

Supportive Care Team

Introduction

The Supportive Care Team (SCT) is an interdisciplinary team that consists of a group of different cancer care professionals, dedicated to offering professional staff and services that will support patients and their families during their cancer journey. SCT provides them with pain and symptom management, mental distress care, spiritual care, practical and emotional support, information, education, nutritional therapy, and other forms of help.

Routine Activities

The National Cancer Center Hospital East has provided inpatients with an SCT consultation service since October 2005. SCT includes a variety of cancer care professionals: a Doctor (palliative care specialist and psycho-oncologist), a Clinical Nurse Specialist (CNS), medical social worker (MSW), pharmacist, psychologist, and nutritionist. A team conference is held every Wednesday morning, where information about all the referred patients is shared among team members. For each patient, there are core teams, composed of those members who have regular contact with the patient, and extended teams, who have less regular or ‘as needed’ contact. The core

team needs to communicate regularly to ensure continuous assessment and planning of care as the patient’s situation changes. The extended team members keep themselves informed of referred patients at weekly conferences.

The consultation data are shown in the Table. In 2006, a total of 363 inpatients were referred for supportive care consultation. The most common cancer site was the head and neck, followed by the lung and esophagus. More than 70% of patients were at stage IV or had recurrence.

Psycho-oncologists had regular contact with more than 80% (83.2%) of referred patients. Palliative care specialists had regular contact with approximately 25% (25.6%) of referred patients.

The most common physical symptom on referral was pain (44.4%) followed by appetite loss (31.4%), and fatigue (23.4%). The most common mental symptom on referral was anxiety (38.0%) followed by insomnia (35.3%), and delirium (26.2%).

Over 60% of referred patients were discharged alive (outpatients 53.4%; moved to other medical facilities 9.3%). Approximately 30% (32.1%) died during follow-up.

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Table. Supportive care team consultation data (N = 363, January-December, 2006)

	No. (%)
Age	61.1 ± 12.3 (Median; 62, Range 23-92 yr)
Gender (male/female)	219 (60.3)/144 (39.7)
Cancer site	Head & neck 108 (29.8), lung 68 (18.7), esophagus 39 (10.7), colon 28 (7.7), stomach 25 (6.9)
Stage I / II / III / IV	11 (3.0)/16 (4.4)/42 (11.6)/114 (31.5)
/recurrence/unknown	/151 (41.6)/29 (7.8)
PS 0/1/2/3/4/unkown	68 (18.7)/75 (20.7)/70 (19.3)/96 (26.4)/50 (13.8)/4 (1.1)