



PROGRAMUL DE COOPERARE ELVEȚIANO-ROMÂN  
SWISS-ROMANIAN COOPERATION PROGRAMME

## Romanian (RO)-Swiss (CH) Research Program IZERZO

### Protocol of the “Reality Map of Integrated Oncology and Palliative Care in Romanian Cancer Centers”



**Starting Date** 01.01.2013  
**Duration** 36 Months  
**Discipline** Palliative Care  
**Main Goals**

- To create a reality map of palliative cancer care and associated quality indicators in an institutions-specific population both in Romania and Switzerland in order to plan further interventions based on this data.
- To prospectively measure, based on original data from advanced, incurable cancer patients from defined, various care settings, the patient perceived need for the 5 KI-PCC, their current appropriate implementation in routine care, and defined associated quality Indicators in those patients and family members.

**Endpoints:** Both a primary and several secondary endpoints are chosen, amended by exploratory endpoints.

- As **primary endpoint**, we define a composite endpoint, where patients receive a predefined score for each of the defined quality indicators (QI). A higher score means a better outcome.  
Quality Indicators: **aggressive anticancer treatment, high symptom burden, repeated ER admissions, aggressive end-of-life-care** in the last month of life, **bad quality of death and dying**.
- The **secondary endpoints** are the following: **primary composite endpoint only for the Romanian centers** (for this EP, only the 5 Romanian centers will be included in the analysis),  
**mapping of patient needs** (IPOS, perceived needs for KI-PCC) **and delivered appropriate KI-PCC** (this EP will be presented descriptively), **mapping of each factor of the five QI's in relation to demographic information; KI-PCC corrected for cofactors in relation to each individual quality indicator; mean of total IPOS Score; comparison of mean EQ5D data with intl benchmark** (corrected for age, gender, etc.)
- The **explanatory endpoints** are the following: **appropriate anticancer treatment, barriers to appropriate Palliative Cancer Care** Relation between specific KI-PCC and QI ,**DNR status**  
the **frequency** of DNR status (do-not-resuscitate-status) , **Rehospitalisations** f(requency of readmissions within 7 days of discharge) , **Cofactors** in relation to the applied appropriate KI-PCC

#### Expected results

- mapping of patient needs (IPOS, perceived needs for KIPCC) and delivered appropriate Key Interventions Palliative Cancer Care; mapping of each factor of the five QI's in relation to demographic information, KI-PCC corrected for cofactors in relation to each factor of the five quality indicators, mean of total IPOS Score, comparison of EQ5D data with international benchmark, scientific publications based on data collection, participation of the team members at international conferences.

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