

Patients with cancer seen in the emergency department have better outcomes at original hospital

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Patients with cancer requiring emergency department care had better outcomes at their original hospital or a cancer centre hospital than at alternative general hospitals, found research published in *CMAJ* (*Canadian Medical Association Journal*).

"Patients who were seen in an <u>emergency</u> <u>department</u> that was not associated with where they received <u>cancer</u> treatment or one of the 14 major cancer centres in the province were less likely to be admitted to hospital but more likely to die within 30 days of the visit," says Dr. Keerat Grewal, an emergency physician at Mount Sinai Hospital and the University of Toronto, Toronto, Ontario. "This may be because of a combination of factors, including a lack of cancer expertise at hospitals that do not routinely provide cancer care."

The study included data from ICES on 42 820 patients who were seen at an emergency department within 30 days of chemotherapy or radiation treatment between 2006 and 2011. Almost half of all patients who visited an emergency department for a cancer-related issue were admitted to hospital and, of these, about onethird visited hospitals other than the hospital where they were receiving <u>cancer treatment</u>.

Patients who visited hospitals that were not where they received their treatment and were not a cancer centre had a lower rate of admission and a higher likelihood of death within 30 days.

The authors suggest the lower admission rates may be because of lack of cancer expertise and missed markers of worsening disease.

"Emergency departments not affiliated with a cancer centre may not have the expertise to treat

patients with cancer who often have complex medical histories," says Dr. Grewal. "Emergency department physicians who infrequently encounter patients with cancer cannot be expected to know the intricacies of <u>cancer care</u> with little or no exposure to how to treat these patients."

More information: Canadian Medical Association Journal (2019).

www.cmaj.ca/lookup/doi/10.1503/cmaj.180962

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