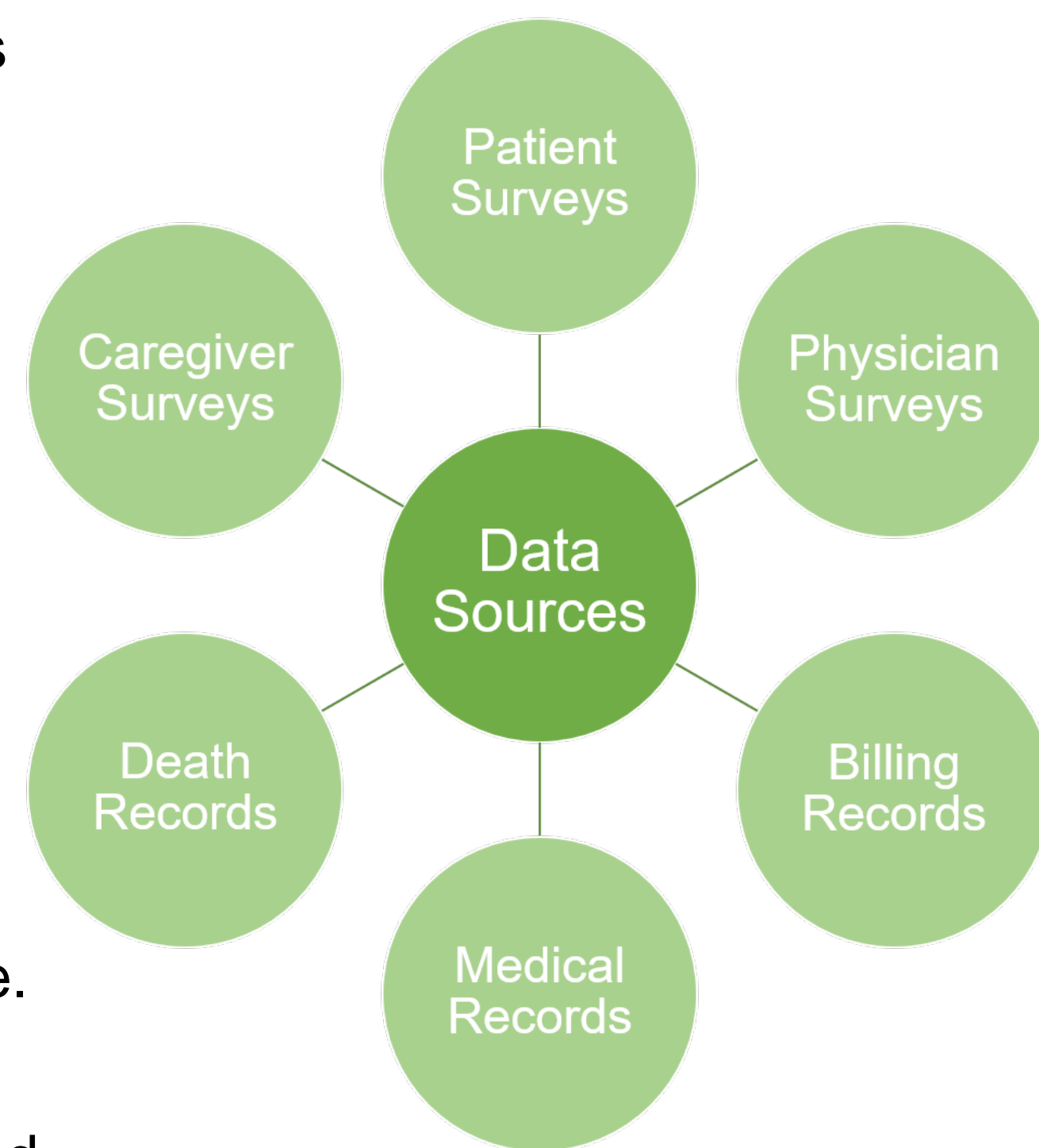


Cost & Medical Care of Patients with Advanced Serious Illness in Singapore (COMPASS) Study

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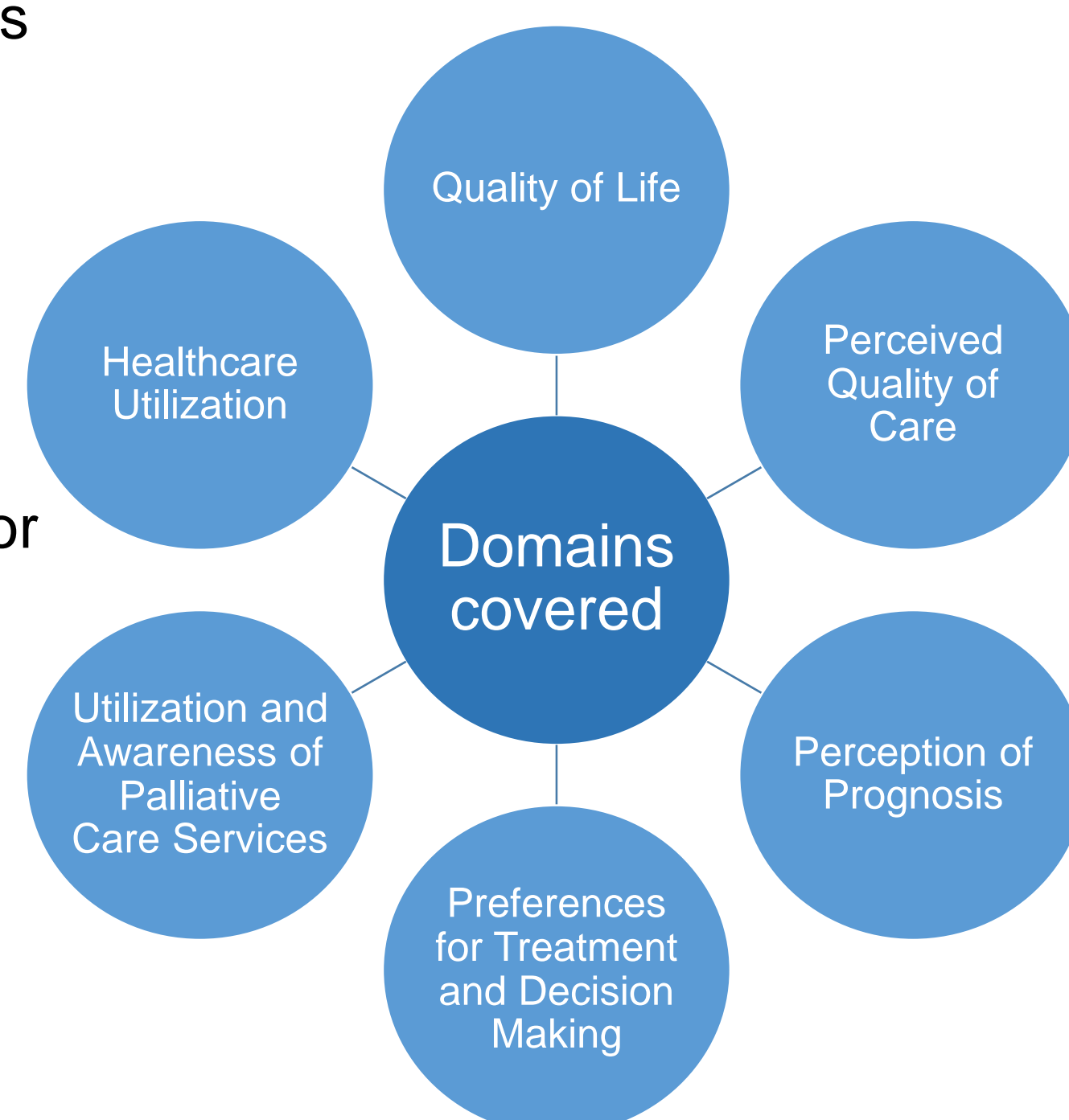
BACKGROUND

- Advanced cancer significantly impacts quality of life (QOL) of patients and families as they cope with symptom burden, treatment decisions, and financial costs of treatment.
- COMPASS is a first-of-its-kind study in Singapore to prospectively capture healthcare utilization, cost, quality of care and QOL indicators of advanced cancer patients.
- This study is responsive to Singapore's National Strategy for Palliative Care, which aims to identify opportunities to meet the growing need for high quality palliative care.
- This study is funded by the Singapore Millennium Foundation (2015-SMF-003) and the Lien Centre for Palliative Care (LCPC-IN14-0003).



OBJECTIVES

- Primary objectives:
 - Describe changes in QOL of patients with advanced cancer along with their caregivers.
 - Quantify healthcare utilization and costs as they approach EOL.
- Secondary objectives are to investigate:
 - Patient and caregiver preferences for diagnostic and prognostic information and EOL care.
 - Patient and caregiver awareness and utilization of palliative care services.
 - Patient and caregiver perceived quality of care.
 - Caregiver burden and bereavement adjustment.
 - Physicians' preference regarding palliative care use.

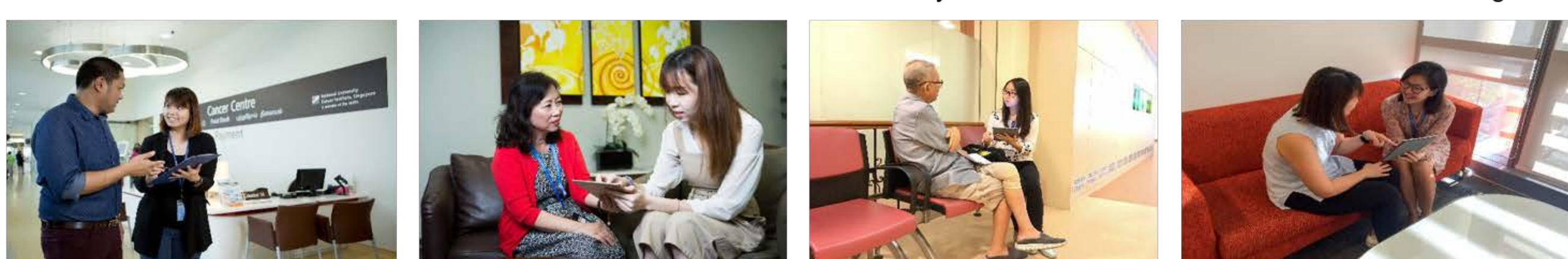


METHODS

- Target sample size: 700 patients with stage IV cancer, their caregivers and their treating oncologist.



Started recruitment in Nov 2016 Started recruitment in July 2016 Estimated to start recruitment in Aug 2017



Patients followed every 3 months and as they transition to different care settings

Home Hospice Nursing Home Community Hospital

- Study PI: Eric A. Finkelstein, Lien Centre for Palliative Care, Duke-NUS Medical School
 Site PIs: Rebecca Dent, National Cancer Centre Singapore
 Kumarakulasinghe Nesaretnam, National University Cancer Institute
 Yeoh Wee Lee, Tan Tock Seng Hospital

- Inclusion criteria for patients:
 - Singapore citizens or PR
 - Aged ≥ 21 years
 - Diagnosis of stage IV solid cancer
 - Eastern Cooperative Oncology Group performance status ≤ 2
- Inclusion criteria for Caregivers: Primary informal caregiver of the patient who is one of the main persons providing care, ensuring provision of care or involved in making treatment decisions for patient.
- Patients are recruited at outpatient oncology clinics and followed-up every 3 months until patient death. Caregivers of patients are eligible to participate and will be followed every 3 months until 6 months post-patient death.
- Each questionnaire takes approximately 40 minutes to complete.

ANALYSIS & RESULTS

Awareness & Utilization of Palliative Care Services

The information below presents interim findings based on 371 patients, 186 caregivers and 23 treating oncologists recruited as of 30 April 2017.

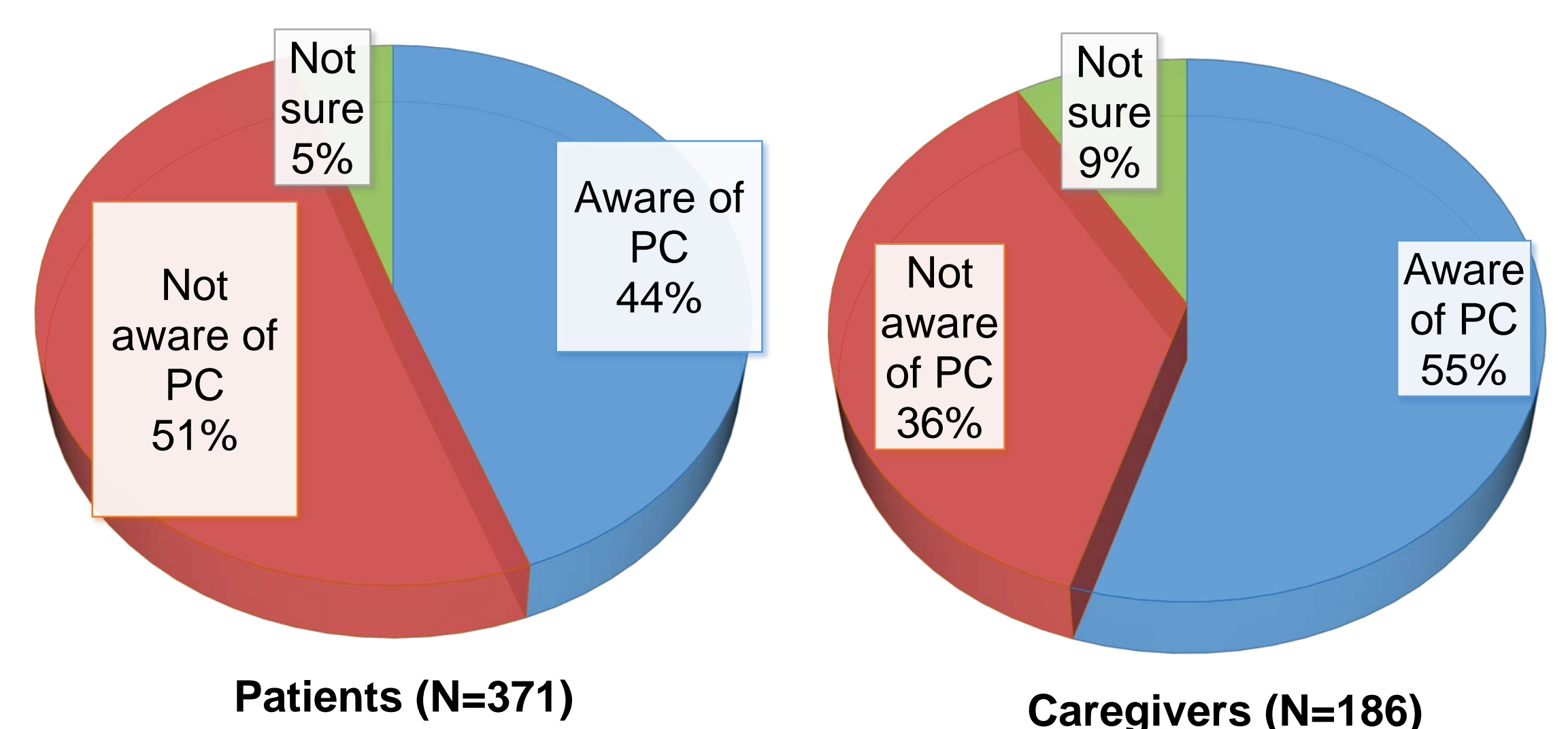
Patient and Caregiver Demographics

Based on interim data (n=371) from data collected up to 30th April 2017

	Patient (N=371)	Caregiver (N=186)
Mean age	60 (SD = 10.6)	50 (SD = 15.1)
Gender	Male	42%
	Female	58%
Education level	Primary and below	35%
	Secondary	32%
	JC/Poly/ITE	17%
	University and above	16%
Time since awareness of advanced cancer diagnosis	< 6M	14%
	6M to 1Y	15%
	1Y to 2Y	11%
	2Y to 3Y	13%
	> 3Y	18%
Not aware/unsure	29%	

Awareness and Utilization of Palliative Care (PC) Services

Based on interim data (n=371) from data collected up to 30th April 2017

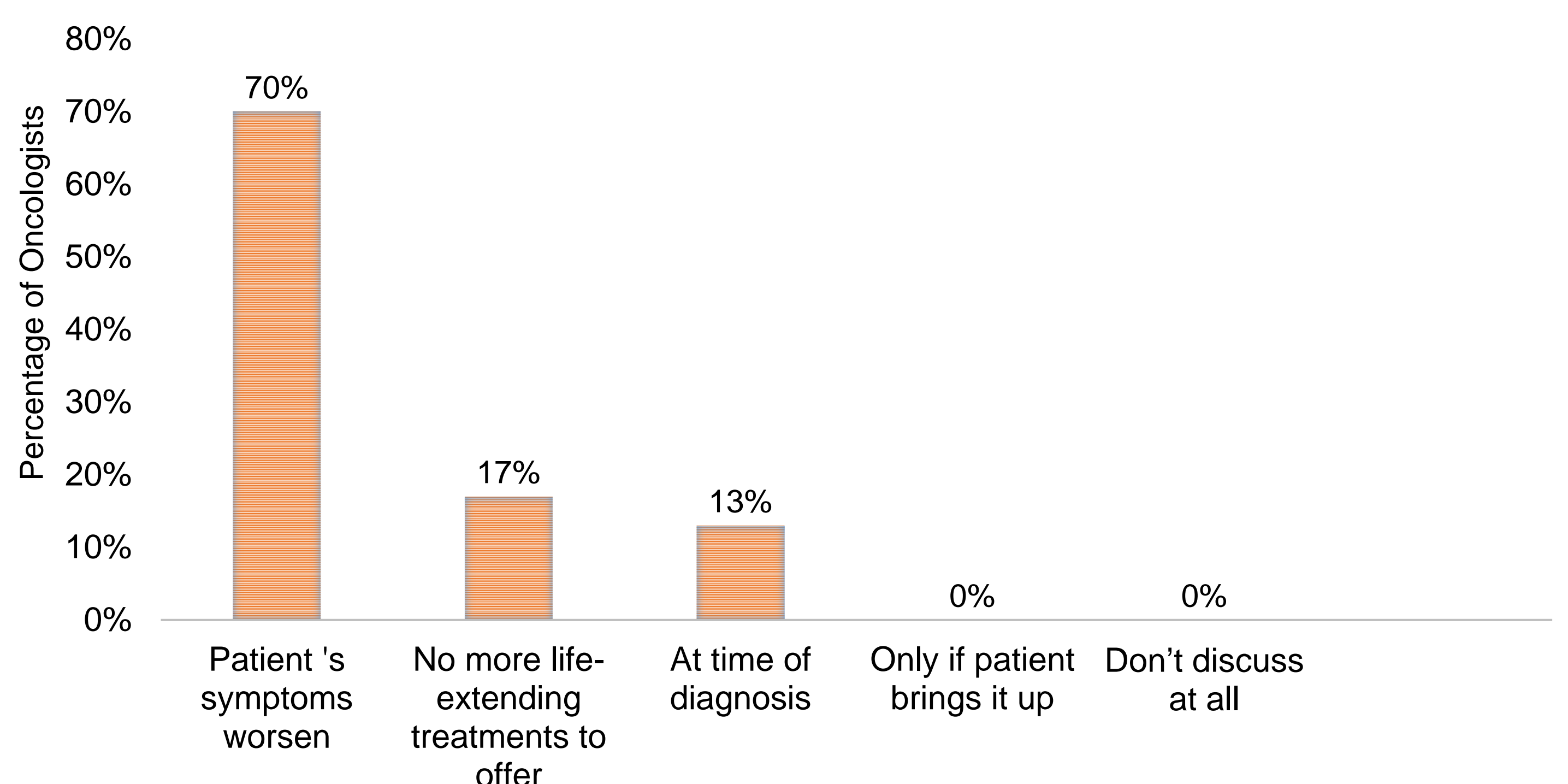


- Palliative care was defined as any type of palliative care service (i.e., inpatient/outpatient Palliative Medicine and inpatient/outpatient/home hospice)
- 56% of patients and 45% of caregivers indicated that they were not aware of palliative care services or not sure what palliative care is.

Treating Oncologists' Perspective on Palliative Care (PC)

Based on interim data (n=23) from data collected up to 30th April 2017

23 oncologists were asked when they were most likely to initiate discussion of hospice care for the first time with an advanced cancer patient with 6 months of estimated survival:



CONCLUSION

- Interim results suggest
 - Majority of the patients sampled were not aware of PC services.
 - More caregivers than patients were aware of PC services.
 - All physicians indicated that they will initiate discussion of hospice care with a patient with 6 months of estimated survival and not wait for the patient to bring it up.
- The findings from the COMPASS study is expected to increase our understanding of patient QOL and provide information on the continuity and affordability of care at end-of-life (EOL), with the potential to also identify unmet palliative needs of patients and their families.

If interested to learn more, please email Ratna at ratna.singh@duke-nus.edu.sg