



## Service Priorities and Programmes Electronic Presentations

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### **Palliative care service in Chinese childhood cancer patients: the experience of a tertiary paediatric oncology centre in Hong Kong**

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#### **Keywords:**

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#### **Introduction**

Paediatric palliative care has gained significant attention over the past decades. Due to cultural difference, the western models may not be fully adopted in the Chinese setting. Data from the Chinese experience is needed to design a model for end-of-life care in Chinese paediatric cancer patients.

#### **Objectives**

To describe (1) palliative care referral pattern of paediatric cancer patients, (2) clinical characteristics of referred cases, (3) hospital-based palliative services provided, (4) location of death.

#### **Methodology**

We performed a retrospective review of medical charts from 2000 to 2009 of patients referred to Children's Cancer Foundation palliative care team from a tertiary paediatric oncology unit.

#### **Result**

From 2000-2009, 117 children were referred to palliative care. The commonest diagnoses were central nervous system tumour (32.5%), leukaemia (25.6%) and neuroblastoma (9.4%). The median time of referral after diagnosis for these three conditions was 257 days (interquartile range (IQR): 40, 770); 748 days (IQR: 557, 1361) and 751 days (IQR: 394, 1137) respectively. Ninety-one percent of children were referred after stopping curative treatment. The 5-year referral rates of patients who died of lymphoma, neuroblastoma and rhabdomyosarcoma increased from 50%, 75% and 80% in 2000-2004 to 100% in 2005-2009. Overall 65% of patients who died in our unit from 2000-2009 were referred. The median number of admission after referral was 2 (IQR: 1, 5), with a median duration of 27 days of hospital stay (IQR: 10, 60). The most common reasons for admission were palliative chemotherapy (16.1%), pain control (12.1%) and platelet transfusion (11.2%). The most common reasons for

walk-in clinic visit were bleeding tendency, pain and anaemic symptoms (29.5%, 21.5%, 14.3%). For the death episode, the median duration of hospital stay was 15 days (IQR: 2, 46). Most patients received oxygen (82.0%), intravenous fluid (81.2%) and intravenous analgesic (52.1%). Majority of children (n=111, 94.9%) died in hospital. Five (4.5%) died in ICU. Only 4 patients (3.4%) died at home. Conclusion: With the understanding of common symptoms experienced by terminal childhood cancer patients, we may develop a “Chinese model” of palliative care to help avoid unnecessary hospital admissions and out-patient clinic visits.