

Les urgences oncologiques. Synthèse de la littérature.

AP Meert
Institut Jules Bordet



Conflit d'intérêt

➤ Aucun



Les urgences oncologiques

- Respiratoires: obstruction voies aériennes
- Cardiovasculaires: syndrome cave supérieur, tamponnade
- Métaboliques: syndrome de lyse tumorale, hypercalcémie, SIADH, insuffisance rénale aiguë
- Infectieuses: neutropénie fébrile (choc septique)
- Hématologiques: hyperleucocytose, hyperviscosité, CIVD
- Neurologiques: compression médullaire, hypertension intracrânienne

Les patients oncologiques aux urgences

- Fréquence?
- Qui consulte?
- Pourquoi?
- Quand?
- Devenir?
- Urgences?



Fréquence?



Fréquence?

- 15% d'admissions
- 43% des CB consulteront aux urgences
- 53% des cancer du sein sous chimio
« curative »

Qui consulte?



Why Do Patients With Cancer Visit Emergency Departments? Results of a 2008 Population Study in North Carolina

Deborah K. Mayer, Debbie Travers, Annah Wyss, Ashley Leak, and Anna Waller

Table 3. Chief Complaint by Cancer Type*

Chief Complaint Category	Lung (n = 9,297)		Breast (n = 2,103)		Colon (n = 2,597)		Prostate (n = 1,654)		All Other Cancers (n = 16,973)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Pain	2,114	22.7	673	32	873	33.6	576	34.8	4,892	28.8
Respiratory	2,967	32	268	12.7	218	8.4	198	12	2,309	13.6
GI	727	7.8	263	12.5	386	14.9	118	7.1	1,832	10.8
Malaise	787	8.5	144	6.9	210	8.1	121	7.3	1,367	8.1
Neurologic	635	6.8	78	3.7	107	4.1	110	6.7	1,310	7.7
Bleeding	466	5	104	4.9	299	11.5	152	9.2	1,171	6.9
Fever	379	4.1	156	7.4	134	5.2	62	3.8	1,292	7.6
Injury	435	4.7	179	8.5	123	4.7	158	9.6	1,061	6.3
Syncope	265	2.9	69	3.3	77	3	74	4.5	596	3.5
Blood clots	36	0.4	10	0.5	8	0.3	4	0.2	57	0.3
Allergic reaction	16	0.2	19	0.9	6	0.2	6	0.4	64	0.4
Psychiatric	21	0.2	13	0.6	6	0.2	5	0.3	55	0.3
Cancer	449	4.8	127	6	150	5.8	70	4.2	967	5.7
Missing chief complaint	1,011		840		—		640		3,325	

*Not all individuals had a chief complaint recorded, and the chief complaint categories are approximate and not exhaustive because they are based on the text searches. Therefore, the chief complaints by cancer type are approximate.

Why do patients with cancer visit the emergency department near the end of life?

Lisa Barbera MD MPA, Carole Taylor MSc, Deborah Dudgeon MD

Table 1: Characteristics of patients who died of cancer in Ontario in the period 2002–2005, by visits to the emergency department near the end of life

Characteristic	All patients (%)* n = 91 561		No. of patients with ≥ 1 visit in final 6 mo (%)* n = 76 759		No. of patients with ≥ 1 visit in final 2 wk (%)* n = 31 076		No. of patients with no visits in final 6 mo (%)* n = 14 802	
No. of visits made to ED	194 017	(100.0)	194 017	(100.0)	36 600	(100.0)	0	(100.0)
Age, yr, median (range)	73	(20–108)	73	(20–108)	72	(20–104)	74	(21–104)
Sex								
Female	43 624	(47.6)	35 913	(46.8)	13 557	(43.6)	7 711	(52.1)
Male	47 937	(52.4)	40 846	(53.2)	17 519	(56.4)	7 091	(47.9)
Year of death								
2002	22 438	(24.5)	18 370	(23.9)	7 549	(24.3)	4 068	(27.5)
2003	22 779	(24.9)	19 094	(24.9)	7 679	(24.7)	3 685	(24.9)
2004	23 091	(25.2)	19 497	(25.4)	7 876	(25.3)	3 594	(24.3)
2005	23 253	(25.4)	19 798	(25.8)	7 972	(25.7)	3 455	(23.3)
Type of cancer								
Lung	22 766	(24.9)	19 723	(25.7)	8 905	(28.7)	3 043	(20.6)
Breast	7 364	(8.0)	5 735	(7.5)	2 314	(7.4)	1 629	(11.0)
Prostate	5 206	(5.7)	4 286	(5.6)	1 640	(5.3)	920	(6.2)
Colorectal	9 543	(10.4)	7 606	(9.9)	2 793	(9.0)	1 937	(13.1)
Genitourinary or gynecological	6 327	(6.9)	5 272	(6.9)	1 838	(5.9)	1 055	(7.1)
Ovarian	2 434	(2.7)	1 996	(2.6)	698	(2.2)	438	(3.0)
Lymphoma or leukemia	8 814	(9.6)	7 517	(9.8)	3 245	(10.4)	1 297	(8.8)
Melanoma or sarcoma	1 941	(2.1)	1 582	(2.1)	621	(2.0)	359	(2.4)
Head and neck	2 246	(2.5)	1 804	(2.4)	731	(2.4)	442	(3.0)
Central nervous system	1 944	(2.1)	1 608	(2.1)	379	(1.2)	336	(2.3)
Other gastrointestinal	14 662	(16.0)	12 492	(16.3)	4 935	(15.9)	2 170	(14.7)
Nonmelanoma skin	254	(0.3)	187	(0.2)	61	(0.2)	67	(0.5)
Metastatic	7 207	(7.9)	6 258	(8.2)	2 642	(8.5)	949	(6.4)
Other	853	(0.9)	693	(0.9)	274	(0.9)	160	(1.1)

Fin de vie

Emergency Department Attendance by Patients With Cancer in Their Last Month of Life: A Systematic Review and Meta-Analysis

Lesley A. Henson, Wei Gao, Irene J. Higginson, Melinda Smith, Joanna M. Davies, Clare Ellis-Smith, and Barbara A. Daveson

- 13 études
- Homme
- Afro-américain
- Niveau socio économique bas
- Cancer bronchique

- Soins palliatifs

Risk factors and survival outcome for non-elective referral in non-small cell lung cancer patients – Analysis based on the National Lung Cancer Audit

P. Beckett^{a,*}, L.J. Tata^b, R.B. Hubbard^b

Odds ratios for acute presentation.

	Univariate	Multivariate ^a		
	OR	OR	CI	p Value
Male	1	1	-	-
Female	1.04	1.02	0.99-1.06	0.124
<40	1.36	1.78	1.40-2.25	<0.001
40-49	1.29	1.61	1.46-1.78	<0.001
50-59	1.06	1.15	1.09-1.22	<0.001
60-69	1	1	-	-
70-79	1.15	1.01	0.97-1.06	0.56
80-89	1.52	1.11	1.07-1.17	<0.001
>90	2.67	1.68	1.53-1.84	<0.001
Stage IA	1	1	-	-
Stage IB	1.04	1.04	0.92-1.17	0.531
Stage IIA	1.31	1.29	1.09-1.51	0.002
Stage IIB	1.29	1.23	1.08-1.39	0.001
Stage IIIA	1.45	1.29	1.16-1.44	<0.001
Stage IIIB	2.06	1.70	1.54-1.87	<0.001
Stage IV	3.30	2.34	2.14-2.57	<0.001
Stage unknown	2.44	1.81	1.65-1.99	<0.001
PS 0	1	1	-	-
PS 1	1.67	1.58	1.49-1.69	<0.001
PS 2	3.14	2.81	2.63-2.99	<0.001
PS 3	5.76	4.86	4.56-5.17	<0.001
PS 4	9.14	7.28	6.75-7.86	<0.001
PS unknown	3.04	2.80	2.61-2.99	<0.001
Co-morbidity absent	1	1	-	-
Co-morbidity present	1.15	1.03	0.99-1.07	0.196
IMD quintile 1 (most deprived)	1	1	-	-
IMD quintile 2	1.00	1.02	0.97-1.07	0.418
IMD quintile 3	0.91	0.94	0.89-0.98	0.009
IMD quintile 4	0.85	0.91	0.86-0.95	<0.001
IMD quintile 5 (least deprived)	0.85	0.92	0.87-0.96	0.001

Lung cancer patients frequently visit the emergency room for cancer-related and -unrelated issues

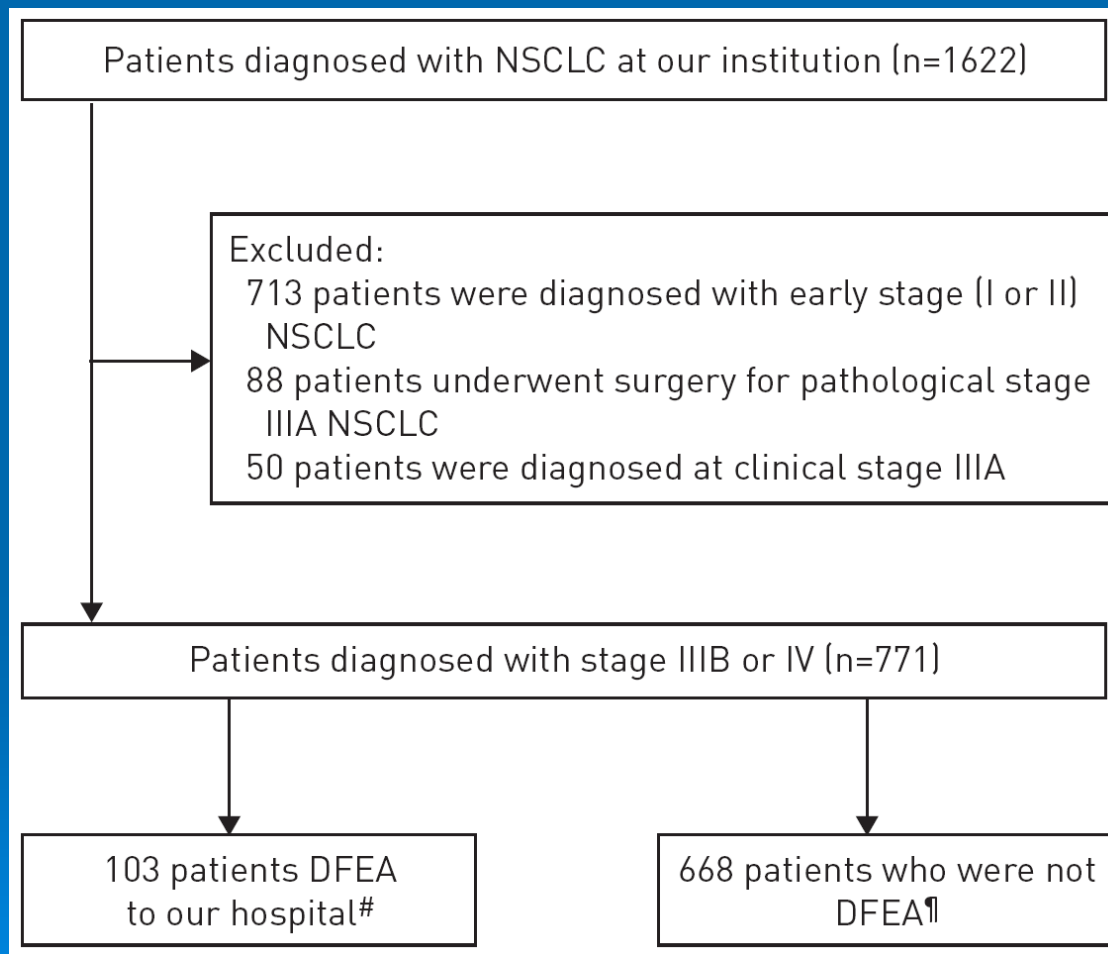
FUTOSHI KOTAJIMA¹, KUNIIHIKO KOBAYASHI², HIROZO SAKAGUCHI³ and MANABU NEMOTO¹

Table IV. Association between cancer-related and -unrelated visits and cancer stage. N=113; 143 visites (2 ans)

Variables	Stage			
	I	II	III	IV
Total number of visits				
Cancer-related	3	1	12	54 ^a
Cancer-unrelated	16 ^a	10 ^a	18	29
Total number of admissions				
Cancer-related	0	0	5	28
Cancer-unrelated	4	4	7	14
Ambulance use				
Cancer-related	1	0	3	28 ^a
Cancer-unrelated	6	2	5	9
Hospital mortality				
Cancer-related	0	0	0	8
Cancer-unrelated	2	1	1	2

Analysis of advanced lung cancer patients diagnosed following emergency admission

Daichi Fujimoto¹, Ryoko Shimizu¹, Takeshi Morimoto^{2,3}, Ryoji Kato¹, Yuki Sato¹, Mariko Kogo¹, Jiro Ito¹, Shunsuke Teraoka¹, Takehiro Otoshi¹, Kazuma Nagata¹, Atsushi Nakagawa¹, Kojiro Otsuka¹, Nobuyuki Katakami¹ and Keisuke Tomii¹



13%

Pourquoi?



Why Do Patients With Cancer Visit Emergency Departments? Results of a 2008 Population Study in North Carolina

Deborah K. Mayer, Debbie Travers, Annah Wyss, Ashley Leak, and Anna Waller

Chief Complaint	No.	Overall Rank
Pain	9,000	1
Chest pain	2,429	
Abdominal pain	3,044	
Back pain	900	
Extremity	888	
Other	1,971	
Respiratory	5,856	2
Respiratory distress/SOB	4,711	
Cough	591	
Hemoptysis	120	
Fever/possible pneumonia	282	
COPD	137	
Other	229	
GI	3,280	3
Nausea/vomiting	2,543	
Diarrhea	568	
Constipation	187	
Bowel obstruction	55	
Other	243	
Malaise	2,577	4
Neurologic	2,218	5
Bleeding	2,164	6
Fever	2,000	7
Injury	1,930	8
Falls	1,262	
Lacerations	81	
Bites	38	
MVA	133	
Other	447	
Cancer	1,724	9
Syncope	1,071	10
Blood clots	115	11
Allergic reaction	111	12
Psychiatric	99	13

Table 1. Chief Complaints by Category

Chief Complaint Category	Raw Chief Complaints Included in Category
GI	Vomiting, nausea, diarrhea, constipation, bowel obstruction, anorexia, can't eat, won't eat, unable to eat
Pain	Chest pain, back pain, abdominal pain, pain, side pain, leg pain, hip pain, flank pain, groin pain, lower abdominal pain, shoulder pain, arm pain, foot pain
Neurologic	Altered mental status, seizure, altered level of consciousness, unresponsive, stroke, cerebrovascular accident, consciousness decreased, transient ischemic attack, hemiparesis, slurred speech, disoriented, brain tumor, change in mental status, loss of consciousness, change mental status, facial droop, confused
Malaise	Malaise, weak, weakness, general weakness, malaise and fatigue, fatigue, generalized weakness
Injury	Fall, fell, motor vehicle accident, motor vehicle crash, trauma, ankle injury, injury, fracture, dog bite, insect bite, bee sting, animal bite
Fever	Fever, febrile seizure, chills
Allergic reaction	Medication reaction, allergic reaction, hives
Bleeding	Bleeding, bleed, blood, nosebleed
Syncope	Syncope, dizzy, dizziness, fainting, faint
Blood clots	Deep vein thrombosis, blood clot, pulmonary embolus
Respiratory	Shortness of breath, trouble breathing, coughing, coughing up blood, pneumonia
Psychiatric	Depression, anxiety, suicidal
Cancer	Brain tumor, cancer patient, cancer, cancer complication, cancer + symptom (eg, "cancer, weakness" and "cancer, vomiting"), chemo, chemo + symptom (eg, "chemo, fever" and "chemo, dehydration")

Emergency department visits for symptoms experienced by oncology patients: a systematic review

Amanda Digel Vandyk • Margaret B. Harrison •
Gail Macartney • Amanda Ross-White • Dawn Stacey

Support Care Cancer

Table 6 Symptoms for which patients visit the emergency department

Symptom	All included studies (<i>n</i> =18 studies)			Multi-symptom focus (<i>n</i> =8 studies)		
	Median % (min–max)	Quartiles 25th, 75th	No. studies reporting	Median % (min–max)	Quartiles 25th, 75th	No. studies reporting
Altered nutrition	8 (1–11)	2, 10	3	8 (1–11)	2, 10	3
Dehydration	10 (10–10)		1	10 (10–10)		1
Electrolyte imbalance	8 (8–8)		1	8 (8–8)		1
Anemia	2 (1–11)		3	2 (1–11)		3
Bleeding	7 (4–40)	4, 20	6	6 (4–7)	–	2
Bleeding	6 (4–40)		5	6 (4–7)		2
Hemodynamic instability	14 (14–14)		1	n.r.		0
Hematemesis	13 (5–20)		2	n.r.		0
Gastrointestinal	8 (2–60)	4, 22	12	6 (2–30)	4, 8	6
Constipation	7 (7–7)		1	7 (7–7)		1
Diarrhea	9 (3–60)		5	4 (3–8)		3
Nausea/vomiting	6 (2–40)		6	6 (2–34)		4
Abdominal distention	5 (4–40)		5	4 (4–4)		2
Ileus	14 (14–14)		1	14 (14–14)		1
Jaundice	9 (7–10)		2	7 (7–7)		1
Mucositis	17 (4–30)		2	4 (4–4)		1
Fever and infection	23 (4–100)	11, 67	14	11 (4–86)	7, 21	7
Febrile neutropenia	58 (4–100)		8	8 (4–15)		4
Fever	18 (11–100)		9	14 (11–23)		5
Infection	42 (6–86)		4	46 (6–86)		2
Sepsis	36 (27–45)		2	27 (27–27)		1
Respiratory	10 (4–100)	6, 20	10	11 (4–28)	6, 17	5
Dyspnea	13 (6–100)		8	12 (6–28)		4
Cough	8 (4–11)		2	8 (4–11)		2
Respiratory failure	5 (5–5)		1	n.r.		0
Anuria/dysuria	6 (3–16)	–	3	6 (3–16)	5, 11	3
Anxiety	3 (3–3)	–	1	3 (3–3)	–	1
Neurological	7 (4–11)	5, 7	5	6 (4–11)	5, 8	4
Edema	5 (3–7)	–	2	5 (3–7)	–	2
Fatigue	6 (4–24)	4, 20	4	7 (4–24)	–	3
Pain	26 (10–93)	22, 55	11	22 (10–41)	10, 24	5

7 pays

58% admission

Table 2: Reasons for visits to the emergency department by cancer patients during the final six months of life

Rank	Reason	Frequency <i>n</i> = 194 017	%	95% CI
1	Abdominal pain	9224	4.75	(4.66–4.85)
2	Lung cancer	8741	4.51	(4.41–4.60)
3	Pneumonia	6924	3.57	(3.49–3.65)
4	Dyspnea	6171	3.18	(3.01–3.26)
5	Malaise and fatigue	4972	2.56	(2.49–2.63)
6	Chest pain	4463	2.30	(2.23–2.37)
7	Pleural effusion	3667	1.89	(1.83–1.95)
8	Nausea or vomiting	3525	1.82	(1.76–1.88)
9	Anemia	3513	1.81	(1.75–1.87)
10	Back pain	3460	1.78	(1.72–1.84)
11	Constipation	3392	1.75	(1.69–1.81)
12	Fever	3174	1.64	(1.58–1.69)
13	Dehydration	3146	1.62	(1.57–1.68)
14	COPD	3074	1.58	(1.53–1.64)
15	Urinary tract infection	3012	1.55	(1.50–1.61)
16	Intestinal obstruction	2879	1.48	(1.43–1.54)
17	Altered consciousness	2866	1.48	(1.42–1.53)
18	Congestive heart failure	2396	1.23	(1.19–1.28)
19	Gastrointestinal hemorrhage	2055	1.06	(1.01–1.10)
20	Palliative care	1784	0.92	(0.88–0.96)
21	Chemotherapy	1775	0.91	(0.87–0.96)
22	Pancreatic cancer	1721	0.89	(0.85–0.93)
23	Neutropenia	1716	0.88	(0.84–0.93)
24	Colon cancer	1714	0.88	(0.84–0.93)
25	Ascites	1699	0.88	(0.83–0.92)
26	Retention of urine	1617	0.83	(0.79–0.87)
27	Phlebitis or thrombophlebitis	1616	0.83	(0.79–0.87)
28	Hematuria	1527	0.79	(0.75–0.83)
29	Breast cancer	1423	0.73	(0.70–0.77)
30	Convulsions	1355	0.70	(0.66–0.74)
	Other	95 416	49.18	(48.96–49.40)

La fièvre chez les patients se présentant aux urgences d'un hôpital cancérologique : place de la neutropénie fébrile

Febrile neutropenia at the emergency department of a cancer hospital

C. Debey^{1,2}, A.-P. Meert¹, T. Berghmans¹, J.-M. Thomas² et J.-P. Sculier¹

	Neutropénies fébriles	Non neutropéniques	P
Nombre de patients	76	237	
Nombre d'épisodes fébriles	88	320	
Médiane d'âge (années)	56,5 (18-83)	58 (17-93)	
Sexe :			
• Hommes	22 (28,9 %)	91 (38,4 %)	
• Femmes	54 (71,1 %)	146 (61,6 %)	
Type de tumeur :			
• Tumeurs solides :	54 (71,1 %)	185 (78,1 %)	0,21
- Poumon	5 (9,3 %)	23 (12,4 %)	
- Sein	32 (59,3 %)	73 (39,5 %)	
- Gynécologique	1 (1,9 %)	10 (5,4 %)	
- Digestive	3 (5,6 %)	36 (19,5 %)	
- Urologique	1 (1,9 %)	22 (11,9 %)	
- ORL	2 (3,7 %)	3 (1,6 %)	
- Autres	10 (18,5 %)	18 (9,7 %)	
• Tumeurs hématologiques :	22 (28,9 %)	52 (21,9 %)	
- Leucémies	8 (36,4 %)	21 (40,4 %)	
- Lymphomes	11 (50 %)	21 (40,4 %)	
- Autres	3 (13,6 %)	10 (19,2 %)	
Extension des tumeurs solides :		*	
• Localisée	34 (63 %)	75 (41,9 %)	0,007
• Métastatique	20 (37 %)	104 (58,1 %)	

	Neutropénies fébriles (N = 88)	Non neutropéniques (N = 320)
Infection avec foyer :	54 (61,4 %)	214 (67,3 %)
• Infection respiratoire	12 (22,2 %)	66 (30,8 %)
• Infection cutanée	4 (7,4 %)	29 (13,6 %)
• Infection ORL ou bucco-dentaire	21 (38,9 %)	17 (7,9 %)
• Infection urinaire	8 (14,8 %)	30 (14 %)
• Infection digestive	5 (9,3 %)	32 (15 %)
• Infection DAVI	1 (1,9 %)	4 (1,9 %)
• Infection articulaire	0 (0 %)	2 (0,9 %)
• Péricardite	0 (0 %)	1 (0,5 %)
• Collection surinfectée	0 (0 %)	7 (3,3 %)
• Virose	3 (5,6 %)	26 (12,1 %)
Infection sans foyer	33 (37,5 %)	0 (0 %)
Cause non infectieuse	1 (1,1 %)	22 (6,9 %)
Fièvre d'origine indéterminée	0 (0 %)	82 (25,8 %)

Why Do Patients With Cancer Visit Emergency Departments? Results of a 2008 Population Study in North Carolina

Deborah K. Mayer, Debbie Travers, Annah Wyss, Ashley Leak, and Anna Waller

Table 3. Chief Complaint by Cancer Type*

Chief Complaint Category	Lung (n = 9,297)		Breast (n = 2,103)		Colon (n = 2,597)		Prostate (n = 1,654)		All Other Cancers (n = 16,973)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Pain	2,114	22.7	673	32	873	33.6	576	34.8	4,892	28.8
Respiratory	2,967	32	268	12.7	218	8.4	198	12	2,309	13.6
GI	727	7.8	263	12.5	386	14.9	118	7.1	1,832	10.8
Malaise	787	8.5	144	6.9	210	8.1	121	7.3	1,367	8.1
Neurologic	635	6.8	78	3.7	107	4.1	110	6.7	1,310	7.7
Bleeding	466	5	104	4.9	299	11.5	152	9.2	1,171	6.9
Fever	379	4.1	156	7.4	134	5.2	62	3.8	1,292	7.6
Injury	435	4.7	179	8.5	123	4.7	158	9.6	1,061	6.3
Syncope	265	2.9	69	3.3	77	3	74	4.5	596	3.5
Blood clots	36	0.4	10	0.5	8	0.3	4	0.2	57	0.3
Allergic reaction	16	0.2	19	0.9	6	0.2	6	0.4	64	0.4
Psychiatric	21	0.2	13	0.6	6	0.2	5	0.3	55	0.3
Cancer	449	4.8	127	6	150	5.8	70	4.2	967	5.7
Missing chief complaint	1,011		840		—		640		3,325	

*Not all individuals had a chief complaint recorded, and the chief complaint categories are approximate and not exhaustive because they are based on the text searches. Therefore, the chief complaints by cancer type are approximate.

The lung cancer patient at the emergency department: A three-year retrospective study

J. Gorham^a, L. Ameye^b, T. Berghmans^a, J.P. Sculier^a, A.P. Meert^{a,*}

Complaints of the lung cancer patients consulting at the emergency department.

	n	%
Respiratory symptoms	113	20.6
Dyspnea	71	62.8
Cough	20	17.7
Chest pain	13	11.5
Hemoptysis	9	8.0
Fever	105	19.2
Neuro-psychiatric symptoms	78	14.2
Focal neurologic dysfunction	35	44.9
Pain (headache)	26	33.3
Cognitive dysfunction	11	14.1
Seizure	3	3.8
Psychiatric/anxiety	3	3.8
Gastrointestinal symptoms	60	10.9
Abdominal pain	21	35.0
Nausea, vomiting	20	33.3
Diarrhea	12	20.0
Melena/hematochezia	4	6.7
Dysphagia	3	5.0
Pain	45	8.2
Chronic pain management	40	88.9
Other acute pain	5	11.1
Fatigue, anorexia, alteration of the general state	37	6.8
Cardiovascular symptoms	35	6.4
Syncope/faintness	16	45.7
Limb edema	14	40.0
Chest pain	5	14.3
Musculoskeletal symptoms	29	5.3
Pain	29	100.0
Abnormal paraclinic examination	22	4.0
Dermatological symptoms	16	2.9
Rash	9	56.3
Subcutaneous nodules	4	25.0
Infection	3	18.8
Urological symptoms	8	1.5
Mictalgia	6	75.0
Anuria/oliguria	2	25.0

Diagnosis performed for the patients with lung cancer having consulted at the emergency department.

	n	%
Infection	161	29.4
Tracheobronchial tree and lungs	94	58.4
Febrile neutropenia	38	23.6
Gastrointestinal	11	6.8
Other	10	6.2
Urinary	5	3.1
Fever of unknown origin	3	1.9
Neoplastic progression	120	21.9
Local-regional	44	36.7
Brain metastasis	35	29.2
Other	41	34.1
Pain management problem	68	12.4
Chronic pain	41	60.3
Acute pain	27	39.7
Gastrointestinal complication	46	8.4
Gastrointestinal side effect of chemotherapy	22	47.8
Constipation/bowel obstruction	9	19.6
gastroesophageal reflux	8	17.4
Other	7	15.2
Cardiovascular complication	39	7.1
Pulmonary embolism/deep vein thrombosis	17	43.6
Orthostatic hypotension	7	17.9
Cardiac arrhythmias	6	15.4
Myocardial infarction/angina pectoris	5	12.8
Heart failure	4	10.3
Neurology and/or psychiatric complication	25	4.6
Psychiatric/anxiety	9	36.0
Seizure	5	20.0
Herniated disc	4	16.0
Confusion of drug intoxication	4	16.0
Stroke	3	12.0
Pulmonary complication	18	3.3
Respiratory distress	14	77.8
Hemoptysis	4	22.2
Metabolic complication	14	2.6
Hypercalcemia	5	35.7
Hyponatremia	3	21.4
Diabetic decompensation	3	21.4
Gout	2	14.3
Hyperkaliemia	1	7.1
Hypoglycemia	1	7.1
Hematologic complication	14	2.6
Anemia	8	57.1
Thrombocytopenia	6	42.9
Uro-nephrologic complication	11	2.0
Acute renal failure	6	54.5
Renal lithiasis	3	27.3
Ifosfamide cystitis	2	18.2
Dermatologic complication	11	2.0
Skin allergy	8	72.7
Masse	3	27.3
Degradation of the general status	11	2.0
Other	9	1.6
New diagnostic of cancer	7	77.8
Social problem	2	22.2

Lung cancer patients frequently visit the emergency room for cancer-related and -unrelated issues

FUTOSHI KOTAJIMA¹, KUNIIHIKO KOBAYASHI², HIROZO SAKAGUCHI³ and MANABU NEMOTO¹

Table IV. Association between cancer-related and -unrelated visits and cancer stage. N=113; 143 visites (2 ans)

Variables	Stage			
	I	II	III	IV
Total number of visits				
Cancer-related	3	1	12	54 ^a
Cancer-unrelated	16 ^a	10 ^a	18	29
Total number of admissions				
Cancer-related	0	0	5	28
Cancer-unrelated	4	4	7	14
Ambulance use				
Cancer-related	1	0	3	28 ^a
Cancer-unrelated	6	2	5	9
Hospital mortality				
Cancer-related	0	0	0	8
Cancer-unrelated	2	1	1	2

49% lié au cancer
51% non lié

Clinical features of colorectal cancer before emergency presentation: a population-based case-control study

Jonathan Cleary, Tim J. Peters, Deborah Sharp and William Hamilton

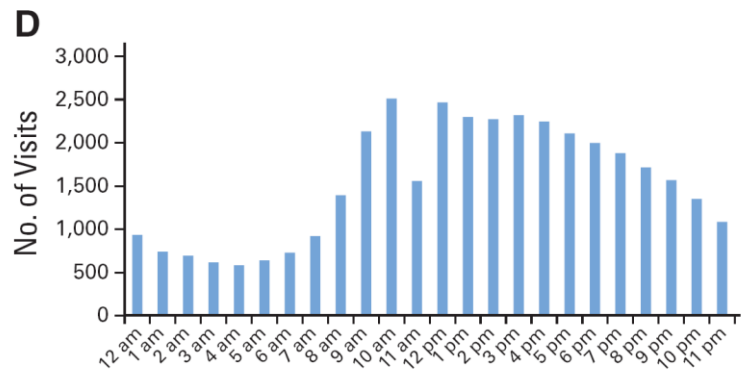
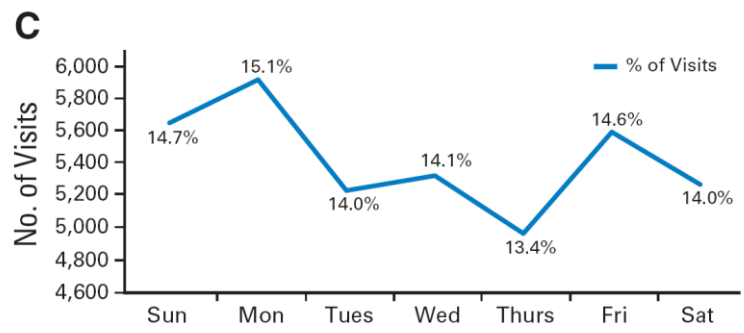
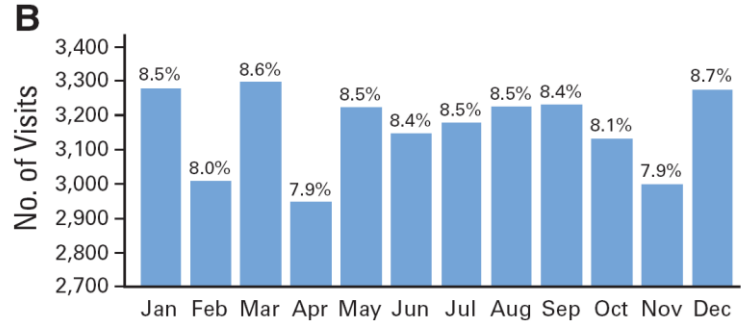
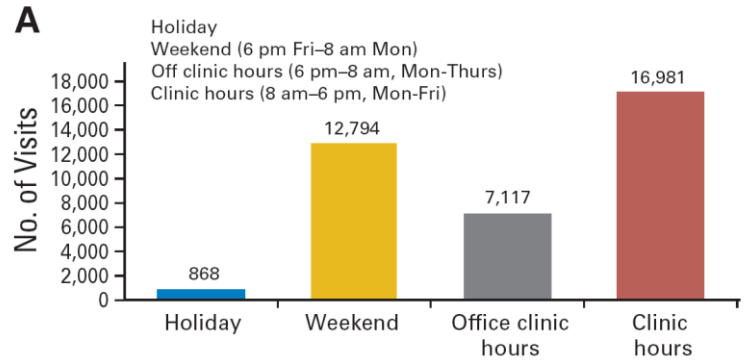
TABLE 1 Clinical features recorded in primary care at least 30 days before diagnosis for emergency cases and their matched controls

Variable	Number (%) with this clinical feature present		Univariable odds ratio (95% CI)	P-value	Multivariable odds ratio (95% CI) ^a	P-value
	Emergencies (n = 62)	Matched controls (n = 310)				
Symptoms						
Abdominal pain	24 (39)	22 (7.1)	8.6 (4.2, 18)	<0.001	6.2 (2.8, 14)	<0.001
Loss of weight	12 (19)	16 (5.2)	4.6 (2.0, 11)	<0.001	3.4 (1.3, 8.5)	0.01
Diarrhoea	18 (29)	29 (9.4)	3.9 (2.0, 7.8)	<0.001	2.6 (1.2, 5.7)	0.02
Rectal bleeding	7 (11)	12 (3.9)	3.0 (1.2, 7.8)	0.02	–	–
Constipation	10 (16)	23 (7.4)	2.4 (1.1, 5.3)	0.03	–	–
Physical Signs						
Tenderness on palpation of abdomen	8 (13)	9 (2.9)	4.7 (1.8, 13)	<0.001	–	–
Investigations						
Haemoglobin <13 g/dl	9 (15)	11 (3.6)	5.3 (1.9, 15)	<0.001	–	–
Blood sugar >10 mmol/l	5 (8.1)	8 (2.6)	1.8 (1.0, 3.2)	0.04	–	–

63% avaient déjà rapporté des symptômes à leur MT

Quand?





Devenir?



Emergency department visits for symptoms experienced by oncology patients: a systematic review

Amanda Digel Vandyk • Margaret B. Harrison •
Gail Macartney • Amanda Ross-White • Dawn Stacey

Support Care Cancer



Progressive disease in patients with cancer presenting to an emergency room with acute symptoms predicts short-term mortality

Table 2 Selected characteristics of patients with and without disease progression

Clinical characteristics	With disease progression (N=97)	Without disease progression (N=299)
Mean age (\pm SD)	54 (\pm 14)	55 (\pm 14)
History of metastases (%)	53 (55)	34* (11)
Severe pain (score \geq 7) (%)	25 (26)	22** (7)
Temp \geq 38.5 or \leq 35.5°C (%)	28 (29)	16** (5)
Systolic BP \geq 170 or \leq 90 mm Hg (%)	9 (9)	8 (3)
HR \geq 110 or \leq 60 (%)	40 (41)	30** (10)
Zubrod score \geq 3 (%)	20 (21)	8*** (3)
Dyspnea (%)	18 (19)	17 (6)
Constipation (%)	10 (10)	4** (1)
Nausea and vomiting (%)	25 (26)	20 (7)
Fatigue (%)	7 (7)	7 (2)
Outcomes		
Admitted to the hospital (%)	51 (53)	37** (12)
Survival, mean days	92.4	153.6
Survival, median days	77.0	180.0
Survival, interquartile days	28.0–180.0	155.0–180.0
Died within 14 days (%)	16 (16)	5* (2)
Died within 90 days (%)	47 (48)	39* (13)
Died within 180 days (%)	59(61)	61* (20)

5% mortalité à 14 jours
21% mortalité à 3 mois

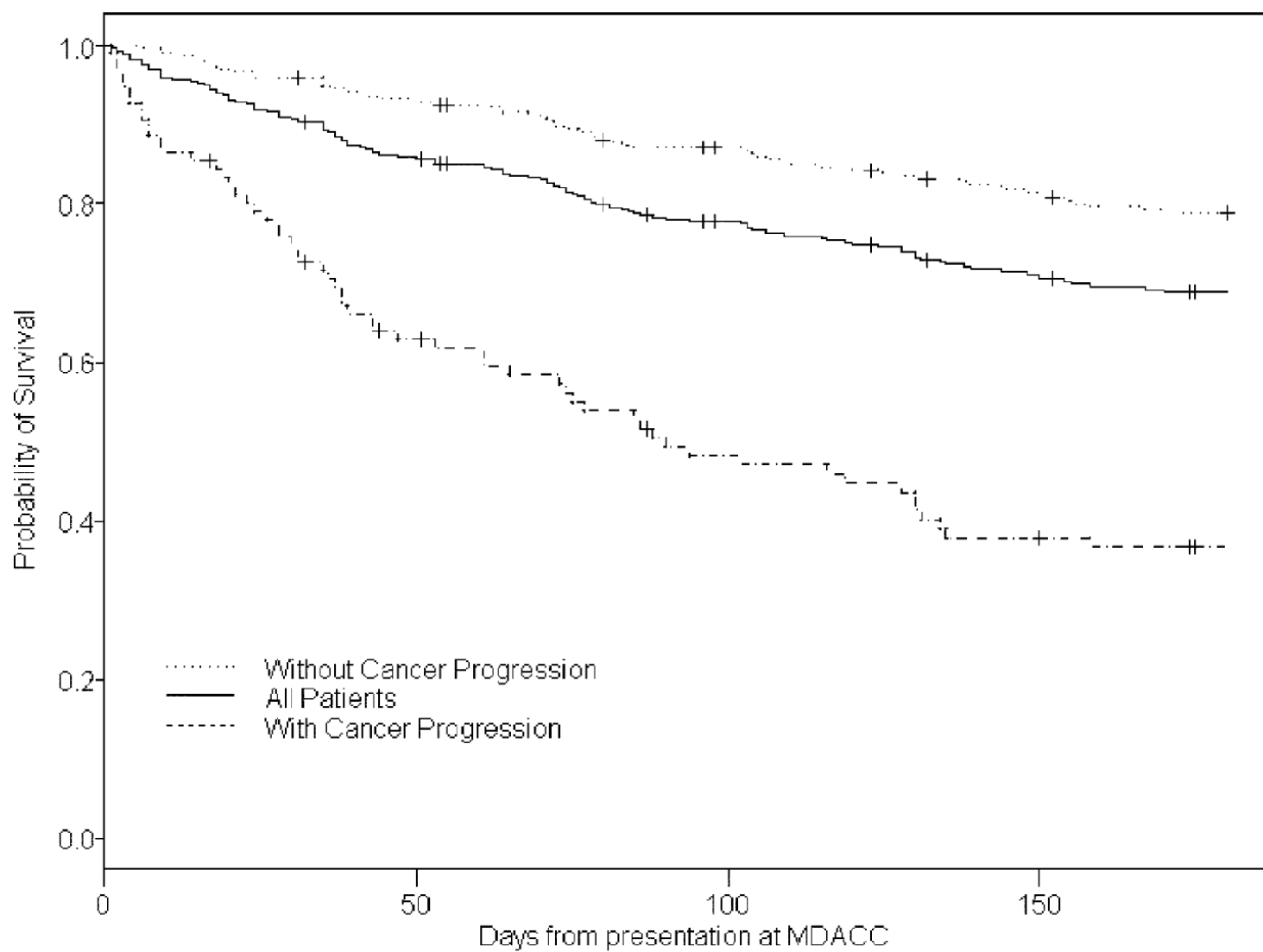
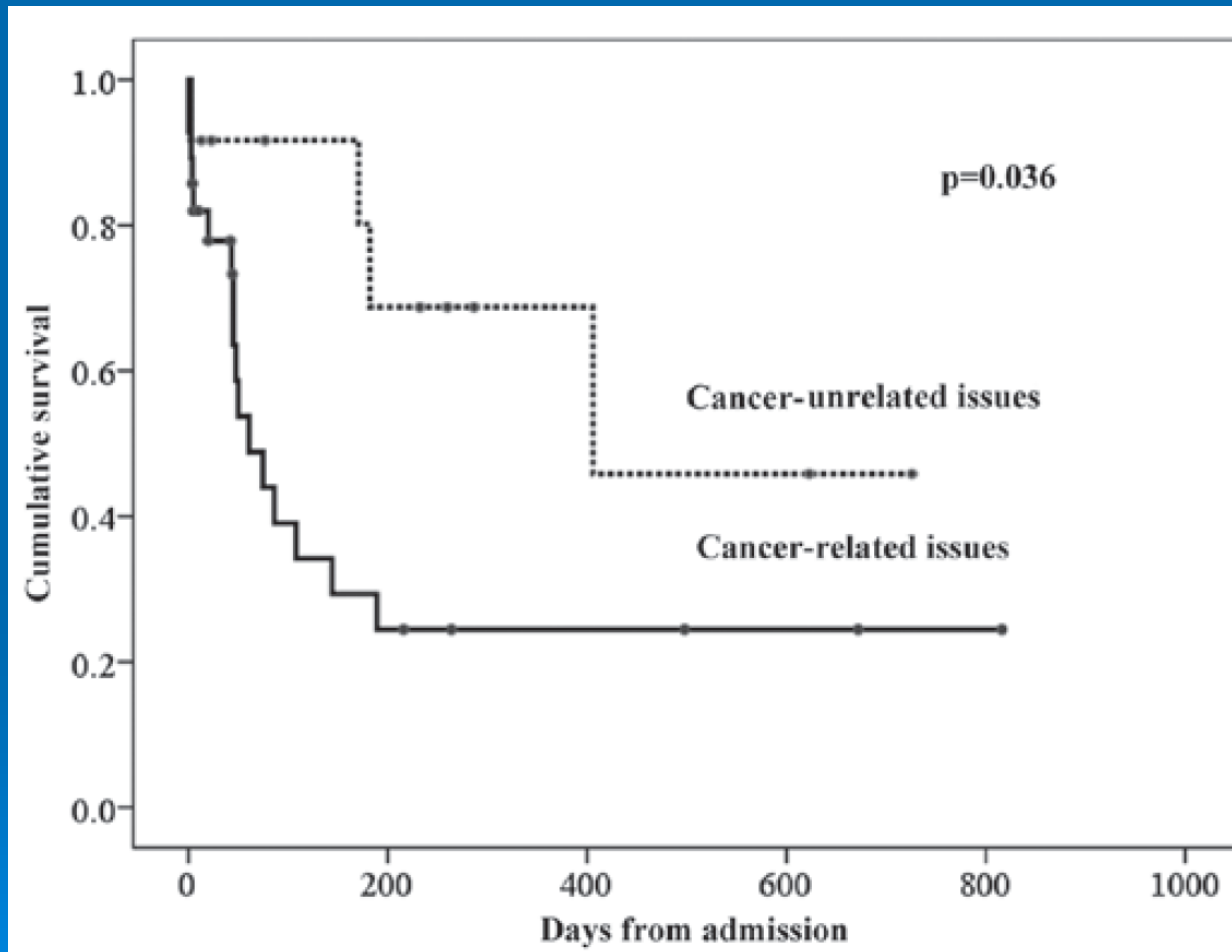


Table 4 Multivariate analysis of predictors of patient death within 90 or 180 days

Clinical characteristic	Death in 90 days			Death in 180 days		
	Beta	OR	95% CI	Beta	OR	95% CI
Dyspnea	1.116	3.05	1.03, 9.04	1.140	3.13	1.25, 7.80
Disease progression	1.379	3.97	1.44, 10.94	1.469	4.34	1.87, 10.09

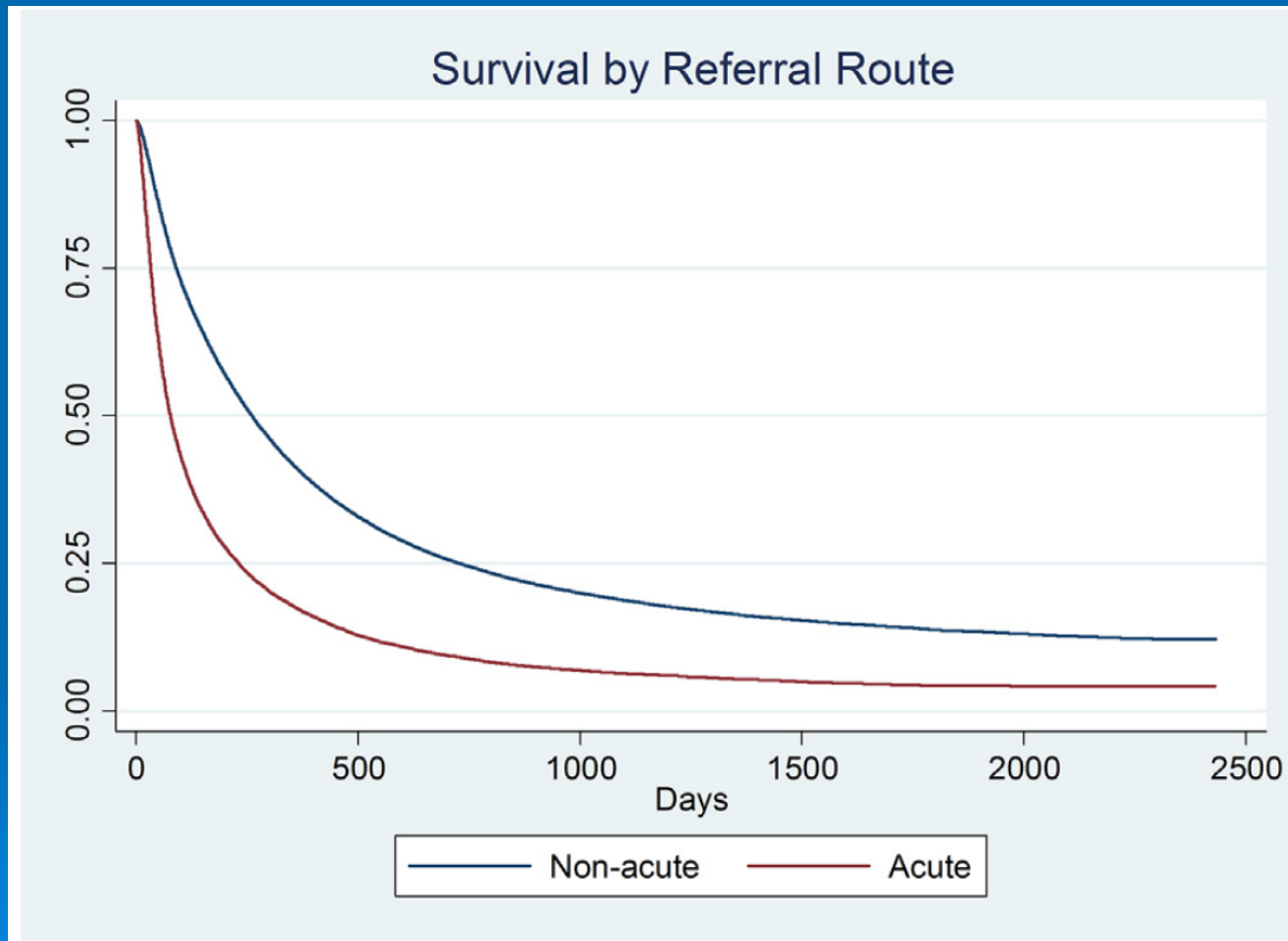
Lung cancer patients frequently visit the emergency room for cancer-related and -unrelated issues

FUTOSHI KOTAJIMA¹, KUNIIHIKO KOBAYASHI², HIROZO SAKAGUCHI³ and MANABU NEMOTO¹



Risk factors and survival outcome for non-elective referral in non-small cell lung cancer patients – Analysis based on the National Lung Cancer Audit

P. Beckett^{a,*}, L.J. Tata^b, R.B. Hubbard^b



2006–2011
UK
19%

Why Do Cancer Patients Die in the Emergency Department? An Analysis of 283 Deaths in NC EDs

Ashley Leak, PhD, RN-BC, OCN^{1,2}, Deborah K. Mayer, PhD, RN, AOCN, FAAN², Annah Wyss, MPH¹, Debbie Travers, PhD, RN, CEN, FAEN^{1,2,3}, and Anna Waller, ScD³

0,75% mortalité aux urgences

Gender	N	%
Male	177	62.5
Female	106	37.5
Age at death		
≥50	34	12.0
50-60	57	20.1
60-70	69	24.4
70-80	69	24.4
≥80	54	19.1
Mean age (SD)	66 (14.3)	
Expected source of payment		
Insurance company	65	23.0
Medicare	134	47.3
Medicaid	31	10.9
Self-pay	23	8.1
Other	20	6.4
Missing/unknown	10	3.5
Diagnosis position of ICD code for cancer		
1	74	26.2
2	85	30.0
3	60	21.2
4	37	13.1
5	27	9.5
Number of visits		
1	201	71.0
2	52	18.4
3	17	6.0
≥4	13	4.6

Utilization of Rapid Response Resources and Outcomes in a Comprehensive Cancer Center*

Charles A. Austin, MD¹; Chris Hanzaker, BS²; Renae Stafford, MD, MPH, MS, FACS³; Celeste Mayer, PhD⁴; Loc Culp, RN, BSN⁵; Feng-Chang Lin, PhD⁶; Lydia Chang, MD⁷

TABLE 6. ICU Transfer and Mortality Outcomes

	Noncancer Center Patients (<i>n</i> = 422)	Cancer Center Patients (<i>n</i> = 135)	<i>p</i>	Odds Ratio
ICU transfer required (<i>n</i> , % total)	142 (33.6)	52 (38.5)	0.301	1.2 (95% CI, 0.8–1.9)
Overall in-hospital mortality (<i>n</i> , % total)	75 (17.8)	45 (33.3)	< 0.001	2.3 (95% CI, 1.5–3.6)
Overall in-hospital mortality, adjusted for WCCI, age, and gender			0.005	1.9 (95% CI, 1.2–3.1)
In-hospital mortality if ICU transfer required (<i>n</i> , % total)	33 (23.2)	29 (55.8)	< 0.001	4.2 (95% CI, 2.1–8.2)
In-hospital mortality if ICU transfer required, adjusted for WCCI, age, and gender			0.001	3.3 (95% CI, 1.7–6.7)

USA
2 ans

Urgences?



**Nonscheduled consultation
in oncologic patients.
How many of them are true emergencies?
An observational prospective study**

- Fièvre, douleur
- 26% vraies urgences

Oncologic emergency	Emergency system admissions (n=30)	Nonemergency system admissions (n=103)
Febrile neutropenia	13	33
Intestinal occlusion	12	35
Hepatobiliary complications	0	6
Abdominal perforation	1	4
Intraabdominal bleeding	0	2
Intraabdominal abscess	0	3
Spinal cord compression	0	10
Hemorrhagic cystitis	0	3
Obstructive uropathy	4	3
Hypercalcemia	0	2
Hypoglycemia	0	2

Conclusions

- Problème fréquent
- 1/4 vraies urgences
- Cancer bronchique, colique, sein et prostate
- Stade avancé (diagnostic)
- Douleur, fièvre/infection, problème respiratoire ou digestif
- Lié au cancer ou non
- Taux d'admission élevé