

Table 14: Escalante 2000¹⁴⁹

Reference	Escalante 2000 ^{149,149}
Study type and analysis	Retrospective cohort (randomised sample stratified by malignancy)
Number of participants and characteristics	<p>n=122</p> <p>Inclusion criteria: People with cancer presenting to the emergency centre with acute dyspnoea as a primary or secondary complaint.</p> <p>Exclusion criteria: miscoded complaints (no complaints of dyspnoea, direct transfers from other hospitals after treatment elsewhere for their dyspnoea, charts unavailable for review, no available physician note documenting the presence of dyspnoea in the ED, scheduled visits to the ED for thoracentesis, pneumothoraces after central venous catheter placement in the outpatient clinic, developed dyspnoea in the chemotherapy clinic and X-ray unavailable for review (excluded patients = 57).</p> <p>Etiology of dyspnoea was determined and further details given in Escalante 1996, these included primary lung cancer, COPD, pneumonia, pleural effusion, congestive heart failure, lung metastasis and tumour obstruction.</p> <p>Setting: Emergency Centre Country: USA Age, years. Median (range): 58 (29 - 90) Female, n (%):53%</p> <p>68% had uncontrolled progressive disease. 25 (20%) died within the first 2 weeks 63 (52%) died within the first 3 months.</p> <p>Randomisation stratified by malignancy (divided into thirds: breast cancer, lung cancer and other cancer).</p>
Prognostic variable(s)	Triage blood pressure. Triage respiration, response to treatment, triage pulse, cancer diagnosis, history of metastasis.

Confounders OR stratification strategy	Univariate factors: Imminent death (survival of 2 weeks or less) N (%)	Univariate factors: Imminent death (survival great than 2 weeks) N (%)
	<p>Triage blood pressure</p> <p>systolic \leq80mmHg = 8 (41.7)</p> <p>systolic $>$80mmHg = 19 (17.9)</p> <p>diastolic \leq40mmHg = 1 (100.0)</p> <p>diastolic $>$40mmHg = 23 (19.8)</p> <p>Triage respiration =</p> <p>Respiratory \leq 28 breaths/min = 3 (5.2)</p> <p>Respiratory $>$ 28 breaths/min = 22 (34.9)</p> <p>Triage pulse =</p> <p>60$<$ pulse $<$110 beats /min = 6 (10.3)</p> <p>Pulse \geq 110, or \leq 60 beats/min = 19 (30.2)</p> <p>Response to treatment =</p> <p>Controlled, or stable disease = 1 (2.6)</p> <p>Uncontrolled, progressive disease = 24 (28.9)</p> <p>History of metastasis =</p> <p>None = 3 (7.3)</p> <p>History of metastasis = 22 (27.5)</p> <p>Cancer diagnosis</p> <p>Breast = 7 (19.4)</p> <p>Lung = 14 (31.1)</p> <p>Other = 4. (</p>	<p>Triage blood pressure</p> <p>systolic \leq80mmHg = 7 (58.3)</p> <p>systolic $>$80mmHg = 87 (82.1)</p> <p>diastolic \leq40mmHg = 0 (0)</p> <p>diastolic $>$40mmHg = 93 (80.2)</p> <p>Triage respiration =</p> <p>Respiratory \leq 28 breaths/min = 55 (94.8)</p> <p>Respiratory $>$ 28 breaths/min = 41 (65.1)</p> <p>Triage pulse =</p> <p>60$<$ pulse $<$110 beats /min = 52 (89.7)</p> <p>Pulse \geq 110, or \leq 60 beats/min = 44 (69.8)</p> <p>Response to treatment =</p> <p>Controlled, or stable disease = 38 (97.4)</p> <p>Uncontrolled, progressive disease = 59 (71.1)</p> <p>History of metastasis =</p> <p>None = 38 (92.7))</p> <p>History of metastasis = 58 (72.5)</p>
	<p>Variables that exhibited a relationship with the survival variables ($p < 0.1$), that is, occurred by chance less than 10 times in 100 in univariate analysis were used in a logistic regression to build preliminary models. Multivariate model - logistic regression used to evaluate predictors of imminent death.</p>	

<p>Outcomes and effect sizes</p>	<p>Multivariate predictive model: Imminent death (survival of 2 weeks or less) Triage respiration = RR 12.72 (3.1 - 52.8) p = 0.0000 Response to treatment = RR 21.93 (2.5 - 196.0) p = 0.0010 Triage pulse = RR 4.92 (1.4 - 16.9) p = 0.0025 History of metastasis = RR 3.85 (1.8 - 17.7) p = 0.0367</p>
<p>Comments</p>	<p>ROC curve given in paper. Source of funding not reported.</p>