



11th World Research Congress Online
European Association for Palliative Care
One Voice, One Vision in Palliative Care

Interactive online sessions 7- 9 October 2020

EAPC 11th World Research Congress Online - Final scientific event report

Participant numbers:

Number of registered delegates: 1112
Number of certificates issued: 180
Delegates were from 68 different countries (Appendix 1.)

Scientific programme

The congress scientific programme comprised an extensive range of scientific content. This included: Plenary lectures, themed sessions, selected free communication sessions, poster presentations and a broad range of 'on-demand' content which was available for the duration of the congress (<https://journals.sagepub.com/doi/full/10.1177/0269216320958098>) and for three months. The programme included the following sessions:

1. Plenary Lectures:

There were three plenary lectures. Two were from award winners (the Ventafridda Lecture and the Cicely Saunders Award winner) and one was in the opening ceremony. In addition, two of the three EAPC Researcher Award winners also presented. Four outstanding abstracts were also selected for presentation in a plenary session.

- a) Early Researcher Awards:
 - a. Lucas Morin, Sweden
 - b. Eva Katharina Schildmann, Germany
- b) Post-Doctoral Award:
Melissa Bloomer, Australia
- c) Cicely Saunders Award:
Professor Sheila Payne, UK
- d) Ventafridda Lecture:
Professor Stein Kaasa, Norway

2. Themed sessions

There were 6 themed sessions with 17 speakers who were invited by the scientific committee.

3. Free communication sessions

A total of 94 abstracts with a high average review score were selected for oral presentation. In total there were 19 free communication sessions based on the submitted abstract themes. All of these presentations were pre-recorded and were available 'on-demand'. The ten highest scoring abstract authors also presented live during the congress.



4. Poster discussion sessions

The 11 highest ranked posters were selected for 2 poster discussion sessions. After a call for late breaking abstracts, an additional poster discussion session on 'Covid-19 and the Palliative Care Response' was added to the programme and included the 5 highest ranked posters in this category. These sessions were arranged as panel debates, where two chairs prepared questions for the presenters. Delegates were also invited to join the discussion and to ask questions.

5. Children's Palliative Care seminar

A Children's Palliative Care Seminar was included in the programme for the first time. This was part of the first interactive day of the congress and consisted of:

- 4 invited lectures
- 7 oral presentations
- 18 authors of submitted abstract authors presented their research
- 28 posters on paediatric palliative care
- 1 Meet-the-Expert session on paediatric palliative care
- Other content was available 'on demand'

6. Poster presentations

A total of 592 posters were presented.

7. Meet-the-expert sessions

A total of 6 Meet-the-expert sessions were held during the congress.

8. Company-sponsored satellite symposia

There were no company sponsored symposia during the congress.

Abstracts:

All abstracts were printed in a special edition of Palliative Medicine by published by Sage (<https://journals.sagepub.com/doi/full/10.1177/0269216320958098>)

1. Abstract statistics

Abstracts submitted:	1150
Abstracts accepted:	1096
Number of Countries abstracts were received from:	52



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Topics	Number of abstracts submitted:
Advance Care Planning and Shared Decision Making	55
Bereavement	22
Cancer	73
Children and adolescents	46
Communication and information	54
Covid-19 and the Palliative Care Response	58
Education	51
Elderly patients & dementia	30
Electronic patient reported outcomes	7
End of life care, quality of dying	101
Ethics	13
Family carers	44
Health economics	9
Health policy	24
Home care	28
Hospital	54
Methodology	34
Minority groups (including prisoners, immigrants, etc.)	21
Neurological diseases	11
Nursing home	20
Organ failure (heart failure, COPD, kidney failure, etc)	39
Other	33
Other populations	16
Pain	46
PC unit - hospice	36
People with mental disabilities	5
Pharmacology	6
Primary care	25
Professionals and care pathways	38
Psychological condition	26
Public health	22
Social condition	5
Spiritual and existential issues	40
Symptoms other than pain	44
Transmural	7
Volunteers	7

Acknowledgements:

1. Scientific committee

Marie Fallon	(UK) (chair)
Lieve Van den Block	(Belgium) (co-chair)
Augusto Caraceni	(Italy)
Per Sjøgren	(Denmark)
Christoph Ostgathe	(Germany)
Sebastiano Mercadante	(Italy)
Phil Larkin	(Switzerland)
Roeline Pasma	(The Netherlands)
Steffan Eychmuller	(Switzerland)
Marianne Jensen Hjermsstad	(Norway)



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2. EAPC Head Office

Julie Ling (CEO)
Avril Jackson
Cathy Payne
Alice Gallivanone
Claudia Sutfeld

3. Sponsors

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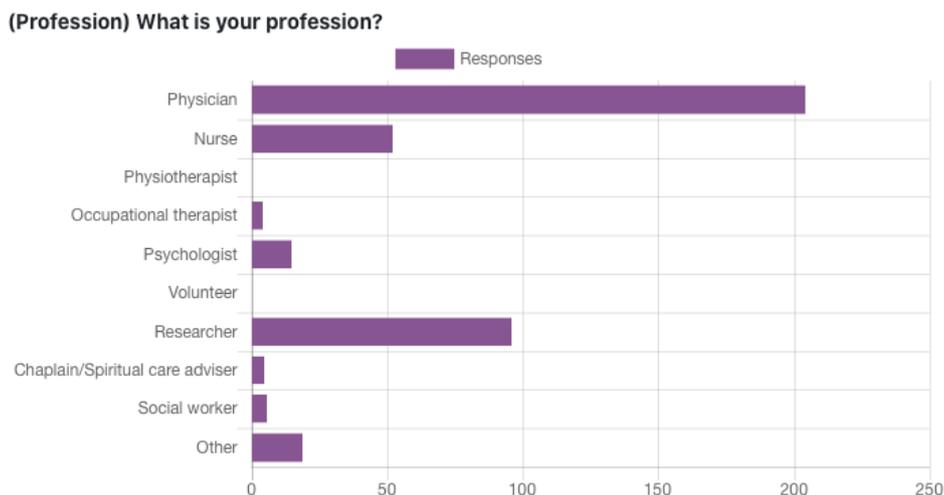
Congress Evaluation:

Following the congress all delegates were invited to complete the congress evaluation online. The closing date for evaluations was 31st October 2020.

A total of **351 completed evaluations** were received from delegates from 44 countries globally.

Palliative care is a multidisciplinary specialty and this was reflected in the broad range of professionals from different disciplines attending the congress and completing the evaluation although the majority of those completing the evaluation (204 - 58%) were physicians (Figure 1).

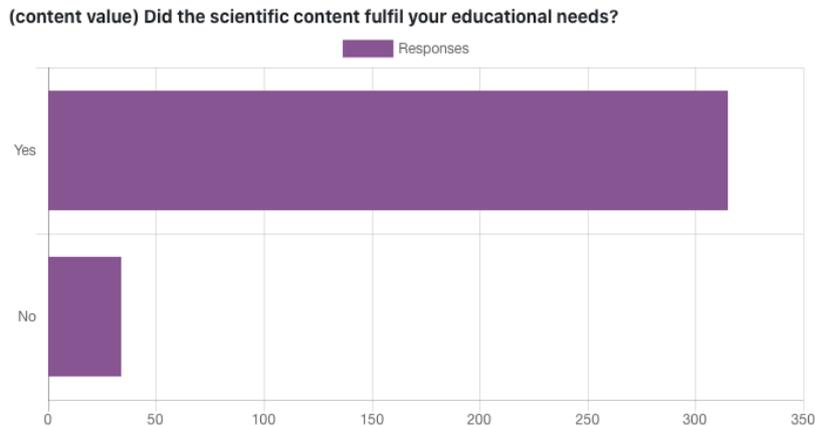
Figure 1. Profession of delegates completing evaluation





The results of the online evaluation and the feedback from delegates both verbally and by email suggest that the majority of delegates were satisfied with the scientific content of the congress, with 317:351 (90%) of delegates completing the questionnaire agreeing that the content fulfilled their educational needs (Figure 2.)

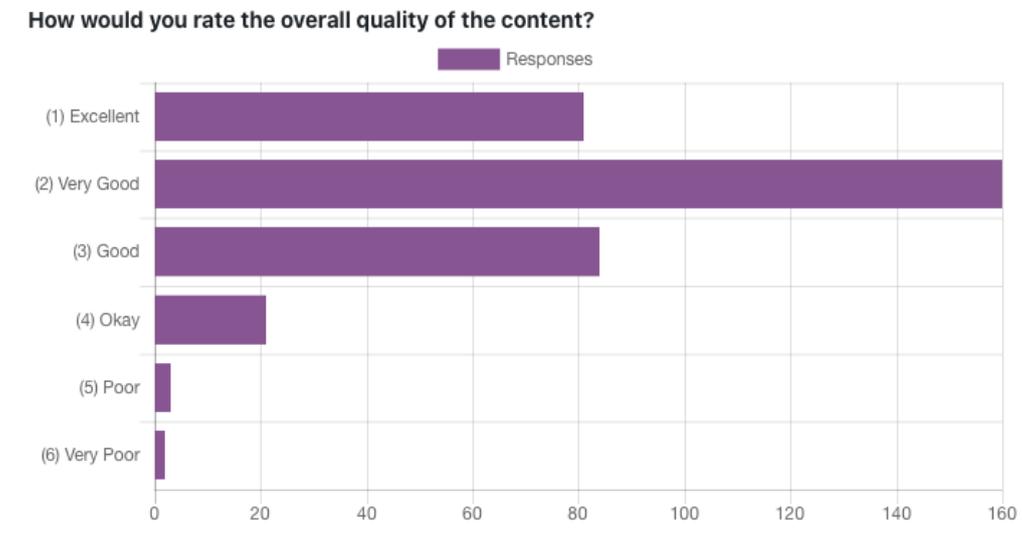
Figure 2. Scientific Content



The scientific content of the programme incorporated presentations from both invited speakers and free communication sessions selected from submitted abstracts. In total, there were 95 speakers and chairs from around the world.

Quality of the event

Delegates who completed the evaluation rated the overall quality of the congress content highly with 81 (23%) rating the content as excellent, 160 (46%) as very good and a further 84 (24%) rating the content as good. Thus 93% of those completing the evaluation rated the content as good to excellent.





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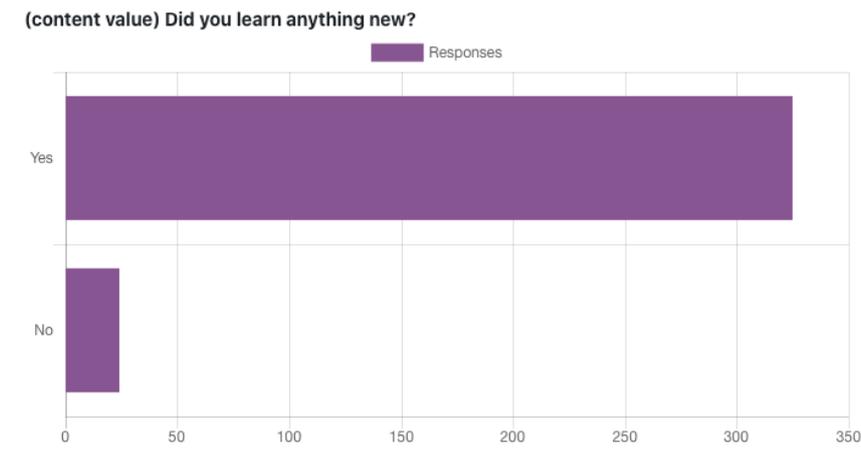
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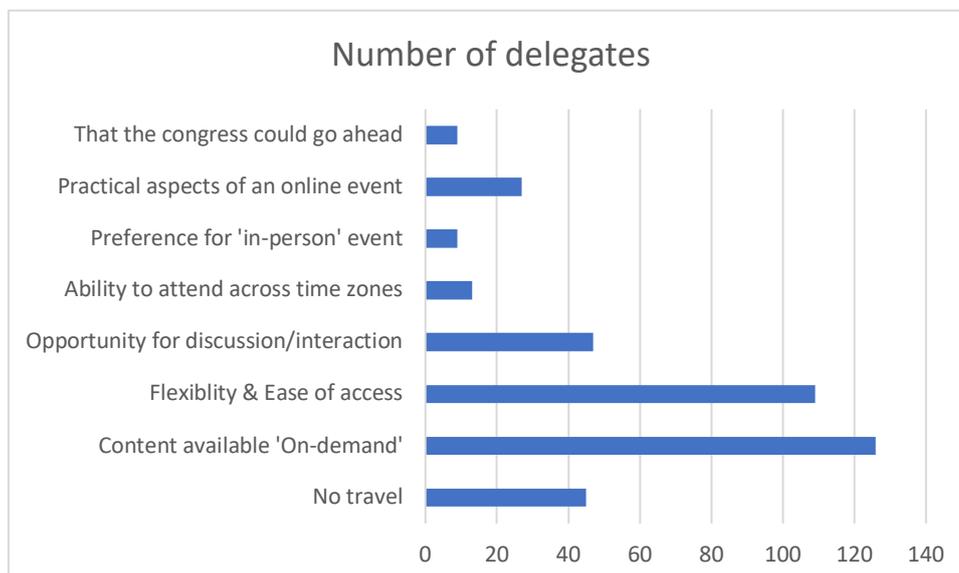
Relevance of the event

As an indicator of relevance of the event, delegates were asked if they learnt anything new during the congress 327: 351 (93%) delegates indicated that they gained new knowledge by attending the congress.



Additional data collected as part of the evaluation identified that delegates valued most about the congress. There was a broad range of answers but most of the delegates valued that the entire content of the congress, including recordings of all live sessions, is available 'on-demand' and the opportunity to access this for three months. Others valued that they were able to attend without travel.

Table 2. – responses to 'What did you like most about the online format?'





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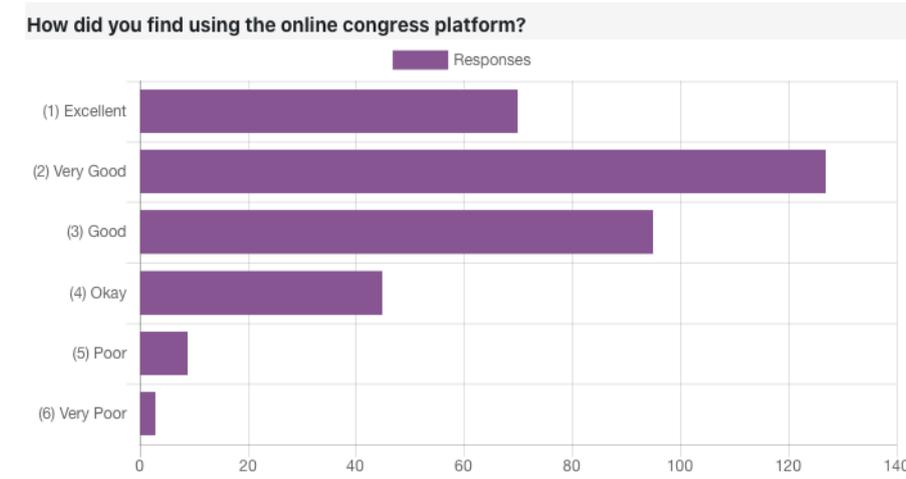
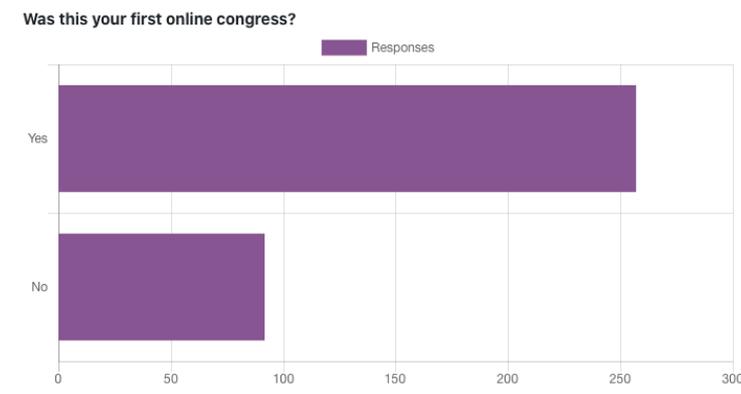
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Suitability of formats used during the event

This event was originally planned as an in-person meeting that was due to take place in Palermo, Italy in May 2020. Due to the global pandemic, the event was moved online. For the majority of delegates this was their first experience of an online congress (257:351 – 74%).

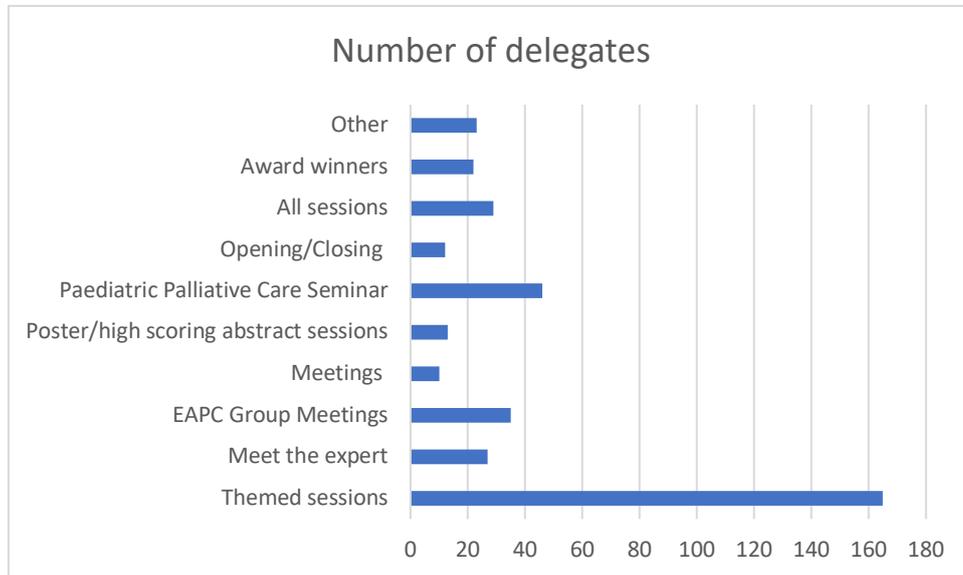


Delegates were asked about the format of the congress. When asked about using the platform, 83% of delegates rated it as good, very good or excellent. Those who completed the evaluation experienced a range presentations formats and identified the ones they found to be most helpful.

Ways the event affected the participant's practice and what they liked most.



Table 1. – Responses to ‘Which live session did you find most helpful?’



Delegates were asked to identify the sessions that they found to be most helpful. The majority of the 351 delegates who completed the evaluation found the themed sessions to be the most helpful but there was appreciation of the broad range of content available. This was reflected in the range of topics that delegates found most helpful. (Table 1) and the comments that delegates included as part of their evaluation.

Participants comments:

‘In a particularly practical way that can be adapted to the clinical setting’

‘Enjoyed it very much. Loved the online congress. opened the learning to many more participants’

‘Opioid session because it impact my daily practice.’

‘The discussions were more focused, as questions had to be submitted in writing, preventing overly long questions, and chairs could combine similar questions. Besides, there was more time allocated for discussions.’

‘It was also very helpful to have the opportunity to watch presentations in advance. flipped classroom" format with the live sessions being more interactive in a panel discussion, rather than a didactic lecture.’



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'I think all future congresses should be made available this way, even once they re-start face-to-face. This was a really wonderful educational experience that I would love to be part of every year.'

'Very efficient, good discussions (through online questions), diverse scientific program'

'The discussion time in live sessions - often very rich and going to the core of a matter'

EACCME statement:

The 11th EAPC World Research Congress Online is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net Only delegates who complete a congress evaluation are able to claim EACCME CME credits.

The 11th EAPC World Research Congress Online is designated for a maximum of 17 European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits. Information on the process to convert EACCME credit to AMA credit can be found at <https://www.ama-assn.org/education/ama-pra-credit-system/agreement-european-union-medical-specialties-uems>

Live educational activities, occurring outside of Canada, recognized by the UEMS- EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

Dr Marie Fallon
Chair of the Scientific Committee
11th EAPC World Research Congress Online



Appendix 1 - Number of delegates by country.

Country	Number
Albania	4
Argentina	1
Armenia	1
Australia	51
Austria	33
Belgium	45
Brazil	7
Bulgaria	1
Canada	31
Chile	1
Croatia	1
Czech Republic	14
Denmark	38
Dominica	1
Egypt	1
Estonia	2
eSwatini	1
Finland	11
France	23
Georgia	3
Germany	55
Ghana	2
Greece	3
Hungary	4
India	10
Indonesia	1
Ireland	24
Israel	2
Italy	135
Japan	37
Jersey	1
Jordan	1
Kenya	1
Latvia	2
Lithuania	1
Malaysia	1
Malta	1
Mexico	2
Moldova	1
Mozambique	1
New Zealand	10
Nigeria	5
North Macedonia	3
Norway	15
Palestine	1
Peru	1
Poland	10
Portugal	16
Romania	6
Russia	1
Rwanda	2



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Singapore	9
Slovenia	5
South Africa	1
South Korea	5
Spain	30
Sudan	1
Sweden	29
Switzerland	26
Taiwan	6
Thailand	1
The Netherlands	115
Turkey	2
Uganda	6
United Kingdom	158
Uruguay	1
U.S.A.	47
Zimbabwe	1
<i>Not available</i>	<i>43</i>