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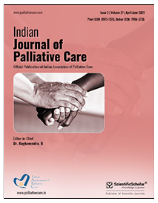

Oral Presentation

OP-1

Pallavi Singh

Role of Low-Dose Methadone as a Co-analgesic in Managing Complex Cancer Pain: A Retrospective Analysis from a Tertiary Cancer Centre

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ABSTRACT

Objectives: Complex cancer pain is challenging to manage with standard opioid therapy. Methadone, with its unique opioid properties, has shown promising results when used at low doses alongside ongoing opioid treatments. This study aimed to evaluate the effectiveness of adding low-dose methadone to ongoing opioid therapy for patients with complex cancer pain or inadequate relief from current opioids.

Materials and Methods: This retrospective observational analysis reviewed the medical records of patients referred to the Department of Pain and Palliative Medicine between December 2022 and January 2024. Eligible patients were those aged over 12 years with ECOG scores of 1–4, reporting severe pain (Numerical Rating Scale ≥7) or experiencing neuropathic pain not relieved by conventional medications.

Results: Fifty patients (62% of males, median age: 40.5 years) were included in the study. The average methadone dose increased from 8.45 mg to 14.11 mg ($P < 0.000$). Methadone provided pain relief for 80%, with 58% improving by the first follow-up. The median pain scores dropped from 9 to 4 by the third follow-up. Methadone was discontinued in 8% of patients due to mild side effects; no severe complications were reported.

Conclusion: Low-dose methadone showed potential as an adjunct to opioid therapy for managing complex cancer pain, promising results in neuropathic pain, due to its NMDA receptor antagonism. Significant pain reductions were observed, with minimal side effects and no severe adverse events; 8% discontinued use. Cost-effective and effective, methadone is viable for low- and middle-income countries. QTc prolongation in two patients underscores the need for ECG monitoring. Further studies are warranted to optimise dosing and assess methadone's long-term impact.

Keywords: Methadone, Complex Cancer Pain, Low dose opioid co-analgesic

OP-2

Richa Randhawa

Evaluating the Efficacy of Wet Needling Technique in Alleviating Pain among Advanced Cancer Patients

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ABSTRACT

Background: The study aims to evaluate the effectiveness of wet needling in reducing myofascial back pain in palliative care patients. Twenty patients with various primary diseases were treated with wet needling. Pain levels were assessed using the Numerical Rating Scale (NRS) before and after the procedure.

Introduction: Myofascial pain is a common and debilitating condition among palliative care patients, often leading to significant discomfort and reduced quality of life. Wet needling, a technique involving the insertion of needles into trigger points, has been proposed as a potential treatment for myofascial pain. This study investigates the impact of wet needling on pain relief in palliative care patients suffering from myofascial back pain.

Materials and Methodology: The study included 20 patients (15 males and 5 females) aged between 60 and 80 years with various primary cancers, including pulmonary, gastrointestinal, hepatobiliary, urogenital, gynaecologic, and haematological. Myofascial pain syndrome was diagnosed based on the criteria, and patients received injections of lignocaine and methylprednisolone diluted in normal saline. Pain levels were measured using the NRS at rest and during pressure on the pain site before and after the wet needling procedure.

Results: The P-value was significantly <0.05, indicating that the reduction in pain levels after the wet needling procedure is statistically significant.

Conclusion: Our study shows that wet needling effectively reduces myofascial pain in advanced cancer patients, offering a promising alternative to traditional pain management. Future research should validate these findings and explore their long-term impacts in palliative care settings.

Keywords: Wet needling, pain, palliative, cancer, quality of life, activities of daily living, mobility, myofascial, myofascial pain syndrome, trigger point

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OP-3

Dr. Ravi Kiran Pothamsetty

Exploring the New Cancer Care Vital Signs in Geriatric Oncology: An Institutional Pilot Study, India

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ABSTRACT

Background: The majority of older adults with cancer are not assessed routinely with validated geriatric assessment tools, but rather rely on clinical judgements owing to lack of resources and attrition. The present study attempted to identify new cancer care vital signs among patients on chemotherapy to facilitate screening tools culturally adaptable and utilised clinically.

Objectives: (1) Prevalence of fatigue and depression among geriatric patients on chemotherapy. (2) Correlation between fatigue/depression and intent of therapy. (3) Impact of fatigue and depression on the World Health Organization (WHO)-5 Well-being Scale (WBS).

Materials and Methods: The ongoing study was conducted from July to October 2024 in the department of medical oncology at a tertiary cancer care academic institution. Based on the eligible criteria, 72 patients were recruited in the study. A descriptive cross-sectional study design was utilised, and the tools used in the study were G8, FACIT-F, GDS and WHO-5 WBS.

Results: The age of the participants ranged from 60 to 79 years (Mean = 67; Standard Deviation = 6.6), with 56% (n = 40) being identified as men and 44% (n = 32) as women. Among them, the curative rate was 31 % (n = 22) and the palliative rate was 69% (n = 50). The prevalence of fatigue was 81.9% (n = 59) and depression was 77.7% (n = 56). In the current study, the sample was categorised into 4 groups and Group C (F+/D+) was found to be 62.5% (n = 45). Surprisingly, among the curative mode, 11 (50%) adults displayed F+/D+.

Conclusion: 'Fatigue and depression' are the two tip of the iceberg symptoms, that need regular screening along with 7 vital cancer care signs to provide holistic care.

Keywords: Geriatric, Cancer, Fatigue, Depression, Iceberg

OP-4

Dr. Yogendra Singhal

'Comparison of Effectivity and Safety of Olanzapine and Mirtazapine on Cancer-associated Anorexia and Cachexia in Advanced Oral Cavity Cancer Patients:' A Prospective, Comparative, Interventional Study

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ABSTRACT

Objectives: Cancer-associated cachexia–anorexia syndrome significantly affects patients' quality of life, leading to weight loss, muscle wasting, and reduced treatment response. Mirtazapine and olanzapine are two pharmacological agents that have shown promise in ameliorating some of the symptoms associated with cancer cachexia and other cancer-related symptoms like mood disorder, nausea and vomiting and sleep disorder.

Materials and Methods: A total of 140 patients fulfilling the inclusion criteria were randomly allocated into two groups of 70 patients each. Group O received a tablet of olanzapine 5 mg/day orally and Group M received a tablet of mirtazapine 15 mg/day orally at bedtime. All the patients were assessed using SNAQ score and weight at the time of the first visit and then follow-up visits at the 2nd and 4th weeks. Other tools were also applied to evaluate the secondary objectives. The filled questionnaires were collected, compiled, and analysed with the help of statistical software.

Results: In the 2nd week, the mean change in SNAQ score was 3.14 in Group M compared to 2.04 in Group O ($P = 0.035$). By the 4th week, the mean SNAQ scores increased to 3.86 in Group M and 2.87 in Group O ($P = 0.006$). Regarding weight changes after intervention, it increased from 45.57 to 46.81 kg in Group M and from 45.97 to 46.90 kg in Group O by the 4th week ($P \geq 0.5$). The mean HAD scores decreased, and the mean Leeds sleep scores improved at the 2nd and 4th weeks post-intervention in both groups.

Conclusion: Both mirtazapine and olanzapine significantly increased appetite without notable weight gain. Mirtazapine showed stronger effects on appetite, sleep, anxiety, and depression, whereas olanzapine was more effective in reducing nausea and vomiting.

Keywords: Cancer associated cachexia anorexia syndrome, mirtazapine , olanzapine, simplified nutritional appetite questionnaire (SNAQ), Hospital anxiety depression scale(HADS)

OP-5

Rupal Kamei

Developing a Knowledge, Attitude, and Practice Survey on Opioid Transdermal Patches for Nurses Working in a Tertiary Cancer Institute

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ABSTRACT

Objectives: Studies have shown that nursing healthcare professionals have little knowledge and an unfavourable attitude towards analgesic patches. The knowledge, attitude, and practice (KAP) model was used earlier to test the KAP in nurses regarding symptom management and post-operative rehabilitation. However, no instrument was developed to test the KAP on opioid transdermal patches among nurses. In this study, we developed a survey useful to identify deficits and improve nursing care for patients on opioid transdermal patches.

Materials and Methods: The survey was developed after a literature review and focus group discussions with four professionals over ten sessions. The validity was estimated in two phases. In Phase 1, the survey was circulated to an expert committee to calculate the content validity. In Phase 2, a sample of 30 was randomly selected for pre-testing to assess the study's face validity. A pilot study was conducted on a sample of 150 to determine the reliability of the survey using Cronbach's α.

Results: Phase 1 of the study was completed, and a survey with 30 items was developed. The second round of Delphi analysis by the expert panel to calculate the content validity is ongoing.

Conclusion: Developing a standardised survey to assess the KAP of nurses on opioid patches is essential to identify the lack of awareness, the prevalence of stigma attached and the lapse in appropriate administration of these patches among nurses. This study will further encourage institutions to conduct regular training programmes to improve nursing care in the field of pain management.

Keywords: Pain management, Analgesics, Opioid, Pilot projects, Focus groups

OP-6

Thushari Damayanthi Hapuarachchi

A Quality Improvement Project to Reduce the Average Number of Days Taken for Optimal Pain Control among Palliative Cancer Patients in the National Cancer Institute, Sri Lanka

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ABSTRACT

Objectives: Suboptimal pain management significantly impacts the quality of life in onco-palliative patients. This study aims to identify the factors leading to inadequate pain control and implement targeted interventions to improve pain management. Our primary objective is to reduce the average time to decrease self-reported severe pain scores (>6/10) to mild pain (<4/10) from 8 days to 4 days among adult onco-palliative patients at National Cancer Institute (NCI) oncology wards, within 6-month period.

Materials and Methods: Between 1 May 2022 and 1 December 2022, a random sample of 75 onco-palliative patients from eleven adult oncology wards at NCI was selected during their inpatient stay. Pain levels were assessed using the Numerical Pain Scale. A pre-survey established the baseline duration for reducing severe pain to mild pain. Contributing factors to inadequate pain control were identified through process mapping, fishbone analysis, and Pareto charts. Targeted interventions were then implemented. The effectiveness of these interventions was monitored using run charts plotted twice weekly. A post-survey evaluated improvements, and a sustainment plan was developed.

Results: By the end of the study, the average time required to reduce severe pain to mild pain decreased from 8 days to 3 days. Each implemented intervention contributed significantly to this improvement.

Conclusion: The study realised a reduction of over 50% in the time required for pain control, highlighting the effectiveness of quality improvement initiatives in low-resource settings. This success underscores the potential for enhancing the overall quality of care at NCI, Sri Lanka.

Keywords: Pain management, Palliative care, Cancer patients, Quality improvement

OP-7

Md. Shaidur Rahman

Experience of Paediatric Palliative Care among Children with Cancer in a Tertiary Care Hospital in Bangladesh

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ABSTRACT

Objectives: Palliative care is a holistic approach, which can improve patients and their family's quality of life through the prevention and relief of physical symptoms as well as support for emotional, social and spiritual suffering. Despite the substantial need for palliative care, there is very limited access in Bangladesh, with only a few palliative care services focused on children including several hospital-based services as well as home and hospice-based services, within the capital city of Dhaka. The study aimed to evaluate the effect of paediatric palliative care on the quality of life in children with cancer.

Materials and Methods: This was an institutional-based descriptive study conducted in the Department of Paediatric Haematology and Oncology and Paediatric Palliative Care Unit, Dhaka Medical College Hospital, Dhaka, from May to August 2023. A total of thirty child and parent pairs were taken as the study population according to the inclusion and exclusion criteria. The outcome was evaluated by the CPOS-2 questionnaires for symptoms and the Lansky Performance Status Scale for the assessment of activity level.

Results: The median age of the children was 5.7 years, where 70% of the patients were male. The duration of disease of the patients was up to 6 months in 63.3% of cases. One-third of the patients had ALL, 13.3% had NHL 10.0% had Ewing sarcoma, and another 10.0% had neuroblastoma.

Conclusion: There is a significant improvement in the quality of life of paediatric cancer patients and their parents, as well as the enhanced performance status of patients with cancer after receiving paediatric palliative care.

Keywords: CPOS-2 questionnaires, Lansky Performance Status Scale, Paediatric palliative care

OP-8

Akanksha Bhasin

Psychosocial and Spiritual Rehabilitation Needs of Spinal Cord Injury Patients in India: A Scoping Review of Challenges and Best Practices

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ABSTRACT

Objectives: Spinal cord injury (SCI) leads to significant physical, psychosocial, and spiritual challenges, especially in low- and middle-

income countries like India. The rehabilitation process for SCI patients often focuses on physical recovery, while psychosocial and spiritual needs are less explored. This scoping review aims to examine the psychosocial and spiritual rehabilitation needs of SCI patients in India, identifying the key challenges they face and the best practices that can facilitate their reintegration into society.

Materials and Methods: A search was conducted in PubMed, Cochrane, Web of Science, and Google Scholar, targeting articles published between 2000 and 2023. The review included studies focusing on the psychosocial and spiritual dimensions of SCI rehabilitation in India. The review followed the PRISMA scoping review framework. Articles were screened for relevance, and the data were extracted to identify themes related to challenges and the best practices for psychosocial or spiritual rehabilitation.

Results: The review identified several psychosocial challenges, including stigma, social isolation, mental health issues (e.g. depression and anxiety), and a lack of disability acceptance. Spiritual needs were mainly related to coping with loss of independence. The best practices included family support programmes, motivational support, and community-based rehabilitation initiatives.

Conclusion: The psychosocial and spiritual rehabilitation needs of SCI patients are complex and require a multifaceted approach. Addressing these needs can improve the quality of life for SCI patients. Further research is needed to ensure comprehensive care that includes both physical and psychosocial rehabilitation components.

Keywords: Barriers of rehabilitation, Neurorehabilitation, Psychosocial rehabilitation, Spiritual care

OP-9

Sonali Raviraj Kulkarni

Understanding Delays in Early Integration of Palliative Care: A Retrospective Cohort Study

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ABSTRACT

Objectives: Understanding palliative care service provision for cancer patients is a priority, with a need to identify barriers that limit the early integration of palliative care in cancer care. Few studies have highlighted the duration and determinants for delays in palliative care consultation. This paper emphasises the duration of palliative care consultations across gender and age groups.

Materials and Methods: This retrospective cohort collected data from two palliative care outpatient departments (OPDs) in Pune from April 2023 to March 2024. Only 45% ($n = 466$) of 1041 patients identified for PC support received home care (HC) or IPD services. We measured the duration using 'date' data. Three cases were eliminated from the final analysis, leaving 463 as the final sample. We calculated the mean average differences between the following variables: (1) Duration of Ca diagnosis to first PC consult in OPD (days). (2) Duration of first PC consult to HC registration (days). (3) Duration of first PC consult to IPD registration (days). (4) Duration of HC registration to death (days). (5) Duration of IPD registration to death (days). We calculated the means (in days) for the above variables across gender and age to find any correlations. Inferential statistics were used to find any significant difference across gender and age.

Results: The average time from diagnosis to first PC consult was 450.59 days (~15 months), while the time to HC and IPD registration was 49.06 days (~1.6 months) and 47.27 days (~1.4 months), respectively. The average time from patient registration to death was 91.07 days (~3 months) for HC and 47.29 days (~1.5 months) for IPD. Across gender and patient age categories, inferential statistics demonstrated substantial relationships. Female patients took longer than male patients to have their initial PC consult after cancer diagnosis ($P = 0.033$). Male patients registered quickly for HC ($P = 0.031$) or IPD ($P = 0.007$) PC services after the initial appointment.

Conclusion: Despite increasing rhetoric around early referral, patients with cancer disease are receiving referrals to palliative care very late in their illness trajectory. Age and gender persist as determinants of the duration of palliative care support before death.

Keywords: Delays, Early integration, Retrospective cohort study

OP-10

Mamta Parihar

Needs, Challenges and Support Preferences of Primary Family Caregivers in Home-based Palliative and End-of-life Care: An Observational Case Study

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ABSTRACT

Primary family carers play a vital but challenging role in home-based palliative care, facing significant emotional, physical, and practical burdens that impact their health and highlight unmet support needs. These carers often experience high levels of distress, particularly when most end-of-life patients prefer to remain at home. This observational case study, conducted at the Pain and Palliative Care Outpatient Department of All India Institute of Medical Sciences, Jodhpur, from March to May 2024, used purposive sampling to select 16 caregivers who provided care for more than 4 hours per day. In-depth interviews explored the experiences and needs of caregivers, focusing on physical, emotional and financial challenges. Thematic analysis revealed key challenges, including significant emotional and psychological stress, difficulties managing physical symptoms, and financial stress. Caregivers also reported communication barriers with healthcare providers and family members, particularly in relation to treatment decisions and end-of-life care. A strong need was expressed to provide information and training for home care, financial support, and respite care. Finally, the study concluded that the critical need is to provide comprehensive support for family caregivers, with an emphasis on self-care practices, structured coping strategies, and improved communication with healthcare professionals. The findings also suggest the need for a holistic approach, including caregiver training, community resources, and policy reforms to support family caregivers (such as financial assistance for poor families and caregiver leave policies) to improve caregiver well-being and enhance the quality of home-based palliative care.

Keywords: Caregiver burden, End-of-life care, Family caregivers, Home-based palliative care, Quality of life

OP-11

Shreyashkumar Ganvit

Addressing the Unmet Needs of Cancer Patients Receiving End-of-Life Care: A Cross-sectional Study

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ABSTRACT

Objectives: Understanding the unmet needs of cancer patients is crucial for better health service planning and optimise care. This study sought to assess the health-related quality of life of cancer patients in palliative care as well as to identify various challenges faced by cancer patients during palliative care.

Materials and Methods: A cross-sectional study was conducted among purposively selected 251 cancer patients from February 2024 to August 2024 attending the Cancer Hospital of Surat City. The study tool consisted of (1) the European Organisation for Research and Treatment of Cancer (QLQ C-30) (version 3.0) scale to assess health-related quality of life and (2) the Cancer Survivors Unmet Needs scale to document unmet needs. Univariate and bivariate analysis was carried out to find out the association between unmet needs and health-related quality of life.

Results: The mean age was 52.21 ± 11.22 years; 132 (52.59%) were male and 119 (47.41%) were female, respectively. Overall, 84.86% of participants reported unmet needs in at least one domain. The highest unmet needs were found in the domains of quality of life (40.84%) and financial issues (31.87%). Monthly family income was significantly associated with various domains of unmet needs like comprehensive cancer care, financial issues, and quality of life. Quality of life was significantly affected by addiction and comorbidities. The most common side effects experienced by patients were hair fall (64.96%), loss of appetite (54.92%), and malaise (51.30%).

Conclusion: There is a need to address the unmet needs of cancer patients to improve their quality of life.

Keywords: Cancer, Unmet Needs, Quality of life

OP-12

Santhini Chandran

Prevalence of Deep Vein Thrombosis by Bedside Ultrasound Screening in Advanced Cancer Patients with Lower Limb Swelling Admitted in Palliative Care Ward: A Prospective Observational Study

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ABSTRACT

Objectives: Cancer-associated thrombosis is one of the leading causes of morbidity and mortality for cancer patients. Point-of-care ultrasound (POCUS) has been defined as the performance of ultrasound imaging by the treating clinician at the patient's bedside, and it differs from the routine ultrasound performed by a radiologist. The prevalence of deep vein thrombosis (DVT) is an underreported entity, particularly in end-of-life care patients. The study addresses the need for POCUS in identifying DVT.

Materials and Methods: This was a prospective observational study. Eligible patients were patients with advanced cancer stage with unilateral/bilateral lower limb swelling, admitted to the palliative care department. A 3-point lower extremity ultrasound was performed with a linear ultrasound probe, which included compression ultrasound including the femoral vein 1–2 cm above and below the saphenofemoral junction, the common femoral vein, and the popliteal vein up to the calf veins confluence.

Results: Forty-one patients were screened by bedside ultrasound who were admitted to the palliative care ward with unilateral/bilateral lower limb swelling. Among these, 24.39% of patients were found to have DVT, 65.85% had subcutaneous oedema and 9.76% had cellulitis.

Conclusion: Almost a quarter of the patients were found to have DVT on presentation. There is no established research article regarding the prevalence of DVT in advanced cancer patients identified by POCUS in the Indian setup. The utilisation of POCUS not only facilitates swift and accurate assessments but also helps physicians promptly address issues related to lower limb swelling.

Keywords: POCUS, Deep vein thrombosis, Palliative care patients, Lower limb swelling

OP-13

Dr. Preeti Balsen Suryawanshi

Relationship of Demographic Factors between Symptom Burden and Distress for Head-and-neck Cancer Patients in an IPD Setting

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ABSTRACT

Background: Head-and-neck cancer (HNC) constitutes a significant burden in India. Patients frequently exhibit a range of severe physical and psychological symptoms that substantially impact their quality of life (QOL) and contribute to increased psychological distress.

Objective: This study seeks to ascertain the relationship between symptom clusters and subjective distress in these patients.

Material and Method: In this retrospective cohort study, 195 HNC patients receiving end-of-life palliative treatment were assessed for their symptoms and distress using the Edmonton Symptom Assessment Scale and distress thermometer at baseline (day 1) and subsequently on days 4, 7, and 14. Descriptive and inferential statistics, including one-way repeated measures analysis of variance and correlation statistics, were employed to evaluate the findings, focusing on demographics and duration of inpatient stay.

Results: Of 195 patients, 79% ($n = 154$) were male and 21% ($n = 41$) were female. Half of the patients had carcinoma of buccal mucosa ($n = 95$, 49%). The mean age was 53.12 years (range: 30–88 years), with an average IPD stay of 13.26 days (range: 7–30 days). We observed a significant decrease in the mean values of symptom burden at days 4 ($P = 0.002$) and 7 ($P = 0.002$) and perceived distress at days 4 ($P = 0.000$), 7 ($P = 0.000$) and 14 ($P = 0.000$). A significant correlation was reported between the total symptom burden score and perceived distress levels on days 1, 7, and 14, respectively.

Conclusion: The findings emphasise the need for continuous symptom management in palliative care. The study also underscores the influence of demographic factors on distress levels, suggesting that a personalised care approach is crucial. Overall, the study enhances understanding of the

symptom–distress relationship, providing insights to improve the quality of palliative care for terminally ill HNC patients.

Keywords: Head and Neck Cancer, Palliative care, Symptom Burden, Distress Thermometer, Psychological Distress, Retrospective study

OP-14

Dr. Sarvadarshi Saraswata Mahapatra

Psychological Distress and Quality of Life in Non-Small Cell Lung Cancer Patients Receiving Chemotherapy: A Prospective Observational Study

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ABSTRACT

Objectives: Non-small cell lung cancer (NSCLC) patients undergoing chemotherapy experience significant psychological distress and diminished quality of life (QOL). This study aims to investigate the prevalence and severity of psychological distress and QOL in NSCLC patients receiving chemotherapy, analysing the relationship between psychological distress and QOL.

Materials and Methods: This observational study enrolled NSCLC patients initiating chemotherapy. Patients completed standardised questionnaires s.a. DASS 21 assessing psychological distress (depression, anxiety, and stress) and World Health Organization QOL Instrument (WHOQOL)-BREF Scale assessing QOL at baseline, i.e. before getting chemotherapy, after 3 cycles and 6 cycles of chemotherapy.

Results: In a cohort of 105 patients, we observed a non-significant decrease in depression scores from baseline to the 2nd visit (13.98–12.97), followed by a significant increase to 15.91 at the 3rd visit ($P = 0.105$). In contrast, anxiety scores showed a significant increase from the 2nd to 3rd visit (4.684; $P < 0.001$) and from the 1st to 3rd visit (6.093; $P < 0.001$). Stress levels also demonstrated a significant rise between visits ($P < 0.001$). QOL assessments using the WHOQOL-BREF scale revealed a significant decline after three cycles of chemotherapy (−12.775; $P < 0.001$), which continued after six cycles (−31.428; $P < 0.001$). Furthermore, we found a significant correlation between psychological distress and QOL using the COOCR software package.

Conclusion: NSCLC patients receiving chemotherapy experience significant psychological distress and QOL impairments. Early identification and addressing of these issues are crucial to improve patient outcomes and quality of care. This study highlights the need for integrated palliative care in NSCLC management.

Keywords: Non-small-cell lung Cancer, Quality of Life, Palliative Care, Depression, Anxiety, Psychological Distress, Chemotherapy

OP-15

Dr. Sonia Ninawe

Neuroplasticity-based Physiotherapy for Cognitive Function Preservation in Palliative Cancer Patients: An Interventional Study

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ABSTRACT

Objectives: Cognitive impairment is highly prevalent in up to 30% of palliative cancer patients due to disease progression, neurotoxic treatments, and psychological stress. Neuroplasticity, the brain's ability to recognise and form new neural connections, presents an opportunity to mitigate cognitive decline through targeted physiotherapy.

Materials and Methods: The study involved 90 participants, with cognitive function being assessed using the Functional Assessment of Cancer Therapy-Cognitive Function (FACT-Cog) and Montreal Cognitive Assessment (MoCA) scales. Participants underwent a structured programme combining cognitive motor exercises, aerobic activities aimed at enhancing neural activation, and mindfulness-based interventions. The study included palliative cancer patients with mild-to-moderate cognitive impairment, stable psychological conditions, and the ability to participate in the intervention.

Results: The FACT-Cog and MoCA scales both showed significant improvements in cognitive function after the intervention, with FACT-Cog indicating enhanced perceived cognitive function (mean increase from 45 to 63, $P < 0.001$), quality of life (mean increase from 12 to 18, $P < 0.001$) and overall cognitive functioning (mean increase from 58 to 85, $P < 0.001$) and MoCA showing a significant increase in total score (mean from 21 to 26, $P < 0.001$), reflecting improvements across memory, attention, executive function and visuospatial skills.

Conclusion: Neuroplasticity-based physiotherapy resulted in significant improvements in cognitive function, quality of life, and overall cognitive performance in palliative cancer patients. These findings suggest that this intervention can effectively preserve cognitive function in this population, and further research is needed to explore its long-term effects and broader clinical applications.

Keywords: Palliative care, Pain management, Health knowledge, Attitudes, Practice, Nurse midwives, Terminal care, Health personnel, Community health centers

OP-16

Suman Pradhan

Assessment of Palliative Care Awareness among Healthcare Providers in Community Health Centres of Odisha

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ABSTRACT

Objectives: Palliative care is an essential component of health care, particularly in low-resource settings like Odisha, India. However, limited data exist on healthcare providers' awareness and understanding of palliative care in community health centres (CHCs). This study was done to assess palliative care awareness, knowledge, and attitudes among healthcare providers in CHCs of Odisha.

Materials and Methods: A cross-sectional survey was conducted among 300 healthcare providers (doctors, nurses, and auxiliary nurse midwives) from 30 randomly selected CHCs in Odisha. A pre-tested, structured questionnaire was used to assess demographics, palliative care knowledge, attitudes, and practices. The data were analysed using descriptive statistics and inferential statistics (Chi-square test, analysis of variance).

Results: The response rate was 90%. The mean age of participants was 35.4 years, with 70% of females. Only 10% of participants had received palliative care training. Significant knowledge gaps existed regarding pain management (41%), symptom control (35%), and end-of-life care (32%). Attitudes towards palliative care were generally positive, but 63% of participants believed that palliative care was only for cancer patients, and 56 % believed that it was only for hospice care. Factors associated with better knowledge and attitudes included prior training, experience working in CHCs, and higher education.

Conclusion: This study highlights the need for enhanced palliative care education and training among healthcare providers in CHCs of Odisha. Interventions targeting knowledge gaps, attitude modification, and skill development can improve palliative care delivery in these settings.

Keywords: Cognitive impairment, Palliative care, Neuroplasticity, Physiotherapy, Quality of life, Cancer patients

OP-17

Shali S. Nair

Photobiomodulation Therapy on the Palliative Care of Cancer Patients Undergoing Radiotherapy: A Case Report

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ABSTRACT

In palliative care, oral mucositis is characterised by the presence of ulcerative and erythematous lesions of the oral mucosa in cancer patients undergoing chemotherapy and/or radiation treatment to the oral cavity. Oral mucositis is a painful ulceration of mucosal linings in the oral mucosa membrane, soft palate, and pharynx. Maintaining a patient's quality of life is the main aim when treating cancer patients. Photobiomodulation (PBM-previously known as low-level laser therapy) is a well-tolerated, consolidated, and effective therapy for the treatment and prevention of severe oral mucositis. It is one of the earliest complications and negatively impacts the quality of life of patients undergoing head-and-neck cancer treatment. Here, we present the case report of a 10-year-old boy who underwent radiotherapy and chemotherapy for nasopharyngeal carcinoma and presented with Grade 3 oral mucositis, which was managed by strong opioids and five sessions of photobiomodulation. This case report confirms the effectiveness of photobiomodulation therapy in the management of pain, increasing the quality of life, and a reduction in the severity of oral mucositis.

Keywords: Photobiomodulation, Oral mucositis, Palliative care, Radiotherapy, Chemotherapy

OP-18

Abhilasha Mishra

Palliative Surgeries for Advanced Cancer in a Tertiary Care Cancer Centre in the Past 1 Year

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ABSTRACT

Objectives: Palliative surgery for cancer plays an important role in overall management, by reducing the symptom burden of advanced cancers. There is a paucity of literature related to the field of palliative surgery. We present the clinical spectrum, profile of surgical interventions, and outcomes of palliative surgical procedures performed at a tertiary cancer centre involving multiple organ systems.

Materials and Methods: A retrospective analysis of a prospectively maintained database in the past 1 year of a tertiary care cancer centre was performed. Patients fulfilling the criteria of palliative surgery were analysed for clinical spectrum, indications for surgery, palliative surgical procedures, and post-operative outcomes.

Results: A total of 74 palliative surgeries were performed in the past 1 year. Palliative surgical procedures were performed most for gastro-oesophageal malignancies (n = 35), followed by colorectal cancers (n = 17) and breast cancer (n = 12). Palliative mastectomy was the second most common procedure performed for advanced breast cancer, followed by amputations for musculoskeletal cancers. Symptom relief could be achieved in 80–90% of patients, and post-operative morbidity was relatively high among hepatobiliary cancer patients.

Conclusion: A significant number of cancer patients need palliative surgical intervention, with a high burden of advanced cancers. The results of the current study indicate that gastrointestinal cancer patients constitute a major proportion of patients undergoing palliative surgery. The overall results indicate that excellent palliation can be achieved in the majority of patients with acceptable morbidity and hospital stay.

Keywords: Palliative Surgery, Gastro esophageal malignancy, Postoperative Outcomes

OP-19

Dr. Richa Geo

Use of Opioid Cocktail for Enhanced Pain Relief: An Observational Study

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ABSTRACT

Objectives: Pain management in palliative care poses significant challenges, often resulting in inadequate analgesia for patients. Single-agent opioid therapies frequently fall short, especially in complex pain scenarios. This study investigates the effectiveness and safety of an opioid cocktail combining morphine and methadone to enhance pain relief and minimise side effects.

Materials and Methods: This prospective observational study included adult patients (≥18 years) receiving dual therapy with morphine and methadone. Participants provided informed consent, and data were collected using clinical research forms that assess pain intensity with the Numeric Rating Scale (NRS). Based on a pilot study, the mean percentage change in NRS was 74.0 ± 11.737. With a 95% confidence level and 5% allowable error, the minimum sample size required was 34. The study duration was 6 months. The primary outcomes included changes in NRS scores pre-and post-treatment. Statistical analysis used either a paired sample t-test or the Wilcoxon signed-rank test.

Results: This is an ongoing study and the results will be analysed and presented at the time of the conference. We have completed 10 patients so far.

Conclusion: This study aims to demonstrate the benefits of opioid cocktails in palliative care, enhancing pain management strategies and improving patient quality of life. The findings will provide crucial insights into the effectiveness and potential side effects of cocktail opioid therapy.

Keywords: Palliative care, Pain management, Opioid cocktail, Morphine, Methadone, Numeric Rating Scale (NRS), Quality of life, Dual opioid therapy, Refractory pain, Observational study

OP-20

Betty Mary Abraham

An Ambispective Observational Study on the Role of Inflammatory Biomarkers in Predicting Survival Outcomes in Patients with Advanced Cancer Receiving Palliative Care

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ABSTRACT

Objectives: Cancer remains a leading cause of mortality worldwide, and advanced cases often require palliative rather than curative care. Traditional prognostic tools, such as the tumour, node, and metastasis staging system, have limitations in late-stage cancer, relying on subjective clinical assessments. Recent evidence suggests that inflammatory biomarkers, such as the C-reactive protein/albumin ratio (CAR) and modified Glasgow Prognostic Score (mGPS), may serve as reliable, objective indicators of survival in terminal cancer patients.

Materials and Methods: An ambispective observational study was conducted in a tertiary teaching hospital for 2 months. Based on previous studies (CAR mean ± standard deviation: 2.75 ± 3.45; mGPS 1 and 2: 36.6%), with a 95% confidence interval and allowable error of 20% and 10%, a minimum sample size of 166 was calculated. The study included patients with histologically or clinically confirmed advanced cancer, receiving palliative care. Inflammatory markers (CAR and mGPS) and demographic and clinical data were recorded. Patients were followed for 1 month post-baseline.

Results: Data collection and analysis are ongoing. Results, including survival analysis and the relationship of CAR and mGPS with patient outcomes, will be carried out.

Conclusion: In the literature review, CAR and mGPS appear to be valuable, objective prognostic tools in predicting survival for advanced cancer patients. Incorporating these biomarkers could improve clinical decision-making, reduce unnecessary interventions, and enhance the quality of life for patients in terminal stages of cancer. The results of this study help substantiate the use of these tools in survival prognostication.

Keywords: Ambi-spective Observational Study, Biomarkers, Survival outcomes, Advanced Cancer, Palliative care

OP-21

S. Adithya Krishnan

Knowledge and Attitude of Doctors and Nurses Towards Advanced Medical Directives for Cancer Patients in India: A Cross-sectional Study

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ABSTRACT

Objectives: India as a developing country is rapidly evolving with the expansion of the health sector, leading to better access to health care and improved survival and life expectancy. This has in turn increased the number of people living with incurable diseases and an ageing population with multiple comorbidities. A population survey by the Indian Council of Medical Research in 2022 reported that one in nine people in India are expected to face cancer in their lifestyle with an estimated 12.8% increase in the incidence of cancer by 2025 compared to 2020. With the burden of cancer increasing in India and the Indian Supreme Court amending the Advanced Medical Directives in 2023, there has been immense focus on how to proceed with an AMD. Doctors and nurses play a vital role in the process of Advanced Medical Directives in a nation like India, where the patient population has a high rate of illiteracy and a lack of sensitisation about AMD. Hence, this study being the first of its kind in India will help assess the attitude and knowledge of doctors and nurses towards AMD for cancer patients. The study results may be helpful in training healthcare workers and make policies and programmes to increase awareness among the medical fraternity.

Materials and Methods: The study plans to recruit doctors and nurses working in two cancer centres attached to All India Institute of Medical Sciences, Delhi, through convenient sampling for a duration of 2 months, with expected 75% response rates.

Results: The analysis is ongoing and will be published during the conference.

Conclusion: The analysis is ongoing and will be published during the conference.

Keywords: Health Personnel, Aging, Life Expectancy, Biomedical Research

OP-22

Dr. Dharunya Pachiyappan

Utilisation and Efficacy of Subcutaneous Antibiotics in a Palliative Care Environment: A Case Series

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ABSTRACT

Palliative care, with its focus on improving the quality of life for individuals facing life-limiting illnesses, often requires a nuanced approach to infection management. Subcutaneous (SC) antibiotic therapy, an alternative to intravenous administration, has emerged as a viable option in such settings, particularly for patients who may have limited venous access or who desire to avoid hospital-based care. This comprehensive case series explores the utilisation, effectiveness, and patient outcomes associated with SC antibiotics in the palliative care context, emphasising clinical outcomes.

Keywords: Palliative care, Subcutaneous antibiotics, Infection management, Quality of life, Prospective case study, Adult patients, Clinical outcomes, Patient satisfaction, Biomarkers (CRP, Procalcitonin), Antibiotic tolerability

OP-23

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Assessing Death and Dying Experience of Patients with Palliative Care Needs: A Quality Improvement Project

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ABSTRACT

Background: Assessing the death and dying experience of individuals with palliative care needs is crucial for maintaining quality standards in care delivery. The lack of a culturally relevant tool for Indian population, the complexities of end-of-life care and the lack of institutional priority for quality assessment and improvement have hindered such assessments. The Institute of Palliative Medicine, Calicut, a pioneering institute in India, delivers palliative care services for the last three decades. However, an objective assessment of death and dying experience of patients has never been carried out.

Objective: To increase the assessment of death and dying experience of the inpatients from 0% to 50% by June 2019.

Materials and Methods: A3 methodology of quality improvement was used. To explain patient intake, care, discharge, death and bereavement assistance, a process map was created. A fishbone analysis was performed to understand the root causes for not performing the death and dying assessment. The causes were placed on a 2 × 2 grid, and the key drivers were created. The lack of a culturally suitable instrument was identified as a major barrier. Thus, a tool was developed and implemented.

Results: Weekly assessment targets and outcomes were plotted on a run chart. Assessments improved after the introduction of the instrument and other interventions. Sustainability measures kept the assessment of death and dying experience over 50% on the run chart.

Conclusion: Using the A3 quality improvement technique helped uncover root issues, create key drivers and meet assessment targets. This exercise helped the institute identify service gaps and recommend changes.

Keywords: Quality Improvement, Death and Dying, Assessment

OP-24

Sucheta Hans

Role of Probiotics in Palliative Care of Cancer Patients Undergoing Chemotherapy or Radiotherapy: A Prospective, Randomised, Open-label Placebo-controlled Trial

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ABSTRACT

Introduction: Changes in gut microbiota can explain symptoms like cancer cachexia, diarrhoea, inflammation and cancer pain. Probiotics prevent these effects and therefore can improve quality of life of cancer patients.

Aims: To study the effect of probiotics on the quality of life outcomes, diarrhoea and C-reactive protein (CRP) levels in patients suffering from cancers.

Methods: After taking IEC permission from GMC Jammu vide No. IEC/Pharma/Thesis/Research/2022/970 dated 28 February, 2022, a prospective, randomised, open-label and placebo-controlled study on 106 cancer patients was done. Patients were randomly divided into two groups: A (placebo), receiving soft shell capsules and B (probiotic), receiving lactobacillus (120 million) BD. Quality of life (QOL), diarrhoea and CRP levels were evaluated using the European Organisation for Research and Treatment of Cancer-QLQ-C30 score, NCI CTC version 5.0 scale and blood samples, respectively, at baseline and 6 weeks. Pain was evaluated using VAS score. The data were evaluated on IBM statistics 20.0 and expressed as mean ± standard deviation; Student's *t*-test (paired and unpaired) and Chi-square test were used. $P \leq 0.05$ was considered statistically significant.

Results: QOL index showed a statistically significant improvement in physical functioning and dyspnoea score in the probiotic group. Diarrhoea score at 6 weeks was 1.26 ± 0.48 in Group A compared to 0.78 ± 0.501 in Group B with *t*-value of 4.830 ($P = 0.0001$), indicating a decrease in the severity of diarrhoea. Inflammatory markers such as CRP and VAS scores were less in the probiotic group, thus favouring the role of probiotics in decreasing inflammation and cancer pain.

Conclusion: Probiotics through their gut–brain–axis interaction improve diarrhoea, inflammation, pain and overall quality of life of cancer patients, thereby proving a definitive role in palliative care medicine.

Keywords: Probiotic, Cancer patients, Pallative care, Quality-of-life

OP-25

Sharun Mathew John

Integration of Palliative Care and Impact on Code Blue Decisions: An Ongoing Study

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ABSTRACT

Aim: To investigate how integrating palliative care might influence Code Blue responses, decrease reliance on expensive emergency resources and help patients and families make informed healthcare decisions.

Background and Motivation: Code Blue activations in acute care often pose challenges, especially when they conflict with quality of life goals. Evidence suggests that early palliative care integration promotes patient-centred communication and reduces emergency interventions. However, its impact on Code Blue decision-making, resource use and patient costs remains underexplored. The absence of standardised protocols and limited palliative care awareness makes decision-making stressful for families and clinicians. This study addresses these gaps, examining palliative care's influence on critical decisions.

Methods: This 4-year, retrospective study was conducted at a tertiary cancer centre in Hyderabad, covering pre- and post-palliative care

integration (introduced in 2021). The study tracked Code Blue events, the number of Code Blue events (NCBE)/number of institutional deaths (NID) ratio and factors such as disease stage and treatment intent. For Code Blue post-integration, motivations and cost implications are analysed.

Results: Preliminary data suggested that palliative care promotes intentional, patient-centred decisions. A notable finding was the reduction in the NCBE/NID ratio from 0.117 to 0.097, following palliative care integration. This decrease indicated that palliative care may support more appropriate end-of-life choices, aligning emergency responses with patient goals and reducing costs for patients and hospitals.

Conclusion: Early findings indicate that integrating palliative care in oncology may shape Code Blue decisions, reduce resource use and lower costs. As the study continues, further analysis will confirm these benefits and explore broader applications for reducing hospital burden and costs across healthcare settings.

Keywords: Quality of life, Goals, Preliminary data, Hospitals, Delivery of health care, Communication, Cardiopulmonary resuscitation

OP-26

Dr. Alisha Abdul Shikalgar

The Efficacy of Music-assisted Movement Therapy in Enhancing Mobility and Mood in Palliative Cancer Patients: A Randomised Controlled Study

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ABSTRACT

Objectives: Palliative care focuses on reducing suffering and enhancing quality of life for cancer patients facing mobility and emotional challenges. This study compares music-assisted movement therapy (MAMT) with standard physiotherapy to improve mobility and mood in palliative cancer patients.

Materials and Methods: In this study, 94 advanced cancer patients aged over 20 years were randomly assigned into two groups: 47 in the interventional group who received music-assisted movement therapy and 47 in the controlled group who received standard physiotherapy; both the groups received treatment for 6 weeks. Mobility (Timed Up and Go, Berg Balance Scale and Functional Gait Assessment), mood (Hospital Anxiety and Depression Scale) and quality of life (FACT-G) were assessed pre- and post-treatment. Exclusions included severe neurological, cardiovascular–respiratory and musculoskeletal conditions and those involved in other physical therapy interventions.

Results: In the present study, both the groups showed significant improvement. While both the groups interventional and controlled were equally effective in improving quality of life in palliative cancer patients. However, when compared the interventional group which received the MAMT showed significantly higher improvement in mobility and mood ($P < 0.001$) across all the assessment.

Conclusion: This study highlights that music-assisted movement therapy significantly enhances physical and psychological well-being in palliative cancer patients. Integrating music into physiotherapy provides a feasible, holistic approach, supporting improved patient outcomes in palliative care settings.

Keywords: Music-assisted movement therapy (MAMT), Palliative care, Cancer patients, Mobility, mood, Physiotherapy, Quality of life, Functional gait assessment, Hospital Anxiety and depression scale (HADS), FACT-G, Timed up and go (TUG), Berg balance scale (BBS)

OP-27

Dr. Snigdha Sharma

Palliative Care Management of a Patient of Gaucher's Disease

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ABSTRACT

Introduction: Gaucher's disease is a rare congenital lysosomal storage disorder with an incidence of 1 in 150,000 births. The disease has three types of trajectories: Type 1 non-neuropathic, Type 2 acute-neuropathic and Type 3 chronic-neuropathic. Of these, type 2 has the most grave prognosis and huge symptom burden, warranting palliative care as soon as the diagnosis is made.

Aim: To highlight the palliative care needs and management of a case with Type 2 Gaucher's disease.

Material and Methods: An 8-month-old male child admitted to the paediatric intensive care unit of a tertiary care hospital, diagnosed with Type 2, acute-neuropathic Gaucher's disease, presented to us with seizures, recurrent respiratory and GI infections, gross abdominal distension and spasticity. He was provided comprehensive palliative care, including end-of-life care. We faced several challenges, including a paucity of guidelines for managing this child.

Results: We were able to adequately manage the symptom burden and other palliative care needs of the child and the parents. A multidisciplinary approach was followed with the help of geneticist, paediatric intensivist and physiotherapists. The child expired after 64 days of admission. Later, bereavement support and family counselling were provided to the family.

Conclusion: Gaucher's disease is a rare congenital disorder. There is insufficient literature to manage such types of rare genetic disorders. An attempt is made to share our experience from our tertiary care centre. A larger multicentric study is needed to provide evidence-based care.

Keywords: Gaucher's disease, Patient management, Palliative care, Lysosomal storage disorder

OP-28

Dr Manisha Sahoo

Retrospective Analysis of Neuropathic Pain in Patients Following Total or Subtotal Glossectomy: A Clinical Review

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ABSTRACT

Objectives: Carcinoma of the tongue accounts for 40% of total oral cancer incidence in the world. Neuropathic pain, manifesting as burning pain or phantom sensation in the tongue, may be a component in the post-operative period. Phantom tongue pain is a relatively underreported or ignored facet of pain in such patients, being mentioned only in sporadic case reports following subtotal and total glossectomy.

Materials and Methods: Aim: To study the incidence of post-operative pain in post-operative subtotal/near total glossectomy patients. Study Design: Retrospective observational study. Primary Objective: (1) Assessing the incidence of post-operative pain as subjectively notified by Numeric rating Scale (NRS) and S DN-4 for neuropathic pain. Secondary objectives: (1) Analgesics for the treatment of chronic post-operative pain. (2) Assessing the subjective sensation of phantom tongue and associated discomfort. (3) Participant satisfaction with ongoing pain control. Consenting adults who had undergone subtotal/total glossectomy with neck dissection with or without reconstruction procedure were recruited either telephonically or physically at the head-and-neck cancer/pain clinic. Subjects were assessed for pain using NRS and S DN-4 scale. Time passed from surgery and initiation of pain was noted. The current analgesics and pain relief with the same were noted down. Patients were counselled to visit the pain clinic for further analgesic management, if required. All the data were tabulated in Excel sheet and were further analysed.

Results and Conclusion: Will be disclosed at the time of presentation.

Keywords: Glossectomy, Numeric rating scale (NRS), DN-4 questionnaire, Phantom pain, Likert scale

OP-29

Bhargaviba Jadeja

Evaluation of Training Effectiveness and Patient Referral Patterns in Palliative Care by ASHAs and ANMs in Jodhpur

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ABSTRACT

Background: In line with enhancing palliative care services in community settings, a series of training programmes were conducted for ASHAs and ANMs of 21 urban primary healthcare centres across Jodhpur. This study aims to assess the effect of these trainings through pre- and post-test evaluations and patient referral facilitated by these frontline healthcare providers.

Methods: A 2-day training programme on palliative care principles, communication skills, basic symptom management, nursing care, psychosocial and spiritual issues, role of ASHA and ANM in palliative care and patient identification protocol was carried out in 21 urban primary healthcare centres. Pre- and post-test assessment (total score = 18) was done to assess knowledge improvement. A WhatsApp group was created to for the participants to post the details of patients needing palliative care in their service areas. Home visits were later made by a palliative care team along with concerned ASHAs/ANMs to provide them practical exposure to palliative care.

Results: Training effectiveness: The total number of ASHA and ANM received training was 284: ANMs - 130 (45.7%), ASHAs - 147 (51.7%), LHV - 5 and CHO - 2. Preliminary analysis showed average pre-test score of 3.9 and post-test score of 14.5 at 95% confidence interval; *P*-value was <0.0001, indicating enhanced knowledge among ASHA and ANM workers in palliative care.

Referral Data: A total of 22 patients were referred by trained workers, with an age range of 22–89 years. Majority of patients were in the age range of 60–89 (60%) years. Gender distribution was 40% of females and 60% of males. The disease pattern was cancer cases - 9 (40.9%), neurological conditions - 6 (27.2%) and other conditions - 7 (31.8%), highlighting prevalent palliative needs in the community.

Conclusions: The training programme significantly improved the knowledge base of ASHAs/ANMs. This approach of community empowerment could enhance identification of needy patients and ensure sustainability of care.

Keywords: Community participation, Palliative care, Patient referral, Training evaluation

OP-30

Payal Kahol

A Randomised Controlled Trial Comparing the Efficacy of Mobile App-based Prescriptions versus Conventional Prescriptions on Medication Compliance and Quality of Life among Advanced Cancer Patients Receiving Palliative Care at a Tertiary Care Centre

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ABSTRACT

Background: Mobile health transforms health care by empowering outpatients with accessible, user-friendly smartphone apps to improve patient outcomes.

Aim: To assess the efficacy of mobile app-based prescription versus conventional prescription on medication compliance, symptom reporting and quality of life among advanced cancer patients receiving palliative care.

Methods: A total of 204 eligible advanced cancer patients were randomly allocated using block randomisation to either mobile app-based prescription (MABP-102 patients) or conventional prescription (CP-102 patients) group. Patients were monitored bi-weekly for 6 months. The data were collected using demographic and clinical profiles, Adherence to Refills and Medication Scale (ARMS) and World Health Organization Quality of Life-BREF at baseline and after 6 months of intervention through interviews (Trial registration-CTRI/2022/01/039354; Ethical Clearance-IECPG-685/25 November, 2021, RT-31/23 December, 2021).

Results: Both the groups were comparable in terms of baseline demographic and clinical profile ($P > 0.05$), except for education and occupation of patients, surgery done and analgesic intake duration; these were adjusted (using ANCOVA) when doing per protocol analysis. After 6 months, ARMS scores for adherence were significantly better ($P < 0.05$) for the MABP group as compared to the CP group (MA: 16.15 ± 1.56; CP: 23.5 ± 2.06). In addition, after 6 months, quality of life was significantly better in the MABP group ($P < 0.001$; independent t-test), encompassing overall perceptions of quality of

life and health, as well as various domains such as physical health, psychological health, social relationships and environment, compared to the CP group.

Conclusion: The UPPCHAR app significantly improved medication compliance and quality of life for advanced cancer patients, demonstrating the powerful role of mobile apps in advancing patient-centred care.

Keywords: Mobile, Applications, adherence, quality of life, technology

OP-31

K. Sridharan

Effectiveness of Scapular Mobilisation for Reducing Shoulder Pain in Persons with Amyotrophic Lateral Sclerosis

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ABSTRACT

Objectives: Amyotrophic lateral sclerosis (ALS) is a progressive neurological disease that has high neuropalliative care needs. Shoulder pain is a common complaint among ALS patients in all stages, significantly affecting their quality of life. This study evaluates shoulder pain and the effectiveness of scapular mobilisation as an intervention for ALS.

Materials and Methods: Patients diagnosed with ALS who were registered under the neuropalliative care project at a tertiary care centre for neurological conditions from 3 October, 2024 to 11 November, 2024 were consecutively recruited for a quasi-experimental single group pre–post-intervention study. All patients received routine multidisciplinary neuropalliative care interventions, including occupational therapy. The assessments were done using Numeric Rating Scale (NRS) for pain and goniometer for measuring the range of motion (ROM). The intervention consisted of scapular mobilisation followed by 10 repetitions of gentle Passive range of motion (PROM) exercises for shoulder and caregiver education. Post-test assessments were conducted following 10 min rest.

Results: Among 40 patients recruited, the male-to-female ratio was 3:1. The mean age was 53 ± 12.13 years. The mean illness duration was 18 ± 12.68 months. 29/40 patients had limb onset and 11/40 had bulbar onset of ALS. 23/40 (57%) patients reported shoulder pain. The mean NRS pain score decreased from 2.23 to 1.15 (difference: 1.08, $P = 0.000$). Shoulder flexion ROM improved from the mean of 153.40° to 161.43° (8.03°, $P = 0.003$). Shoulder abduction ROM improved from the mean of 146.82° to 157.70° (10.88°, $P = 0.001$).

Conclusion: Scapular mobilisation, PROM exercises and caregiver education effectively reduced shoulder pain and improved shoulder ROM. Pain in neuropalliative conditions like ALS is difficult to define and intervene. Occupational therapy interventions play a crucial role in managing shoulder pain and enhancing functional mobility in ALS.

Keywords: ALS, Pain, Occupational therapy, Intervention, Effectiveness

OP-32

C. Aswathi

Understanding Illness Perceptions in Neuropalliative Care: An Exploration of Explanatory Models in India

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ABSTRACT

Introduction: Neuropalliative conditions, such as motor neuron disease (MND), Parkinson's disease (PD) and dementia, are progressive and incurable, often leading to significant physical, emotional and social challenges. Patients' and family members' perceptions of these illnesses play a critical role in treatment adherence and long-term care planning. This study explores the explanatory models of illness held by neuropalliative patients in India to understand the sociocultural and psychological influences on their perceptions and the potential impact on treatment and care needs.

Methodology: A qualitative approach was used to explore illness perceptions among 33 patients diagnosed with neuropalliative conditions at the neuropalliative clinic, NIMHANS. The data were collected using semi-structured psychosocial assessments, alongside the Hospital Anxiety and Depression Scale and the Zarit Caregiver Burden Scale.

Analysis: Thematic analysis identified six major themes reflecting patients' explanatory models of illness: (1) perceived impact of vaccination, (2) insufficient information about the illness, (3) psychological distress, (4) superstitious beliefs, (5) experiences of social isolation and (6) recognition of the illness as a progressive condition. These themes highlighted diverse explanatory beliefs, from biological and psychological factors to cultural and social influences, impacting patients' understanding and response to their condition. 72% of participants were diagnosed with MND, 15% with dementia, 9% with PD and 3% with other neuropalliative diagnoses. Among these patients, 72% were male and 27% were female, with 54% above the poverty line and 45% below. Age distribution revealed that 39% were between 51 and 60 years, 21% between 31 and 40 years, 18% between 41–50 years and 12% in both 51–60 and 61–70 years' age brackets.

Conclusion: This study reveals that neuropalliative patients in India often hold complex, multidimensional views of their illness, influenced by cultural beliefs, socioeconomic status and psychological factors. Misconceptions and stigma associated with these conditions can impede effective treatment and the development of comprehensive care plans, increasing the burden on both patients and their families. Addressing these misconceptions through culturally sensitive, patient-centred education and interventions is essential for improving patient outcomes, ensuring adherence to treatment and enhancing the quality of long-term neuropalliative care.

Keywords: Cultural beliefs, Explanatory model, Illness perception, Neuropalliative care

OP-33

Chaitanya Anil Kumar

Neurolegacy Therapy: Integrating Digital Storytelling as a Neuropsychological Intervention in Palliative Care

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ABSTRACT

Neurolegacy therapy integrates neuropsychology, narrative psychology and digital therapeutics to provide a structured legacy-building intervention in

palliative care, aiming to enhance emotional resilience and reduce existential distress. Informed by research on autobiographical memory and affect regulation, this therapy uses multimedia digital artefacts, audio, visuals and tactile elements, to create shared digital legacies that bridge generations. Guided family narrative sessions, grounded in attachment and family systems theory, reinforce intergenerational bonds and foster meaning-making. This review synthesises neuropsychological and narrative therapy findings, examining outcomes such as emotional regulation, sensory memory engagement and increased metacognitive processing. Quantitative assessments like the Existential Distress Scale and Quality of Life in Palliative Care Measure, along with qualitative feedback, indicate that neurolegacy therapy reduces anxiety and existential distress when enhancing emotional connectivity and life satisfaction. Results demonstrate that this sensory-rich approach positively impacts emotional well-being, preserving patients' legacy as a symbolic 'anchor' for future generations. Through this interdisciplinary, evidence-based framework, neurolegacy therapy advances palliative care with a scientifically rigorous model that supports quality of life and continuity of memory in end-of-life care.

Keywords: Narrative therapy, Digital legacy, Palliative care, Existential distress, Neuropsychology

OP-34

Anurag Sarkar

Impact of Intravenous Iron Therapy on Fatigue and Quality of Life in Cancer Patients Receiving Palliative Care: A Prospective Interventional Study

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ABSTRACT

Introduction: Fatigue is considered one of the habitual features in patients of cancer-related anaemia. It is estimated that cancer-related fatigue is experienced by around 50% of early cancer patients, and in patients with advanced disease course, it goes up to 75–90%. In patients with an advanced stage of disease, there may be association with diminished physical function, fatigue and weakness due to iron deficiency even in the absence of anaemia, which can be improved by iron therapy. The effect of fatigue covers the physical, psychosocial and occupational aspects in life. In the last two decades, there has been a lot of information and research findings on cancer-related fatigue (CRF), but CRF is still underreported, underdiagnosed and undertreated.

Aim: To assess the role of intravenous (IV) iron therapy on fatigue and quality of life (QOL) in patients of palliative care.

Methods: A prospective interventional study of all cancer patients with fatigue were collected. Haemoglobin, TSAT, serum ferritin and serum iron were determined. Fatigue and QOL were measured using FACT-And Tool. IV iron given to the study group and reassessment done on day 7 and day 30.

Results: Data of 63 patients suggested no difference in demography. There was a significant improvement in haemoglobin after 4 weeks ($P = 0.021$), with improvement in fatigue and QOL scores in the intervention group at 1 week.

Conclusion: Cancer patients have a high incidence and symptom burden of fatigue, which correlates with reduced QOL with significant improvement of haemoglobin.

Keywords: Fatigue, Quality of life, Intravenous iron therapy, Supportive care, Symptom burden

OP-35

Kunal Das

Practice of Cancer-directed Therapies in the Last Month of Adult Cancer Patients' Lives Preceding Death: A Retrospective Audit in a Tertiary Cancer Care Centre in India

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ABSTRACT

Objectives: In accordance with the guidelines of the World Health Organization, integrating palliative care is an essential part of the care for all patients suffering from a life-threatening disease. However, there is a concern that terminally ill cancer patients may be aggressively treated due to the rapidly growing possibilities of anticancer treatment. The aim of this study is to analyse the practice of cancer-directed therapies in the last 1 month of patient's lives preceding death in a tertiary cancer care centre in India.

Materials and Methods: Type of study: Retrospective chart review.

Aims and objectives:
Study aim: To analyse the practice of cancer-directed therapies in the last 1 month of patient's lives preceding death.

Study objectives: (1) To know the intent (definitive or palliative) and type (chemotherapy, radiotherapy, surgery, nuclear medicine or mixed) of cancer-directed therapies in the last 1 month of patients' lives preceding death. (2) To know the time since most recent cancer-directed therapy preceding death and the type of most recent cancer-directed therapy offered prior to death. (3) To know the timing of palliative care referral (time since palliative care referral and death) and correlate it with index of Precocity (IOP). (IOP is defined as the ratio of the length of survival after first referral to the IOPC programme by the length of survival after diagnosis of incurability, Barth *et al*. [2020]). (1) To know the intensive care unit (ICU) utilisation and place of death in the hospital. (2) To know if there are any documented ACP and symptom profile at the time of death.

Study Period: December 2023–May 2025.

Sample Size: Medical records of in-hospital cancer deaths of 3 years (1 August, 2020–31 July, 2023).

Inclusion and exclusion criteria: EMR of all deaths of patients (≥18 years age) in Kasturba Hospital, Manipal, between 1 August, 2020 and 31 July, 2023 with cancer diagnosis and receiving any form of cancer-directed therapy in their last month of lives will be included. Unavailability of complete medical records, patients who are cancer survivors with no documented disease recurrence will be excluded.

Outcome measures (under progress): (1) Details of cause of last hospital admission and cancer-directed treatment in the last 1 month of life obtained from hospital medical records. (2) Cancer diagnosis and management plan-related details obtained from hospital medical records. (3) Details of palliative care referral including timing of referral and time of progression

of disease obtained from hospital medical records. (4) Documentation of ICU admissions, goals of care, blue maple obtained from hospital medical records. (5) Details of processes of end-of-life care provision, including discussions about care preferences and symptom profiles as obtained from the hospital medical records.

Statistical Analysis: Data were analysed as descriptives, and for associations of use of cancer-directed therapies with other factors, $P < 0.05$ was considered statistically significant.

Results: Data analysis from 51 entries.

To know the intent (definitive or palliative) and type (chemotherapy, radiotherapy, surgery, nuclear medicine or mixed) of cancer-directed therapies in the last 1 month of patient's lives preceding death.

Chemotherapy	26
Surgery	13
Radiotherapy + chemotherapy	6
Radiotherapy	2
Chemotherapy + surgery	2
Radiotherapy + surgery	1

Intent of DDT received in Last Months of Life (LMOL)	Count of Intent of DDT received in LMOL
Palliative	28
Curative	22

To know the time since most recent cancer-directed therapy preceding death and the type of most recent cancer-directed therapy offered prior to death.

To know the timing of palliative care referral (time since palliative care referral and death) and correlate it with index of Precocity.

93/132= 0.69

To know the ICU utilisation and place of death in the hospital.

ICU	29
NON-ICU	20
ICU	29
General ward	20

To know if there are any documented future care preferences or goals of care discussion and symptom profile at the time of death. – see above.

Reason for first referral to PMD OPD	Count of reason for first referral to PMD OPD.
Pain management	15
Supportive care	11
GOC discussion	6
Post-operative pain management	3
Pain management and GOC discussion	1

Discussion: Patient EMR of 4211 in-hospital deaths from 1 August, 2020 to 31 July, 2023 have been screened. Out of 710 cancer diagnosed patients in-hospital deaths in the said period, about 385 patients received at least one form of cancer-directed therapy in their last month of lives. Preliminary analysis of 50 patients matching inclusion criteria, revealed 26 patients receiving chemotherapy, 13 surgery, 6 patients receiving radiotherapy + chemotherapy, 2 received radiotherapy, 2 chemotherapy + surgery and 1 patient received radiotherapy + surgery. Twenty-eight patients had palliative intent of treatment, while 22 had curative intent. Further associations with various factors and their outcomes to be analysed.

Keywords: Cancer Survivors, Sample Size, Neoplasms, Referral and Consultation, Hospitals, Documentation, Medical Records, World Health Organization

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OP-36

T. Angelin Johny

A Prospective Study to Evaluate the Attitude and Awareness of Clinicians Treating Cancer Patients in a Tertiary Care Facility, on Early Integration of Palliative Care in Oncology

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ABSTRACT

Objectives: This study evaluates clinicians' knowledge and attitudes regarding early palliative care integration in oncology at a tertiary care facility, focusing on referral practices, timing and comfort levels.

Materials and Methods: A cross-sectional study was conducted with 51 clinicians across various specialities. A structured questionnaire assessed knowledge, attitudes and practices based on the ASCO guidelines. Descriptive and inferential statistics were used for data analysis.

Results: Among the 51 respondents, the specialities included pulmonology (19.6%), gastroenterology (11.8%), medical oncology (11.8%), surgical oncology (15.7%), radiation oncology (15.7%), gynaecologic oncology (7.8%) and paediatric haemato-oncology (17.6%). Regarding experience, <3 years was in 47.1% of respondents, 4–9 years (23.5%), 10–20 years (13.7%) and >20 years (15.7%). Involvement in decision-making was reported as always (49%), very often (35.3%) and sometimes (11.8%). Regarding the scope of palliative care, 78.4% of respondents emphasised pain management, 76.5% for addressing high symptom burden and 74.5% for non-curative treatment. 64.7% of respondents responded that palliative care should begin at cancer diagnosis. Early referral was supported by 84.4% of respondents, with barriers including family disagreement (41.2%) and prioritisation of oncological treatment (37.3%). Referrals for pain management was in 78.4% of respondents and psychological support in 68.6%. Collusion in communication was encountered by 47.1% of respondents. In response to ASCO guideline-based questions, 58.8% of respondents were comfortable in referring patients with advanced cancer or unaddressed distress.

Conclusion: Key barriers to early palliative care referral include family disagreement and a primary focus on oncological treatment. Nearly half of the respondents reported frequent collusion, highlighting challenges in managing patient–family dynamics. Clinicians emphasised the need for combined outpatient clinics, standardised protocols, and specialised counselling for siblings. Addressing these challenges and raising awareness among clinicians and the public would improve palliative care integration in oncology.

Keywords: Palliative care, Early referral, oncology, ASCO guidelines, Clinician knowledge and attitudes, Referral barriers, Symptom management, Communication and collusion, Tertiary care facility, Early integration,Decision-making, At cancer diagnosis

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OP-37

Erin Das

Innovative Codesign of a Data Tool for Children's Palliative Care: User-centred Design Including Perspectives of Indian Providers

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ABSTRACT

For children's palliative care (CPC) providers, measuring the quality of services is essential but complex due to the diversity of needs, resources and settings. A data tool was created with a user-centred design approach to help CPC providers understand service improvement, share best practices and identify future data needs. Over 30 purposively sampled CPC specialists from 20+ countries engaged in a user-design process, representing different resource levels, service integration and maturity, including 7 representatives from India, in mainly urban CPC programmes across the country. The codesign sessions were done via one-to-one online meetings and group discussions. The codesign was built on pre-existing research, current practice, challenges and aspirations in the field. This, first of its kind, tool for CPC was published after 15 iterations. The user-centred design resulted in active engagement with providers who invested time and contributed to various domains of the tool through their expertise and experience. In September 2024, the tool was launched online as an open- source, interactive tool that can be adapted, encompassing ten key focus areas, critical to CPC services, with over 100 metrics to rate in terms of current status, supplemented by resources and case studies. Over 80% of user-designers have downloaded the tool with 250+ overall downloads. Focusing on user-centred design empowers the creation of an innovative data and information tool by providers, for providers. Implications for practice include implementation and validation in a variety of settings to enhance CPC providers' ability to improve services for children and families living with palliative care needs.

Keywords: Children's palliative care, Measurement of services, Data and information needs, User-centred design, Demonstrating value, Metrics, Quality improvement

OP-38

J. Sreejini

Establishing Research Priorities in a Palliative Care Institution through Systematic Strategic Planning

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ABSTRACT

Objectives: Strategic planning, with its systematic process of assessments, goal setting, analysis, evaluation and action planning, is vital for maintaining an organisation's long-term vitality and effectiveness. Given the numerous potential research areas in palliative care, it is crucial to identify feasible and practical research priorities in a palliative care setting, setting the stage for future research directions.

Materials and Methods: The study involved strategic planning in palliative care to identify and prioritise research questions in three phases. It included an online survey to gather potential research questions among significant domains, a prioritisation process where participants selected a few critical areas based on their importance and, finally, the Delphi method for consensus building.

Results: Of the 86 people contacted, 39.5% responded to Phase 1 of the survey. Participants chose patient care (67.6%) as the most relevant area for research, followed by outcome and quality measures (61.8%) and psychosocial aspects (50%). Outcome and quality measures were the highly prioritised needs (86.4%) and ranked second-highest need in priority-one and highest in priority-two. Patient care and management was the highest priority-one need identified among all. Phase 3 helped identify the most highly prioritised need based on expert consensus.

Conclusion: Enabling the palliative care institutions to generate and refine research areas paves the ways for future research. Each phase of the study contributed to narrowing down the options through prioritisation and consensus building. Such studies will assist both the department and the organisation develop primary research initiatives focused on the most critical and prioritised research areas, hopes for further advancement.

Keywords: Strategic planning, Priority setting, Palliative care, Prioritization

OP-39

Chilukuri Vamshi Krishna

Exploring Illness and Decision-making Preferences for Advance Care Planning among End-stage Kidney Disease Patients and Their Caregivers: A Prospective Observational Mixed-methods Study

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ABSTRACT

Background: Advance care planning (ACP) offers patients with chronic conditions like end-stage kidney disease (ESKD) an opportunity to communicate their future healthcare preferences. However, its adoption remains low in developing countries like India. This study aimed to explore illness-related information and decision-making preferences regarding ACP among patients with ESKD and their caregivers.

Aim: To explore illness-related information and decision-making preferences regarding ACP among patients with ESKD and their caregivers.

Materials and Methods: A prospective observational cross-sectional mixed-methods study was conducted in the Dialysis Unit and Nephrology Outpatient Department of Kasturba Hospital, Manipal, involving 247 patients with ESKD and 247 caregivers. Data collection included a validated ACP questionnaire, demographic data and qualitative interviews. Quantitative data were analysed using Statistical Package for the Social Sciences and qualitative data underwent thematic analysis.

Results: Most patients (90.7% of dialysis patients and 79.5% of non-dialysis patients) expressed a preference for being informed about their illness and treatment options. However, fewer patients were willing to document their preferences via ACP. While patients preferred family involvement in decision-making, there was limited awareness about palliative care. Qualitative interviews revealed shared concerns about financial burdens and the importance of family support.

Conclusion: Patients with ESKD and their families appreciated ACP discussions, but were unsure about documenting them. Financial constraints were one of the major concerns.

Keywords: Nephrology, Kidney failure, Chronic, Chronic disease, Advance care planning

OP-40

Vanumu Divya Sai

Assessment of Quality of Life of Patients during Treatment for Primary Malignant Skeletal Tumours: An Interdisciplinary Approach to Enhancing the Standard of Care

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ABSTRACT

Objectives: Patients with musculoskeletal (MSK) tumours face unique challenges impacting their quality of life (QOL), daily functioning, mobility and emotional support. This study aims to assess the QOL using the EQ-5D-5L scale and identify the optimal timing for palliative interventions (PI) to improve patient outcomes and address their evolving needs.

Materials and Methods: A cohort of MSK tumour patients was followed prospectively, with QOL assessed by EQ-5D-5L tool at significant treatment milestones. The first assessment (T1) at the initial diagnosis. Subsequent assessments (T2-T5) coincided with specific phases of chemotherapy, surgery, suture removal and post-treatment. Synchronous telehealth/in-person monitoring of QOL were carried out. Palliative team provided targeted interventions to address needs where necessary. Points of patient distress were noted to identify potential triggers for palliative referral, aiming to align these triggers without overlapping with oncologic care outcomes. Data analysis was done by Statistical Package for the Social Sciences 25v.

Results: Forty-three patients were enrolled. Interim analysis was done. Majority of the patients were in the age group of 11–20 years (67.4%). The mean, standard deviation of EQ-5D-5L and VAS showed statistical significance across various time points ($P = 0.0$) (F = 117.9) and ($P = 0.0$) (F = 128.1), respectively. Specific areas requiring PI were most commonly related to pain management during chemotherapy and anxiety at transitional care points.

Conclusion: The study remains in progress. Identifying distinct referral triggers for PC during the treatment continuum for MSK tumours can enhance the quality of patient care. This approach fosters collaboration between oncology and palliative teams by respecting the primary role of oncologic treatment when positioning PC as a complementary support system at identified points of need.

Keywords: Quality of life, Skeletal tumours, Interdisciplinary approach

OP-41

K. Neha

Compassion under Pressure: Insights into Compassion Fatigue, Burnout and Compassion Satisfaction in Indian Palliative Care Physicians

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ABSTRACT

Objectives: Palliative care physicians often navigate emotionally intense environments, which can impact their well-being. While global literature recognises the interplay between compassion fatigue, burnout, and compassion satisfaction in healthcare providers, there is limited evidence contextualised to the Indian setting (Baqeas, 2021). This study addresses the gap by examining these constructs and their influence on resilience in palliative care physicians, using both quantitative and qualitative approaches.

Materials and Methods: This mixed-methods study included a cross-sectional survey of palliative care physicians in India, utilising the Professional Quality of Life Scale to measure compassion fatigue, burnout and compassion satisfaction. Data were analysed using Statistical Package for the Social Sciences for descriptive and inferential statistics. In addition, qualitative data were collected through a self-report measure to explore contextual factors influencing these constructs. A FISHBONE analysis identified root causes and contributory factors to these phenomena. To prioritise the most significant factors impacting these outcomes, a Pareto chart was generated, following the 80/20 rule, to differentiate the 'vital few' from the 'trivial many.' This enabled targeted identification of key areas that require immediate attention, guiding the development of focused interventions.

Results: To be presented at the conference. Preliminary findings highlighted key relationships between compassion fatigue, burnout and compassion satisfaction, as well as contextual factors contributing to these outcomes.

Conclusion: This study seeks to shed light on the mental health challenges and protective factors experienced by palliative care physicians in India. The results inform targeted interventions to enhance resilience, improve physician well-being and ultimately support sustainable palliative care practices in resource-limited settings.

Keywords: Compassion fatigue, Burnout, Compassion satisfaction, Palliative care physicians, Resilience, Self-care, Physician well-being, Professional quality of life (ProQOL)

OP-42

S. Hashmath Farhaana

Improving Access to Opioids for Pain Relief through Targeted Education: A Quality Improvement Initiative

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ABSTRACT

Objectives: In India, only 4% of individuals requiring opioids for pain relief have access, primarily due to regulatory complexities and insufficient awareness among healthcare professionals. Addressing these barriers through targeted education is critical for effective pain management and equitable palliative care. This study evaluates the impact of an education programme aimed at improving opioid accessibility and regulatory understanding.

Materials and Methods: The Plan-Do-Study-Act (PDSA) framework guided this quality improvement study. In Cycle 1, only 8% of participants from the Foundation Course in Palliative Medicine (FCPM) reported improved opioid access. In Cycle 2, a SMART goal was set to empower at least 25% of participants to initiate opioid availability in their settings. Interventions included practical, application-focused training, cofacilitated by regional experts to address regulatory challenges. Post-session evaluations and tools like fishbone diagrams and run charts were utilised to refine the programme.

Results: Among 214 doctors participating in the FCPM programme, 110 initially reported no access to oral morphine at their settings. Following

targeted interventions in PDSA Cycle 2, 17 (16%) participants initiated the RMI procurement process, demonstrating a significant improvement in engagement and practical application of the training.

Conclusion: This quality improvement initiative demonstrated that targeted training significantly enhances healthcare professionals" engagement in improving opioid accessibility. These findings underscore the need for continued educational efforts and support mechanisms to address systemic barriers in palliative care. Further cycles and expanded reach of the programme could amplify its impact on pain management and patient outcomes.

Keywords: Opioids, opioid availability, pain relief, regulatory complexities, Recognized Medical Institution (RMI), RMI Procurement regulatory challenges, equitable palliative care, barriers for pain relief, oral morphine

OP-43

Satya Sita Lakshmi Kavalipurapu

Palliative Care Exposure and Volunteerism for International Baccalaureate Curriculum Students through the Creativity, Activity, Service Programme: Fostering Empathy, Understanding and Engagement in Holistic Care

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ABSTRACT

Background: The International Baccalaureate (IB)) Creativity, Activity, Service (CAS) programme introduced students aged 16–18 years from the IB curriculum to palliative care, promoting empathy and volunteerism. This initiative helped students understand the holistic approach to caring for elders and terminally ill patients when encouraging compassionate service.

Objective: To evaluate the impact of palliative care exposure on students' empathy, understanding and engagement through the CAS programme.

Materials and Methods: A mixed-methods approach was used, integrating the Kirkpatrick model and Likert scale-based questionnaires to assess the training's effectiveness. The sample size consisted of 35 students, and the questionnaires were administered before and after the training to gauge knowledge acquisition and understanding. Semi-structured interviews were conducted, and observations were made to assess behavioural changes and the practical application of learning in volunteer activities.

Results: The findings indicated significant improvements in students' empathy, compassionate communication skills, understanding of palliative care and active participation in volunteerism. Students reported behavioural changes, such as developing a culture of respecting and caring by becoming more open to spending time with elderly and sick individuals. In addition, they have recognised the importance of giving back to the society through volunteering and perceiving service as a way to connect spiritually.

Conclusion: The CAS programme effectively fostered empathy, volunteerism and a deeper understanding of holistic care, enabling students to contribute meaningfully to their communities. This structured exposure to palliative care promoted compassionate behaviour and expanded the students' capacity for community service.

Keywords: Students, Palliative care exposure, Volunteerism, IB CAS program, Compassion, Empathy, Education, Community Engagement, Outreach and Fundraising

OP-44

S. Rajhans

Evaluation of Respiratory Rehabilitation and Palliative Care Services at JJ Hospital: A Collaborative Initiative from April 2024

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ABSTRACT

Objectives: In April 2024, the Respiratory Rehabilitation Centre and Palliative Care Services were launched at JJ Hospital as a collaborative initiative between KGVMT and the Cipla Foundation. The programme aims to provide comprehensive care for patients with respiratory conditions and those in need of palliative care, delivered by a dedicated team of medical officers, physiotherapists, counsellors and dietitians.

Materials and Methods: This observational study included all patients enrolled in the Respiratory Rehabilitation and Palliative Care Services from April to October 2024. A total of 743 patients were provided services, with 545 attending the outpatient department consultations. The multidisciplinary team, consisting of medical officers, physiotherapists, counsellors and dietitians, provided a comprehensive care plan tailored to the individual needs of the patients. The data were collected on patient demographics, the type and frequency of services provided and clinical outcomes such as respiratory improvement, symptom management and patient satisfaction. Descriptive analysis was performed to evaluate the effectiveness of the services in improving patient health and quality of life.

Results: The programme demonstrated significant engagement, with the multidisciplinary team effectively addressing various aspects of patient care. Of the 743 patients, a majority showed improvement in respiratory function and symptom control. The feedback from patients indicated a positive impact on their overall quality of life. The integration of physiotherapy, counselling and dietary support contributed to enhanced patient outcomes in both respiratory management and palliative care.

Conclusion: The Respiratory Rehabilitation and Palliative Care Services at JJ Hospital, initiated in April 2024, have shown promising results in patient care, demonstrating the value of a multidisciplinary approach. The programme has successfully provided holistic care, and ongoing evaluations will be crucial for further improvements and expansion of services.

Keywords: Respiratory Palliative Care, Non Cancer, Indicators

OP-45

Dr. I. Arockiamary

Impact Counselling and Yoga on Reducing Selected Chemotherapy Drugs Induced Side Effects and Psychosocial Impact among Breast Cancer Patients at KMCH Hospital, Coimbatore

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ABSTRACT

Objectives: Breast cancer causes the highest rate of cancer leads to morbidity and mortality among women globally. Chemotherapy is associated with psychological effects which affect patient's adherence to treatment. Chemotherapy has remained one of the major treatment modalities for breast cancer all over the world and is associated with better outcomes in the developed countries, but the same cannot be said for the developing countries mainly due treatment adherence issues attributed to many factors including psychological effects of chemotherapy. The side effects of chemotherapy and psychological impacts among breast cancer patients can be common and become life-threatening and often occur when patients are at home. The side effects of chemotherapy and psychological impacts are a weakening and often unobserved clinical obstacle in cancer management. The aim of the study was planned to assess the selected chemotherapy drugs induced side effects and its psychosocial impact among breast cancer patients.

Materials and Methods: The study was undertaken to evaluate the Impact Nursing interventional package (Nurse Led Program, Counselling and Yoga) on reducing selected chemotherapy drugs induced Side Effects and Psychosocial Impact among Breast Cancer Patients at KMCH hospital, Coimbatore. A quasi-experimental, pre- and post-test design was used. A total of 100 samples were selected using a non-probability purposive sampling technique. The data were collected using a structured interview schedule, to elicit the selected chemotherapy-induced side effects as measured by anti-neoplastic side effects scale and psychosocial impact. It was assessed by Beck's Depression Inventory Scale among breast cancer patients. Nurse Led Program, Counselling and yoga was demonstrated by the investigator who instructed them to practice for 8 weeks.

Results and Conclusion: Major findings of the study revealed that among the 100 samples, none of them had a low level of side effect score. 88% of them had a moderate level of side effect score and 12% of them had a high level of side effect score. In psychosocial impact, 45% of them had a low level of impact score, 55% of them had a moderate level of impact score and none of them had a high level of score. The results of this study indicated that Nursing Interventional Package such as Nurse Led Program, Counselling and Yoga reduce the chemotherapy induced side effects and improve the Psychosocial impact among patients with breast cancer.

Keywords: Chemotherapy, Nursing Interventional Package, Psychosocial impact, Side effects

OP-46

Mayank Gupta

Tapping Corporate Social Responsibility to Develop Comprehensive Palliative Care Services in India: A Retrospective Review of Services

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ABSTRACT

Background: The 'Strengthening of Palliative Care Services in Bathinda' project, supported by Corporate Social Responsibility funding, is a pioneering initiative established at All India Institute of Medical Sciences Bathinda. The project aims to deliver comprehensive palliative care to cancer patients in Bathinda, with a focus on enhancing their quality of life through accessible, holistic, and patient-centred services. The initiative serves six sectors, comprising 27 subcentres, in Bathinda, including the community health centre in Goniana. Services are provided by a multidisciplinary team, which includes palliative care doctors, nurses, dietician, medical social worker and psychologists.

Materials and Methods: This was a 3-month retrospective review of palliative care services. Anonymised data were collected from the medical records.

Results: The impact of our services was evident in the consistent increase in patient enrolment, with 44 unique new patients served in September, 64 in October and more than 100 in November 2024 so far. These figures reflected the growing trust and reliance on our palliative care model and also the urgent need for palliative care in rural areas. All patients underwent comprehensive symptom assessment using Edmonton Symptom Assessment Scale and Psychosocial Assessment. The services were provided with a holistic approach, addressing physical, emotional, social and dietary needs through symptom management, dietary consultation, psychological counselling and social support services. Patients were catered to via outpatient, inpatient consultations and homecare services. The project uniquely integrated specialised medical care with community engagement initiatives and logistical support, such as free travel support, to remove barriers to care. A critical component of the project is community engagement. Through training and awareness programmes, we have empowered community health workers to identify, refer and support patients requiring palliative care. This grassroots-level involvement ensures early intervention and wider outreach within the community.

Conclusion: This initiative underscores the importance of CSR in establishing palliative care services in enhancing the quality of life for cancer patients, addressing not only their medical needs but also their psychosocial challenges. This initiative not only improves the lives of cancer patients and their families but also sets a benchmark for delivering sustainable and compassionate palliative care, addressing unmet needs in rural settings.

Keywords: Palliative Care, Corporate Social Responsibility, India

OP-47

Abhishek Shrivastava

Assessment of Knowledge of Palliative Care among the Healthcare Providers at Tertiary Care Centres from Central India: A Prospective Study

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ABSTRACT

Objective: This study aimed to assess the knowledge of palliative care among the registered nurses working in a tertiary care hospital in Madhya Pradesh.

Materials and Methods: A prospective cross-sectional study was conducted on 200 registered nurses working in different departments in a tertiary care hospital in Madhya Pradesh, who were selected through a purposive sampling technique. The data were collected through an online questionnaire for the sociodemographic variables and validated a self-report questionnaire to measure the knowledge of healthcare professionals in palliative care, and the data were analysed by IBM-Statistical Package for the Social Sciences v26.

Results: A total of 200 participants enrolled in the study. Basic knowledge care was quite high among the samples (83.75%). Majority of the staff (83%) knew the definition and physiology-related pain and palliative

care and a few (22%), overall management of pain knowledge was (47%) which is on the lower side.The use of morphine was 31%, dyspnoea management it was 38%, and in the communication of prognosis, it was 81.5%. Resuscitation knowledge was 47%, psychospiritual was 24.6% and bereavement care was 69%.

Conclusion: One of the biggest challenges in providing excellent palliative care is that nurses do not know enough about it. Therefore, improving the quality of palliative care services provided to patients could be accomplished by increasing their knowledge through in-service education and retraining on the job.

Keywords: Basic knowledge, Healthcare professional, Pain and palliative care, Quality of life

OP-48

Saju Joseph

Saath Saath (1800-202-7777): The Making of a Palliative Care Helpline

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ABSTRACT

Background: There is growing evidence that in the face of distress and uncertainty caused by serious illnesses, people seek help from technology-mediated solutions. Many solutions based on phone apps or online communities are emerging, with phone helplines being one of the most accessible ways for people to try and get the help they need.

Objective: This paper describes the launch of the first Pan India palliative care (PC) helpline - Saath Saath. The data of the first 3 years of the helpline's functioning were presented. The helpline's launch was intended to increase PC service accessibility and support callers with serious illnesses practically, meaningfully and compassionately.

Method: The helpline was launched on 7th October 2021. The helpline is functional 6 days a week (Monday-Saturday) from 10 am to 6 pm. Volunteers attend calls and based on the need provide information and psychoemotional support and refer the callers to organisation for PC support.

Results: In the first 3 years, the helpline received 13,606 calls, 9541 of which were unique. The helpline's average daily calls rose from 7.52 calls in 2021–2022 to 19.28 calls in 2024–2025. Around 3258 cases were sent to PC organisations over the years, ranging from 123 cases in 2021–2022 to 1477 cases in 2023–2024. Out of the 3258 cases sent to PC organisations, 1672 (51% of the cases) were men and 1466 (45% of the cases) were women. A significant difference ($P = 0.000$) was noted across gender, where more males ($n = 511$, 59%) than females ($n = 327$, 38%) suffered from chronic conditions other than cancer trying to seek PC support.

Conclusion: Today's fragmented healthcare system makes holistic care difficult. Saath Saath offers callers numerous services for any serious illnesses. However, inadequate awareness and inequitable distribution of PC services are challenges faced. Community engagements and training of health professionals in every district need to be considered to address these gaps.

Keywords: Palliative Care, Saath Saath, Helpline

OP-49

Manish Palliyl

Artificial Intelligence Tools for Efficient Palliative Care: Emerging Technologies

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ABSTRACT

Objectives: Artificial intelligence (AI) techniques analyse extensive datasets to discern patterns for precision diagnosis, personalised therapy, monitoring disease and predicting outcomes in real time. The Internet of Medical Things helps AI-driven solutions that assist real-time patient monitoring. With analysed data, machine learning (ML), deep learning (DL) algorithms can alert medical professionals of any changes in the patient's state, for prompt intervention.

Materials and Methods: The primary objective of our project was to develop AI-based applications for health care, especially palliative care (PC). Using ML (regression, support vector machines, ensemble learning and associative rule mining) and DL techniques, we aim to (i) detect silent cardiac events in chronically ill patients, (ii) generate pain alerts for prompt intervention and (iii) support AI-based clinical documentation systems, namely Speech recognition technology for effective communication, telehealth, virtual assistants and overcoming language barriers.

Results: Preliminary training on ECG data, our AI model enables detection of atrial fibrillation, supraventricular tachycardia, bundle-branch blocks. Additional AI training of ECG data helped detect blood pressure, hyperglycaemia, early stroke, early epilepsy and biomarkers discovery. Data collection and training for pain analysis (onset, duration and medical intervention) and clinical documentation (ethical and end-of-life care) are in process.

Conclusion: AI-based algorithms using ML and DL identified subtle arrhythmic changes from trained data. The power of AI can be utilised in real time, especially if combined with additional datasets viz. cardiac biomarkers, neuronal biomarkers it will enable early diagnosis of adverse cardiac events, epilepsy, stroke and pain for timely intervention, especially PC patients.

Keywords: AI, Machine learning, AI agents, Palliative care, Emerging technologies, AI based clinical assistants, Patient monotoring, ECG

OP-50

Raju Ram Parihar

Family Caregiver Quality of Life in Providing Home-based Care to Terminally Ill Patients: A Descriptive Study

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ABSTRACT

Objectives: Family caregivers play a vital role in home-based care for terminally ill patients, providing physical, emotional and social support. Despite their essential contributions, the caregiving process often adversely

impacts their quality of life (QOL). This study aims to assess the QOL of family caregivers to identify their needs and challenges.

Materials and Methods: A descriptive cross-sectional study was conducted from August to November 2024 at the outpatient department of MDM Hospital, Jodhpur. Using purposive sampling, 160 family caregivers were recruited. The QOLLTI-F v3 tool, translated and validated in Hindi, measured QOL. The data were collected via Google Forms after obtaining informed consent.

Results: Caregivers were predominantly middle-aged, male and from rural areas, providing care for an average of 18.11 months. Patients were primarily diagnosed with malignancies. Caregivers' overall QoL was moderate (mean: 5.36 ± 2.06). Poorer QOL domains included patient condition (mean: 4.43 ± 2.73) and financial worries (mean: 5.26 ± 2.66). Moderate QOL was observed in relationships (mean: 5.68 ± 2.28) and caregiver outlook (mean: 7.06 ± 1.78). Positive correlations were found between overall QOL and caregiver state ($r = 0.52$, $P < 0.01$) and outlook ($r = 0.45$, $P < 0.01$), while financial worries negatively correlated with QOL ($r = -0.38$, $P < 0.01$).

Conclusion: Family caregivers experience moderate QOL, significantly impacted by patient condition and financial stress. Targeted interventions addressing financial challenges and enhancing caregiver resilience are essential to improving their well-being.

Keywords: Family caregivers, Home-based care, Quality of life, Terminally ill patients

OP-51

Ananda Mohan Mondal

Predicting Hospice Care Implementation through the Perception of Death among Terminally Ill Cancer Patients

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ABSTRACT

Objectives: Death is a universal experience. Its perception varies widely based on individual, cultural and societal factors. For terminally ill cancer patients, confronting death is a profound and personal journey that significantly influences the quality of life in their final stages. Hospices play a critical role in supporting patients through this process, offering care that seeks to honour their perceptions and needs. This pilot study aimed to develop an AI-based framework for providing good death services to terminally ill cancer patients.

Materials and Methods: At Ruma Abedona Hospice in West Bengal, we generated data through a 10-question structured interview, related to good death, with 143 terminally ill cancer patients. The raw data from hospice care documentation were converted into AI-ready data upon consultation with hospice care specialists. Two machine learning approaches, logistic regression and XGBoost, were used to distinguish a 'Discharge' patient from 'DAMA.' Then, an explainable AI, SHAP, was used to identify significant survey questions that distinguished two implementation types.

Results: The developed AI-based framework could predict the hospice implementation of 'Discharge' and 'DAMA' cohorts with 85% accuracy and identify the questions that significantly contributed to distinguishing the two cohorts.

Conclusion: Although the prediction accuracy is not high enough, the developed AI-based tool can be used to check the appropriateness of newly developed survey questions. Our future work will develop a new set of survey questions that will help develop an improved AI-based tool to automate the hospice implementation process towards good death service to terminally ill cancer patients.

Keywords: Cancer patients, DAMA, Explainable AI, Hospice care, Palliative care, Predicting hospice care, SHAP

OP-52

Dr P. Gowthami

Symptom Burden Profile of Individuals Facing Chronic Life-Limiting Illnesses and Cost-effectiveness of Comprehensive Palliative Care Programme Interventions in Karnataka

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ABSTRACT

Objectives: Managing symptoms such as pain, breathlessness and fatigue poses significant challenges in patients with advanced diseases. This study was conducted to enumerate symptom burden profiles of patients registered in Home-based Palliative Care Program implemented by SVYM in Mysuru, Bengaluru and Hassan cities and to assess effectiveness of palliative care programme interventions in alleviating the symptoms.

Materials and Methods: Four hundred participants were interviewed through convenience sampling for the purpose of the study. Edmonton's Symptom Assessment Scale (ESAS) was used to assess patients during registration and at least 3 weeks post-intervention. The results were analysed using Chi-squared test and paired t-test for testing for statistical significance.

Results: Among 400 patients (mean age of 60 years and 60% of females), 80% were from lower socioeconomic backgrounds. At baseline, 95% experienced severe physical distress, 77.5% emotional distress and 72.5% impaired well-being (ESAS). On average, patients spent Rs. 7,000 (Rs 2,000–16,000) monthly on palliative care. After prompt treatment, 75% of patients showed significant symptom reduction, 55% had pain relief and 58% improved emotionally. These results were statistically significant ($P < 0.05$). Programme cost per patient was Rs. 2,000/month, reducing patient costs to under Rs. 2,500/month after 6 months, a 3-fold reduction.

Conclusion: Collaborative, multidisciplinary care using validated tools enhances effective symptom management in palliative care and reduces financial toxicity for the patients and families in need of palliative care.

Keywords: Edmonton Symptom Assessment Scale, Holistic care, Home-based palliative care, Palliative care, Symptom burden

OP-53

V. Parvathy

A Cross-sectional Study of Attitudes, Knowledge and Practices of Specialist Clinicians, When Managing Severe Persistent Pain

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ABSTRACT

Objectives: Pain contributes significantly to serious health-related suffering. Evidence suggests inadequate assessment and management of moderate-to-severe pain in patients reaching healthcare services. This study done at a tertiary care academic centre aims to assess the knowledge, attitudes and practices of specialists when treating patients with severe persistent pain.

Materials and Methods: A cross-sectional online survey using a structured Google Forms was conducted among clinicians from various specialties, using email and messaging platforms, with responses anonymised, to ensure confidentiality. The questionnaire tool was designed to elicit knowledge, attitude and individual practices when managing pain. The data were then thematically analysed using MS Excel.

Results: Respondents included specialists from medical (63%), surgical (21%) and other fields (16%), with experience ranging from <3 years (36%), 5–10 years (39%), 10–20 years (18%) and >20 years (7%) and. 70% were in a position to plan pain treatment. While 70% of respondents frequently assessed pain severity, only 46% of respondents did so proactively. When managing severe persistent pain independently, 31.6% of respondents felt neutral, 31.6% somewhat confident and 30% expressed low confidence. 30% of respondents were uncomfortable managing severe persistent pain. Besides palliative medicine, specialists referred their patients for pain management to speciality clinics (9%), PMR (19%). When asked about limiting opioid analgesics to end-stage cancer, 75% of respondents disagreed. However, 45% of respondents had concerns about addiction and respiratory depression. 36.8% of respondents strongly agreed with the importance of addressing psychosocial factors and involving multidisciplinary teams, when treating severe persistent pain. Hesitation to prescribe strong opioids was expressed by 43% of respondents and 15% of respondents voted for additional training in managing severe persistent pain.

Conclusion: The study results suggest a need for collaborative academics on assessment and management of severe-persistent-pain including safe and rational use of opioid analgesics. It also suggests policy and process interventions to enable multimodal pain management to alleviate the suffering due to severe persistent pain.

Keywords: Severe persistent pain, Severe pain management, Persistent pain management, Specialist-clinicians

OP-54

Sachin Dwivedi

Attitude, Awareness and Experience on Digital Legacy as End-of-life Care Planning among Healthcare Professional in a Tertiary Care Institute in Northern India

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ABSTRACT

Objectives: A person's 'digital legacy' is the quantity of electronic data that one leaves behind on digital media and the internet upon their death. Nurses can play a pivotal role in sensitising and thereafter navigating patients and their caregivers towards planning the digital legacy of their loved one. Currently, there is no literature available about awareness and knowledge regarding digital legacy in healthcare professionals in India. This study aimed to evaluate attitude, awareness and experience on digital legacy among healthcare professionals.

Materials and Methods: A cross-sectional descriptive research design was adopted, utilising systematic random sampling out of total 334 participants every 3rd recruited, so 111 nursing officers employed at the All India Institute of Medical Sciences, Rishikesh. A standardised digital legacy scale was utilised. The Cronbach's alpha of digital legacy scale was 0.79.

Results: The demographic data indicated that the mean age of the participants was 36.06 years. The majority of respondents, 86.4%, expressed no previous experience and knowledge regarding digital legacy. The study also revealed that among the healthcare workers, 53.1% of respondents agreed and 19.8% of respondents strongly agreed that important to educate patients and their family about digital legacy. 73.3% of respondents strongly disagreed that digital legacy is being given due consideration within the current end-of-life care practices. About personal experience majority 79.4% partially express personal contemplation regarding own digital legacy.

Conclusion: There is felt need of awareness and knowledge needed to healthcare professionals involved in care of patients with life-limiting disease. Nurses can advocate and navigate patients towards creating their digital legacy by including it in end-of-life care planning.

Keywords: Digital legacy, End-of-life care, Advance care planning, Healthcare professionals, Attitudes and awareness

OP-55

Parvathy P. Nair

Awareness and Utilisation of Geriatric Welfare Services among Senior Citizens

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ABSTRACT

The present study was aimed to assess awareness and utilisation of geriatric welfare services among senior citizens in selected health centres of Kottayam district. A quantitative non-experimental research approach was used for the study. The study was theoretically supported by Nola J Pender's revised health promotion model. Four hundred senior citizens came to the outpatient department were selected by multistage random sampling. The tools used for data collection were sociopersonal data sheet, structured interview schedule to assess the awareness regarding geriatric welfare services, rating scale to assess the utilisation of geriatric welfare services and semi-structured interview to identify the reasons for non-utilization of geriatric welfare services among senior citizens. The study revealed that 10% of the senior citizens had good awareness, majority (72.20%) had average awareness and 17.80% had poor awareness regarding geriatric welfare services. Majority (90.20%) of the respondents had not utilised the geriatric welfare services. Major reasons for non-utilisation of geriatric welfare services were lack of knowledge, lack of timely updation and delay in processing from the concerned authority. There was a significant association between awareness and utilisation regarding geriatric welfare services for senior citizens with age, gender, education, occupation, type of family, economic status, annual income, colour of ration card and source of information. An information booklet on geriatric welfare services was prepared and given to senior citizens who participated in the study.

Keywords: Awareness, Geriatric welfare services, Senior citizens, Utilisation

OP-56

Zahida Aziz

A Randomised Prospective Case–control Study on the Effect of Intravenous Zoledronic Acid on Bone Pain in Cancer Patients with Bony Metastasis Receiving Low-dose Opioids or Non-steroidal Anti-inflammatory drugs

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ABSTRACT

Introduction: The skeletal system is a common site for cancer metastasis, particularly in lung, breast, prostate and kidney cancers. These metastases result in pain, hypercalcemia and pathological fractures, with bone pain being the most prevalent symptom. Bisphosphonates, particularly zoledronic acid, have been proven effective in reducing skeletal-related events and metastatic bone pain by inhibiting osteoclast activity with an acceptable safety profile and tolerability.

Aims and Objectives: (1) To assess the effect of intravenous zoledronic acid on pain relief in metastatic bone disease. (2) To evaluate adverse events associated with its use.

Methodology: This 1-year prospective study included adult patients aged 30–70 years with a Brief Pain Inventory (BPI) score of 3–7 and objective evidence of bone metastasis meeting the eligibility criteria for a period of 1 year. Participants were divided into two groups. Group A (cases): Patients received 4 mg of intravenous zoledronic acid 4 weekly along with low-dose opioids (morphine 5 mg every 4 h) or non-steroidal anti-inflammatory drugs (NSAIDs) (etoricoxib 60 mg twice daily). Group B (controls): Patients received only low-dose opioids or NSAIDs. Weekly assessments included changes in BPI scores, skeletal-related events (e.g. fractures) and adverse drug reactions.

Results: Group A demonstrated greater pain reduction and fewer skeletal-related events compared to Group B.

Conclusion: Intravenous zoledronic acid provides enhanced pain relief and reduces the incidence of skeletal-related events in patients with metastatic bone disease.

Keywords: Bone metastasis, Zoledronic acid, Cancer pain, Bisphosphonates

OP-57

Daniel Raj Joseph Thangasamy

Documentation of Goals of Care Discussion: A Quality Improvement Initiative in a Tertiary Cancer Care Centre

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ABSTRACT

Objectives: Goals of care (GOC) discussion is important to provide a tailored and individualised care based on patients' preference. GOC discussion reduces caregiver burden in making complex decisions in emergency situations. There was an absence of documentation of GOC discussion by the treating teams at our institute, resulting in incongruence between the patients' preferences and the therapeutic interventions received during instances of acute health deterioration.

Materials and Methods: A quality improvement (QI) project was done using A3 methodology through EQuIP India programme by NCG. For this project, we chose advanced colorectal and pancreatic patients identified from the multidisciplinary team (MDT) meeting. These patients were referred to the palliative care (PC) department by the oncologist after prognosticating the caregivers and/or patient, with a colour-coded GOC document. Upon completion of the GOC discussion by the PC team, the document was placed in patient's medical record. Multiple interventions were done aiming to improve the documentation from 0% to 20%.

Results: Documentation of GOC discussion occurred in 76% of advanced pancreatic and colorectal patients identified from the MDT meeting from March 2024 till date. A ripple effect of this QI initiative led to an additional 92 advanced cancer patients with primary malignancy other than pancreas and colorectal being referred for GOC discussion. Among them, 38% had cancer of stomach, 12% were head and neck, 14% were hepatobiliary and 10% were breast cancers.

Conclusion: The A3 methodology helped in creating a robust process for the documentation of critical GOC conversations between physicians and patients/families in our institution.

Keywords: Goals-of-care, Advance care planning, GOC documentation, Advanced cancer, Quality Improvement, Colorectal and pancreatic cancer, A3 methodology, EQuIP India

OP-58

Ann Maria Roy

Paediatric Nephropalliative Care Needs Assessment using the Integrated Palliative Outcome Scale-renal: A Tertiary Care Experience

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ABSTRACT

Objectives: Chronic kidney disease (CKD) in children is a lifelong condition with significant physical, psychosocial and emotional challenges, often leading to high morbidity and premature mortality. These children commonly experience comorbidities like hypertension, cardiovascular issues and cognitive impairments, highlighting the need for early interventions. This study uses the Integrated Palliative Outcome Scale-Renal (iPOS-Renal) to assess these needs in paediatric CKD patients at a tertiary care medical college.

Materials and Methods: Study design: Retrospective needs assessment. Study Setting and Duration: Paediatric CKD clinic in a tertiary care hospital, 3 months. Participants: 17 paediatric CKD patients. Data Collection: IPOS-Renal questionnaire responses gathered via Google Forms. Demographics: Age, number of siblings and other symptoms. Data Analysis: Summarised demographic data and analysed clinical data to identify unmet physical and psychosocial needs.

Results: Demographics and Clinical Overview: (1) Mean age: 11.2 years; schooling levels range from preschool to special education. (2) Dialysis: 29.41% of patients on haemodialysis, 17.65% on peritoneal dialysis and 52.94% not on dialysis. The common comorbidities mentioned included anaemia, hypertension, mineral and bone disorder, acidosis, pulmonary hypertension, cholangiopathy and hypercalcemia. Physical Symptoms: 60% of patients reported no pain; 40% of patients experienced pain of varying

intensity. Majority (76%) of the patients reported no significant symptoms such as drowsiness, itching or mobility issues. Severe or overwhelming symptoms, such as nausea, poor appetite and vomiting, affected 8% of respondents. Psychosocial Concerns: Anxiety in family/friends reported by 70% of patients. Depression affected 56% of patients, while 44% of patients reported no depression. Ability to share feelings varied, with 12% occasionally able to share. 82% of patients felt well informed, but 18% of patients indicated insufficient information.

Conclusion: This study highlights the physical and psychosocial challenges faced by paediatric CKD patients, including pain, nausea and high psychosocial distress. Holistic care addressing symptom management, emotional support and well-being is vital to improving quality of life. Tailored palliative interventions are crucial for closing care gaps and supporting family-centred outcomes.

Keywords: Paediatric Kidney Supportive care, IPOS Renal, Biopsychosocial

OP-59

Jewell Joseph

Palliative Care Needs and Integration in Severe Chronic Obstructive Pulmonary Disease: Interim Analysis of a Prospective Observational Study

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ABSTRACT

Objectives: COPD causes significant serious health-related suffering and mortality, necessitating the need for integration of palliative care (PC). Identifying PC needs and appropriate need-based PC can potentially alleviate suffering of these patients.

Materials and Methods: This is an interim analysis of a prospective observational study assessing PC needs, symptom burden and psychological distress in severe COPD (GOLD stages C&D), using Palliative care Outcome Scale (POS), COPD Assessment Test (CAT) and Hospital Anxiety and Depression Scale (HADS). Assessments done at baseline (T0) and 1 month (T1- virtual) were analysed. At each point, PC was provided as required.

Results: Among 65 patients recruited, 62 completed T1 assessment. The most common PC needs on POS were family and friends being anxious (93.3%), distress due to other symptoms like nausea, coughing or constipation (87.7%) and unaddressed practical concerns (66.2%). The mean POS scores showed improvement from T0 to T1 (mean difference: 5.37, $P < 0.001$).The most common symptoms in CAT were breathlessness when climbing stairs (98.5%), limitation in activities at home (93.8%) and lack of energy (83.1%). The mean CAT scores showed improvement from T0 to T1 (mean difference: 6.11, $P < 0.001$). The prevalence of mild and moderate anxiety was 23.1% and 16.9% in T0 and 11.3% and 1.6% in T1, respectively. The prevalence of mild and moderate depression was 41.5% and 12.3% in T0 and 27.4% and 1.6% in T1, respectively. The mean HADS scores for anxiety and depression showed improvement from T0 to T1 (mean differences: 3.0161, $P < 0.01$ and 3.3710 $P < 0.01$, respectively).

Conclusion: This interim analysis reveals the unmet PC needs and symptom burden in severe COPD and shows improvement in the same with specialist PC integration.

Keywords: COPD, Palliative care needs, Palliative care integration, Symptom burden, Psychological distress

OP-60

Keshav Sharma

Impact of 'Seeing the Unseen': A Workshop to Enhance Psychosocial Care Skills in Palliative Care

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ABSTRACT

Objectives: Psychosocial and spiritual concerns, though important components of quality palliative care, are underrecognised and underaddressed. One of the key barriers to this is inadequate training of healthcare providers, who lack competency to identify, assess and manage psychosocial issues. This 16-h psychosocial care skills workshop, developed and delivered by mental health and palliative care experts, aimed to enhance psychosocial care skills of healthcare providers in palliative care.

Materials and Methods: This study aims to evaluate the impact, acceptability and relevance of the 16-h workshop, 'Seeing the Unseen,' using the Kirkpatrick's framework. A pre- and post-test survey was administered to assess knowledge gains. Structured feedback forms evaluated relevance, satisfaction and engagement with the workshop. Statistical analysis was conducted using paired *t*-tests and normalised learning gains calculated using Hake method.

Results: The mean age of participants was 45 years; 70% were female; 60% were nurses, 30% social workers and 10% doctors. The mean pre-test score was 6.5, improving to 8.8 post-test, reflecting a learning gain of 2.3. The normalised learning gain was 0.67 (67%), indicating significant improvement ($P < 0.05$). Participant feedback revealed high satisfaction (94%), relevance to practice (90%) and engaging teaching methods (92%).

Conclusion: The 16-h workshop was successful in enhancing the psychosocial care skills of healthcare providers, with participant feedback demonstrating its relevance and acceptability. Further follow-up studies are recommended to assess the long-term application of acquired skills in clinical practice. These findings support the need for short training initiatives to foster psychosocial care skills among healthcare providers in palliative care.

Keywords: PsychoSocial care, Palliative care

OP-61

Pradnya Talawadekar

Experience of Setting up Paediatric Palliative Care Services for Non-cancer and Neonatal Conditions at Various Tertiary Care Hospitals in Mumbai

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ABSTRACT

Background: In India, provision of paediatric palliative care for non-cancer conditions is totally insufficient. A collaborative service delivery project was started for non-cancer and neonatal conditions at four tertiary care hospitals in Mumbai.

Aim: To identify the prevalence of various life-limiting conditions and improve the quality of life by providing the need based holistic intervention.

Methods: A need assessment survey indicated that 12% of the children visiting paediatric outpatient department would need palliative care. Multidisciplinary team at these centres provided palliative care to 3757 children till November 2024. Children and caregivers were provided symptom management, counselling, social and financial support for ration, medicines and nutrition and spiritual care. Phone follow-ups and support group meetings were conducted regularly. Income generation activities, rehabilitation and bereavement support were provided. PedsQOL (4.0) and family satisfaction scale were administered to assess the impact.

Results: (1) The prevalence of disease conditions was 58.7%-Neurological conditions, 17.4%- Genetic conditions, 7.6%-Chronic renal conditions, 5.6%- Haematological conditions, 3.3%- Cardiac conditions, 0.4%-Respiratory conditions and 6.8%- Other conditions. (2) There was a significant difference between pre- and post-intervention in all domains of PEDSQOL questionnaire. (3) Caregivers expressed that visiting the centre has improved their knowledge about the diagnosis and prognosis.

Conclusion: Children with life-limiting conditions have varied needs. Holistic care by multidisciplinary team with emphasis on symptom relief, counselling, networking with schools and NGOs, referrals to supportive and rehabilitation care has made impact on improving the quality of life of children and their caregivers to a great extent.

Keywords: Palliative care, Caregivers, Quality of life, Outpatients, Prevalence, Follow-up studies

OP-62

Thendral Ramasamy

Insomnia in Palliative Care Cancer Patients: Prevalence, Patterns and Symptom Correlation

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ABSTRACT

Objectives: Insomnia affects approximately 60% of cancer patients in palliative care, significantly impacting their quality of life. Despite its prevalence, it remains underreported and undertreated. This study explores the prevalence, patterns and associations of insomnia with physical, psychological and spiritual symptoms in palliative care patients in India.

Materials and Methods: A prospective observational study was conducted from September to November 2024 at palliative care outpatient unit in a tertiary cancer hospital. Insomnia was screened using Edmonton Symptom Assessment Scale Revised (ESAS-r), with a score of >2 indicating insomnia. Patients with ESAS-r scores >4 were assessed using the Athens Insomnia Scale (AIS). Data were collected at baseline and after 2 weeks, with statistical analyses including paired *t*-tests and analysis of variance (ANOVA).

Results: Insomnia was prevalent in 566 (59%) of 960 patients, with 34.6% mild, 47.7% moderate and 17.7% severe insomnia. Sixty-four patients consented and were assessed with AIS; common patterns reported were difficulty initiating sleep (90.6%), night awakenings (95.3%), reduced sleep duration (92.2%) and poor sleep quality (79.7%). Following palliative care interventions, the mean AIS score significantly decreased from 13.27 ± 4.82 to 5.73 ± 5.50 ($P < 0.001$). Total symptom distress improved in 64% of patients. Symptom wise, 68.3% of patients reported pain improvement, 51.2% depression, 31.7% anxiety and 36.6% well-being. ANOVA revealed significant differences in insomnia severity based on pain levels ($F = 5.325$, $P = 0.007$). Twenty-four (72.7%) patients showing improved insomnia had spiritual distress. Physical symptoms were primarily managed with pharmacotherapy using opioids and adjuvants. Psychoeducation and psychotherapy addressed psychospiritual symptoms.

Conclusion: Insomnia is prevalent in palliative care patients with cancer. Addressing physical, emotional and spiritual symptoms through targeted interventions significantly improves sleep and quality of life.

Keywords: Non cancer Palliative care in children, Neonatal palliative care, PPC at tertiary care centre

OP-63

Dean George

Exploring Vicarious Trauma and Post-traumatic Growth among Healthcare Professionals in Palliative Care: A Qualitative Study

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ABSTRACT

Objectives: Healthcare professionals in palliative care face significant emotional challenges due to constant exposure to patient suffering and death, often resulting in vicarious trauma that impacts their personal and professional well-being. However, these experiences may foster post-traumatic growth (PTG) as professionals develop meaning and resilience through their experiences. Despite the emotional demands, limited research has examined the co-occurrence of vicarious trauma and PTG in palliative care settings. This study explores these phenomena and their influence on well-being, practice and personal perspectives.

Materials and Methods: A qualitative approach using purposive sampling was used to select ($n = 20$) palliative care professionals. Semi-structured interviews provided in-depth insights, and using thematic analysis, key themes were identified.

Results: The study identified four themes of vicarious trauma: Compassion fatigue, characterised by emotional exhaustion; health anxieties, highlighting concerns about personal and familial health; impact on physical and mental health, including stress and sleep disturbances and anticipatory grief, stemming from relationships with dying patients. Coping strategies included self-care, professional boundaries, counselling, debriefing and peer support. In contrast, PTG themes revealed positive changes, including enhanced emotional resilience, increased self-awareness, a renewed sense of purpose, improved interpersonal relationships and health-promoting behaviours.

Conclusion: The dual impact of vicarious trauma and PTG underscores the need for comprehensive support systems. Institutional interventions, including mental health resources and supervision, are crucial to mitigate trauma while fostering resilience and growth, enabling professionals to sustain their well-being and deliver compassionate care effectively.

Keywords: Palliative Care, Vicarious Trauma, Post traumatic growth, Health care professionals, Wellbeing

OP-64

Shruti Bansal

To Correlate Graded Prognostic Assessment Score with Survival in Brain Metastasis Patients Treated with Palliative Radiotherapy

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ABSTRACT

Objectives: Brain metastases (BM) are the most common intracranial neoplasms. Lung cancer is the most common cause of BM. BM is a heterogeneous group with varied response to treatment and survival. It has been seen that survival varies by primary diagnosis and diagnosis-specific prognostic factors, which has being incorporated in the Graded Prognostic Assessment (GPA) score. The present study aimed to quantify disease-specific GPA score and correlate with survival in patients of BMs who received palliative radiotherapy.

Materials and Methods: Between January 2017 and December 2023, 35 patients with solid tumours with BM. 27 (77%) patients received palliative radiotherapy under a unit registered in the department of radiotherapy were eligible. The data were gleaned from the medical records and TPS. MRI brain confirmed diagnosis of BMs. DS-GPA score and survival were calculated. Worst-case scenario was used for survival analysis.

Results: The mean age of presentation was 52 years; 54% were male with KPS 80 (38%) and 23% <70. 77% of patients had lung as the primary cancer site. 91% of patients were symptomatic for BMs. In 71.4% of patients, extra-cranial metastasis was present. 63% of patients had multiple BMs. 20 Gy in 5 fractions was the most common dosing regimen used in WBRT. Of the 12 patients, 23 had GPA scores ≤2 and 4 had >2 each. The median survival time was 6 months. There was no significant survival difference seen between GPA groups. Estimated 1-year survival was 30%.

Conclusion: Palliative RT improved BM symptoms. DS-GPA score was associated with increased survival although not statistically significant.

Keywords: Brain, Metastasis, Radiotherapy

OP-65

Archana Yadav Vajjala

Opioid Use Disorder in Patients Treated for Pain in Disease Remission

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ABSTRACT

Background: Opioid use disorder is considered an international public health problem. It is defined as chronic use of opioids that cause clinically significant distress or impairment. Symptoms of this might range from an overpowering desire to use opioids, increased opioid tolerance and with drawl syndrome when opioids are discontinued (especially in patients who are in disease remission). Opioid use disorder is often central to pain management during cancer treatment; however, opioid use and unaddressed psychological suffering jointly amplify opioid use disorder risk. While improved clinician education in pain control is needed, patients too need to be better informed about the risks and benefits of opioids.

Material and Methods: The primary objective of this study is to detect the prevalence of opioid use disorder in patients treated for cancer and non-cancer-related pain and to look for factors and characteristics associated with it. A retrospective review of medical records was done in patients treated with opioids for pain who were in remission and still seek opioids, for opioid use disorder. Patients were also be screened for risk of opioid use disorder using screening tools.

Results: Based on the data, the prevalence of opioid use disorder was calculated in patients.

Conclusion: The prevalence of opioid use disorder in patients treated for cancer pain is common and need to have a detailed assessment with a screening tool to establish the diagnosis. Early identification with involvement of multidisciplinary team and appropriate treatment can reduce the negative impact of opioid use disorder on quality of life.

Keywords: Pain management, Cancer pain, Retrospective studies, Quality of life, Prevalence, Public health

OP-66

Anjaneyulu Konda

Doctor Virtual Consultations in Home Palliative Care: Bridging the Gap in Healthcare Delivery

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ABSTRACT

Objectives: The demand for palliative care is escalating due to an ageing population and increasing chronic illnesses, while the number of palliative care doctors is insufficient to meet the demand. Traditional in-person visit models are unsustainable for addressing widespread patient needs within our reachability. As an NGO, we provide free home palliative care services in India, aiming to bridge this gap through physician virtual consultations.

Materials and Methods: A mixed-methods approach was employed, incorporating quantitative data from patient records and qualitative feedback from patients, families and healthcare providers. Key components included establishing virtual consultation protocols, integrating with physical visits by nurses and social workers, leveraging secure telehealth platforms and providing training for effective use.

Results: The results showed a significant increase in patient reach within a 60 km radius from our hospice centre, improved efficiency in managing caseloads and high levels of patient and family satisfaction. The quality of care was maintained or improved, and trust and continuity of care were strengthened through regular follow-ups and immediate access to physician expertise. Challenges included limited device access, technical literacy, privacy concerns and clinical limitations. Solutions involved device provision programmes, training sessions, secure platforms, hybrid care models and emergency protocols.

Conclusion: Virtual consultations address physician scarcity, enabling broader access to expert care without compromising quality. By balancing virtual and physical consultations, this model ensures comprehensive and continuous care, fostering greater trust and satisfaction. The adoption of virtual consultations is essential for meeting the increasing demands for palliative care services at home, optimising resource utilisation and enhancing patient and family satisfaction.

Keywords: Palliative care, nurse self-efficacy, family caregiver satisfaction, training impact, tertiary care, knowledge improvement

OP-67

Dr Asha P. Shetty

A Quasi-experimental Study on the Impact of Palliative Care Training in the Enhancement of Self-efficacy of Nurses and Family Caregiver Satisfaction with the Delivery of Integrated Comprehensive Palliative Care in a Tertiary Care Setting

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ABSTRACT

Objectives: Nurses play a vital role in delivering this care, yet many lack sufficient training, leading to variability in care quality. This study examines how palliative care training impacts the self-efficacy of nurses and the satisfaction levels of family caregivers in a tertiary care setting.

Materials and Methods: A quasi-experimental study with one group pre–post-design, involving 100 nursing officers working in critical care units of a tertiary hospital, was adopted. The participants' self-efficacy and knowledge levels were assessed using valid and reliable structured tools. The structured palliative care training programme spanned 15 modules over 12 weeks through participatory learning followed by assigning the patients to practice the skill. The study was approved by the institute's ethical committee.

Results: The training led to a statistically significant improvement in nurses' self-efficacy, with the mean score increasing from 39.1 to 46.57. The knowledge score also rose from a mean of 13.85 to 15.41, indicating a substantial gain in the participants' understanding of palliative care. Family caregiver satisfaction improved significantly, particularly in communication, emotional support and responsiveness to patients' needs. There was a notable correlation between the nurses' increased self-efficacy and the heightened satisfaction levels reported by caregivers.

Conclusion: This study provides strong evidence that structured palliative care training can significantly enhance both the self-efficacy of nurses and their knowledge, leading to improved caregiver satisfaction. Given the increasing demand for palliative care services and the growing burden of chronic and life-limiting conditions, integrating ongoing palliative care training into nursing education is highly recommended.

Keywords: Palliative care, Nurse self-efficacy, Family caregiver satisfaction, Training impact, Tertiary care, Knowledge improvement

OP-68

Dr. Smita Taneja

Rainy Day Thinking: Prognostication in Palliative Home Care Setting at CanSupport

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ABSTRACT

Objectives: Prognostication involves estimating and communicating the expected disease course for patients. Early identification of decline through prognostic indicators and timely discussions with patients can significantly enhance care. This quality improvement (QI) project aimed to improve the identification and prognostication of advanced cancer patients nearing end-of-life in CanSupport's homecare setting using appropriate screening tools and management skills. Prior assessments were mostly based on clinical judgment.

Materials and Methods: The project employed the A3 methodology for QI, with a SMART goal to increase the ability to identify and prognosticate advanced cancer patients nearing end-of-life from 30% to 60%. Fishbone and Pareto analyses identified factors contributing to low assessment rates. The Palliative Performance Scale (PPS), a validated prognostication tool, was chosen to assess survival time in patients with poor performance status. Training was provided to nurses and doctors on using PPS and communicating end-of-life conditions to families.

Results: The interventions led to an improvement in identifying and prognosticating advanced cancer patients nearing end-of-life, increasing from 30% to 60% by the project's completion. Anticipatory prescriptions and end-of-life kits were also provided to patients nearing end-of-life.

Conclusion: The use of standardised prognostication tools in advanced cancer patients nearing end-of-life facilitated early recognition of decline, better planning, reduced crisis hospital admissions and more personalised care. Ongoing training, awareness and continued use of validated prognostication tools are essential for sustaining these improvements.

Keywords: Prognostication, End of life, CanSupport home care setting, Palliative performance scale

OP-69

Arvind Kumar Sharma

A Study to Assess the Attitude towards Death and Dying and Resilience Response among Healthcare Professionals in a Tertiary Care Centre, Western Rajasthan

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ABSTRACT

Background: In healthcare settings, particularly in tertiary care centres, professionals often confront death and end-of-life situations. Their attitudes toward death and coping abilities significantly influence both their well-being and the quality of care they deliver.

Objective: To assess the attitude regarding death and dying and to measure resilience among healthcare professionals.

Material and Methods: A cross-sectional study was conducted among 128 healthcare professionals (doctors, nurses, social workers and

physiotherapists) working in a tertiary care centre in western Rajasthan. The data were collected through two self-reported questionnaires: Death Attitude Profile Revised and Connor-Davidson Resilience Scale-25. A purposive sampling technique was applied in the selection of participants.

Results: The mean age of doctors was 28.2 (3.6), whereas the mean age of nurses and allied group was 31.3 (3.9). The female healthcare workers expressed a high level of fear of death as compared to their male counterparts. Older participants had a stronger tendency to view death as an escape from a painful existence. Doctors exhibited a significantly greater anxiety or concern related to death. The majority of healthcare workers (47.2%) fell into the intermediate resilient category, whereas a significant portion, 29.1%, were in the least resilient category.

Conclusion: The study explores the differences in attitudes towards death among participants, highlighting the importance of understanding these differences to improve preparedness and coping strategies in palliative care. It suggests that tailored interventions and support for different groups in end-of-life care should consider occupational role-specific factors and targeted interventions.

Keywords: Palliative care, Resilience, Attitude, Fear of Death, Caregivers

OP-70

Dr. Seema R. Rao

Impact of a Spirituality Workshop for Healthcare Providers in a Palliative Care Setting

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ABSTRACT

Introduction: Spiritual care is an important dimension of palliative care, yet there is a lack of standardised, culturally relevant training programmes in India. This 3-day spirituality workshop, developed and delivered by mental health and palliative care experts, aimed to enhance spiritual care competencies of palliative care providers.

Aim: This report analyses the impact, acceptability and relevance of a 3-day spirituality workshop conducted at a hospice in India

Materials and Methods: A total of 25 participants attended the workshop (16 counsellors/social workers, 7 physicians and 2 PhD scholars). All participants completed a 10-item survey that evaluated participants' knowledge of spirituality before and after the workshop. Participant feedback was collected through an open-ended questionnaire that evaluated engagement, relevance and satisfaction with the workshop. Normalised (Hake) learning gains were calculated, and paired *t*-test was used to evaluate the statistical significance.

Results: The mean age was 47; 60% were female and 80% were working in palliative care. The mean pre-test score was 7; post-test score increased to 9.5, indicating absolute learning gain of 2.5. The relative learning gain of 83.3% and normalised learning gain of 0.83 highlighted the training's usefulness. Statistically significant improvements in absolute gain were observed ($P < 0.05$). In addition, 96% of patients reported high satisfaction with the workshop, 84% found it highly relevant to their clinical practice and 98% reported the teaching methods as engaging.

Conclusion: The findings demonstrate the usefulness, acceptability and relevance of the 3-day spirituality workshop. Further research is needed to determine whether these learning gains translate to actual knowledge application.

Keywords: Hospices, Spirituality, Mental health, Counselors, Social workers, Spiritual therapies

OP-71

Joyeeta Talukdar

Beyond the Mind: Unmasking the Immune Roots of Depression in Cancer

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ABSTRACT

Objectives: Depression is the most common mental health disorder among cancer patients. This study aims to explore the potential connection between depression and the immune system in palliative care cancer patients. It is hypothesised that psychological factors, such as depression, can influence the immune system's response to cancer, potentially impacting treatment outcomes and disease progression.

Materials and Methods: Twenty plasma samples, divided into groups of eight with depression, eight palliative care patients with depression and four normal, were collected and stored at −80°C. The Olink® Target 48 Human Cytokines panel, utilising PEA technology, was employed to quantify 45 inflammation-related protein biomarkers. A comprehensive quality control system, including internal and external controls, was implemented to ensure data accuracy. Data analysis was performed using Olink NPX Signature (v1.14.0), with statistical significance determined by *P*-value threshold of <0.05.

Results: Based on the heat map and volcano plot analysis, the common cytokine profile between depressive patients and palliative care patients with depression included interleukin (IL)-6. This pro-inflammatory cytokine is associated with chronic inflammation. In further proteome analysis, the common cytokines downregulated in both palliative care and depressive patients compared to normal controls were EGF, IL-7 and IL-4. These cytokines were involved in critical biological processes such as tissue repair, immune function and regulation of immune responses.

Conclusion: The study revealed a common cytokine profile in depressive and palliative care patients with depression, characterised by elevated IL-6 and downregulated EGF, IL-7 and IL-4. These findings emphasise the importance of addressing psychological factors in cancer care to improve treatment outcomes and overall patient well-being. Further research is needed to explore the precise mechanisms and clinical significance of these cytokine alterations.

Keywords: Psycho-oncology, Inflammatory cytokines, Immune profiling

OP-72

Anjali P. Govind

Assessing the Outcome of Patients Undergoing Percutaneous Transhepatic Biliary Drainage with Malignant Obstructive Jaundice in a Tertiary Care Centre in India: A Retrospective Study

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ABSTRACT

Objectives: Obstructive jaundice is a distressing complication in advanced hepatobiliary cancers. Percutaneous transhepatic biliary drainage is a procedure, which is often used to relieve the symptoms associated with obstructive jaundice and helps in allowing the patient for chemotherapy administration. Cancers of the gallbladder, pancreas, cholangiocarcinoma and external compression by tumour or nodal mass can cause biliary tract obstruction. Multidisciplinary team approach needs to be followed when deciding the approach for the management of the obstruction based on the expertise of the treating team and the site, as well as keeping into consideration other factors such as expected survival and the level of post-procedure care that the patient needs. The indications of PTBD for palliation include cholangitis, pain management, pruritus, decreasing hyperbilirubinemia for initiating chemotherapy and for accessing the biliary system for palliative interventions such as stenting or transhepatic brachytherapy for cholangiocarcinoma.

Materials and Methods: After getting clearance from the institute ethics committee, the data were collected of patients who had undergone percutaneous transhepatic biliary drainage in Dr. Braich All India Institute of Medical Sciences, New Delhi. Retrospective data were collected from accessing the patient file. Assessment of symptom burden (pain, nausea, vomiting, fever and itching) before and after the procedure was done and if the patients henceforth received chemotherapy. The reason for not receiving anti-cancer treatment was also noted. The prevalence of different types of malignancies undergoing the procedure was assessed.

Results and Conclusion: Data analysis is ongoing and shall be published at the time of presentation.

Keywords: Malignant obstructive jaundice, Percutaneous transhepatic biliary drainage, hyperbilirubinemia, hepatobiliary carcinoma, metastatic, cholangitis, pain, pruritis, chemotherapy

OP-73

Michelle Normen

Understanding Spirituality in Palliative Care: A Content Analysis of a Spirituality Workshop Reflection

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ABSTRACT

Objectives: Spiritual care is a vital dimension of palliative care, but remains a complex concept with diverse interpretations. To explore healthcare providers' foundational understanding of spirituality in palliative care, 25 participants in a 3-day spirituality workshop submitted reflective essays. These reflections provided valuable insights into the participants' pre-existing beliefs and perceptions, offering a baseline understanding to guide the workshop design.

Materials and Methods: A content analysis of 25 reflective essays to identify recurring themes and patterns in participants' understanding of spirituality. Using an inductive approach, the reflections were coded and grouped into themes based on the semantic content of the text. This analysis resulted in three overarching themes: (1) The meaning of spirituality in palliative care, (2) the influence of spirituality in palliative care and (3) the process of providing spiritual care.

Results: The theme 'meaning of spirituality' included participants' interpretations of spirituality as a deeply personal journey involving search for meaning and purpose and answers to suffering. It included individual meaning-making, religious coping, peace and connectedness, with no finite answers. The theme 'influence of spirituality' captured how spirituality shaped experiences and practices of patients and families, serving both as a source of strength and distress. The final theme 'process of spiritual care' focused on how spirituality can be assessed and provided in a palliative care setting, highlighting the need for active listening, person- and family-centred care and accompaniment.

Conclusion: These findings reveal diverse interpretations of spirituality in palliative care, offering valuable insights to inform the design of educational workshops.

Keywords: Spirituality, Palliative care, Healthcare providers, Reflective writing, Content analysis

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