associated with poor quality of life, morbidity and mortality. Its incidence and associated healthcare costs are rising, with a median survival ranging from 3 to 12 months. International guidelines for recurrent malignant pleural effusions recommend definitive procedures, such as indwelling pleural catheters (IPCs) or pleurodesis, over repeated thoracentesis. The use of IPC in the management of MPE is associated with improved quality of life (QoL) allowing patients to maintain ambulatory status as well as reduce hospital admissions and possibly prolong survival.

**Objectives**

We hypothesized that patients who proceeded with IPC insertion and attended IPC nursing clinic had less unplanned hospital admissions and improved quality of life than before IPC insertion.

**Methodology**

We reviewed our single institution recurrent MPE patients who had IPC inserted between July, 2015 to December, 2017. Eight MPE patients had IPC inserted. The primary outcome was to review the mean number of unplanned hospital admissions and quality of life measures using the EORTC QLQ-C30 and LC13 questionnaires before and after IPC insertion.

**Result**

Results: IPC was inserted in 8 MPE patients. The insertion of IPC resulted in less frequent unplanned hospital admissions, (mean readmission interval, once every 24 days vs every 130 days before and after IPC insertion, respectively;  $p < .0001$ ), improved functional state, global health status, and symptom control. Patients had

improved functional state in their physical functioning (mean score 37.0 vs 73.3;  $p < 0.01$ ), global health status (mean score 34.5 vs 53.9;  $p=0.02$ ), less dyspnea (mean LCDY score 61.8 vs 33.3;  $p<0.01$ ), less pain (mean pain score 50 vs 25.9;  $P<0.05$ ), and improved appetite (mean AP score 63.0 vs 37.1;  $p<0.04$ ). Conclusion: Guideline consistent care using definitive palliative procedures such as insertion of IPC in patients with MPE was associated not only with fewer unplanned hospital admissions, but also improved quality of life in such patients by improving physical functioning and reducing cancer-related symptoms. This would allow patients receiving palliative care to enjoy their life back in the community with better quality of life during their cancer journey.