

Cardio-oncology Inpatient Referrals: A Regional Centre's Experience

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Introduction

Cardio-oncology services within the UK are developing, with attention on out-patient services. The in-patient burden remains incompletely described. Our aim is to describe the case mix and outcomes of in-patient referrals made to cardiology from a regional oncology service.

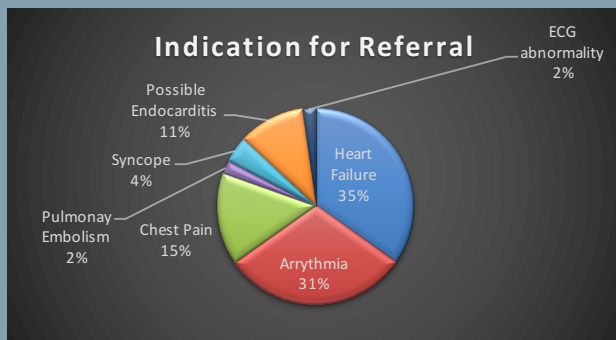
Methods

We retrospectively studied all haemato-oncology patients referred to our in-patient service over the 6 month period, January-July 2019. Patient history, co-morbidities, reason for referral, management and treatment plans were recorded.

Results

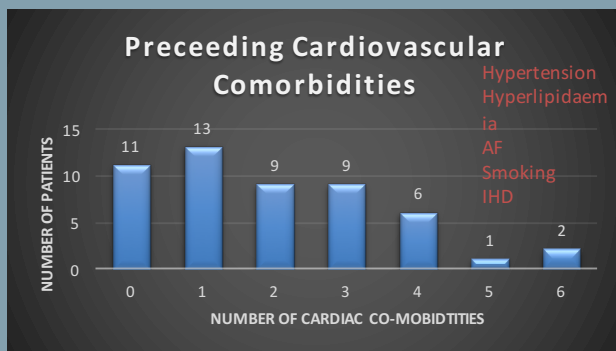


- 51 patients referred within 6 months
- 100% reviewed within 24 hours
- 61% haematology patients
- 85% receiving/previously received chemotherapy



Heart failure symptoms was the most common reason for referral.

Arrhythmia, predominately AF with rapid ventricular response was also common



78.4% of patients had at least 1 preceding cardiovascular comorbidity



- 100% followed up at least once (in-patient and out-patient setting)
- 66% patients able to continue chemotherapy
- 22% mortality within 4 months of referral

Conclusion

There is a significant inpatient cardio-oncology workload, the majority in patients receiving chemotherapy with a large proportion of referrals from haematology. The treatment discontinuation rate is higher than that reported in populations which include outpatients(1), reflecting the high level of comorbidities and intensive chemotherapy regimes in inpatients. Timely assessment is essential to ensure good outcome, impacting significantly on cardiology workload. Further study into this burden would be useful for development of in-patient services.

References

Pareek N, Cevallos J, Moliner P, Shah M, Tan LL, Chambers V, Baksi AJ, Khattar,RS, Sharma R, Rosen SD, Lyon AR. Activity and outcomes of a cardio-oncology service in the United Kingdom-a five-year experience. Eur J Heart Failure. 2018 Dec. 20(12):1721-1731