

anxiety or depression. ACP-induced communication conduced to a greater understanding and compliance with the patient's treatment preferences and developed the confidence of family members and healthcare professionals in decision-making. ACP seems to have contributed to reduce the number of hospital deaths, particularly in intensive care units, fewer bereavement complications, to promote legal documentation and to reduce the costs associated with health care.

Conclusion: The multiple benefits associated with ACP reinforce the need to create a programme for a systematic implementation of this type of care.

Family conference: a quality tool in the communication process in palliative care

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Introduction: Family Conference (FC) is a quality indicator in palliative care (PC), based in communicational and rational process to managing the emotion and desires of patients, patient's family and health care team^{1,2}. It is important to understand the effectiveness of FC in PC and what is the level of satisfaction achieved by each decision makers of the Advanced Care Plan: patient, family and health professionals' team.

AIM: Evaluate the overall satisfaction of each participants in the FC and which variables influence this outcome.

Material & methods: We performed an exploratory, quantitative, observational, analytical and cross-sectional study. We made an accidental non-probabilistic sampling of 94 FCs in Private Palliative Care Unit, Palliative Care Unit of the National Palliative Care Network, Community Palliative Care Support Unit and Intrahospital Palliative Care Support Unit. To evaluate the levels of satisfaction, we use a questionnaire "Satisfaction Assessment with FC" with a Cronbach's Alpha > 0.75. The results were analyzed using the Mann-Whitney and Kruskal-Wallis tests. Sampling: 94 FCs, 93 health professionals' as FC managers, 83 family members, 24 patients.

Results: 98.2% of the CF objectives were assessed as satisfied or very satisfied. Statistically significance were detected in the overall satisfaction of the participants with the FC ($H=9.463$; $p=0.009$), with a higher patient and family satisfaction index than the professionals. The variables planning, PC typology, professional category of FC manager, place of care, relative's kinship and patient presence had a significant influence on the level of satisfaction of participants in FC. The number of professionals in the FC, the duration and the space where the FC was performed did not show any influence on satisfaction rate.

Conclusion: The FC has been shown to be effective in terms of the goals set in all PC services typologies and very satisfactory to the participants. Patient and family value having an opinion in the health process and appreciate listening to professionals^{3,4,5}.

Therefore, Family conference should be use as a quality tool in the communication process in Palliative Care.

Risk factors for morbidity after ALPPS procedure in the treatment of colorectal liver metastases (CRLV)

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The ALPPS procedure allows for the treatment of bilobar CRLM in a short period of time, reducing drop-out rates and disease progression between stages. A better selection of patients and recent technical developments have been decisive in decreasing the morbidity and mortality rates that were initially associated with this procedure. We aim to analyze the results of our Center in the treatment of CRLM using the ALPPS technique and identify risk factors associated with higher morbidity.

Between 2015 and 2019, 18 patients ($63,8 \pm 8,5$ years old; 4F:14M) with a median of 10,5 CRLM underwent ALPPS. Morbidity was defined according to Clavien-Dindo Classification; survival was estimated using the Kaplan-Meier method; and a multivariate logistic regression model was used for the risk factor analysis using SPSS.

The mean survival was $23,12 \pm 3,88$ months (65,8%/1year and 28,7%/3 years). 8 patients (46,7%) experienced disease recurrence and the mean disease-free survival was $17,26 \pm 2,38$ months. Overall morbidity rates were 50% (9 patients) – 38,9% reported major complications (Clavien-Dindo ≥ 3). As risk factors for major morbidity we identified the presence of more than 10 metastatic lesions, more than 10 cycles of chemotherapy before surgery and overall hepatic pedicle clamping time over 30 minutes long during the first stage.

In our Center, the morbidity rates after ALPPS are comparable to those of recent publications. Our study suggests that prolonged cycles of induction chemotherapy and long hepatic pedicle clamping times are associated with a worse prognosis with deleterious clinical outcomes.

Molecular spectrum of KRAS/NRAS/BRAF in advanced colorectal cancer patients – one-year systematic review in a single tertiary centre

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