9.04 Recording of Performance status (PS) in lung multi-disciplinary meetings (MDM).

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Background: Guidelines and evidence stipulate the use of performance status (PS) in making treatment decisions as they impact outcomes. Accordingly, appropriate treatment options can be discussed in the MDM. (1,2)

Methods: Retrospective data was collected from lung cancer MDM minutes between June and August 2022. Patients were followed up over one year from the time of diagnosis to record their outcomes including mortality and functional deficits A total of 30 patients with confirmed tissue diagnosis of new lung cancer with UHG follow up were included. Type and staging of lung cancer, PS based on ECOG, co-morbidities (Charlson Index), pulmonary function test, 6-minute walking test, MDM outcome, treatment given, and functional outcome were recorded using Excel.

Results: 9 patients (30%) had PS documented in the MDM minutes. 29 patients (96.7%) had co morbidities recorded using the Charlson Comorbidity Index (CCI). 6.9% (2/29) had CCI score of 1-2, 6.9% had CCI score of 3-4 and 86.2% (25/29) had CCI score of ≥ 5. 37% (11/30) patients had different treatment given compared to MDM outcome. Only 2 out of the 11 patients had PS recorded. 46.7% (14/30) of the patients were classified as M0 disease. The mortality rate within M0 group was 21.4% (3/14). Meanwhile, the remaining 53.3% (16/30) were classified as M1 disease. The mortality rate within M1 group was 93.8% (15/16). 90% (27/30) had CCI ≥ 4 which indicates moderate risk and 16 of the patients died indicating mortality rate if 59%.

Conclusion: This audit shows that the PS documentation in MDM discussions is very poor. The overall functional outcome is more closely associated with the Charlson risk index rather than the performance status, but this could be due to the poor documentation.

Keywords: performance status recording, lung cancer, mortality rate in lung cancer

Reference(s):

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