

Palliative Care: what does it mean?

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Objectives

1. Define the term “palliative care” as it relates to the breast cancer patient.
2. Briefly review promising evidence for early ambulatory palliative care.

WHO Definition

“Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”



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CAPC Definition

Palliative care is provided by a team of palliative care doctors, nurses, social workers and others who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.



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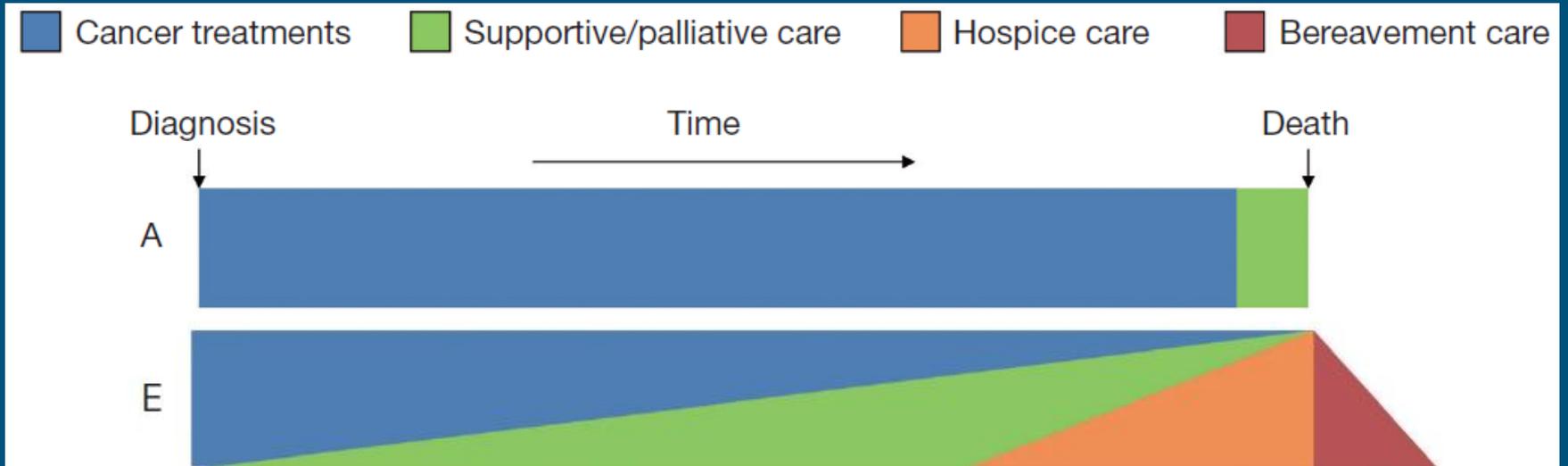
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Models of Care in Serious Illness



Evidence for Early Palliative Care

- Temel et al. NEJM 2010
 - Symptoms ($p = 0.4$)
 - Mood ($p = 0.01$)
 - Quality of Life ($p = 0.03$)
 - Aggressive EOL care ($p = 0.05$)
 - Survival ($p = 0.02$)
- Zimmerman et al. Lancet 2014
 - Quality of Life ($p = 0.003$)
 - Satisfaction ($p < 0.0001$)
 - Symptoms ($p = 0.05$)

Temel et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med.* 2010
Zimmermann et al. Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial. *Lancet.* 2014.

Palliative Care in Breast Cancer

- Natural history of disease is variable
- Patients with prolonged survival
- Common symptoms

Pain

Wounds (bleeding, malodor)

Fatigue

Nausea

Confusion

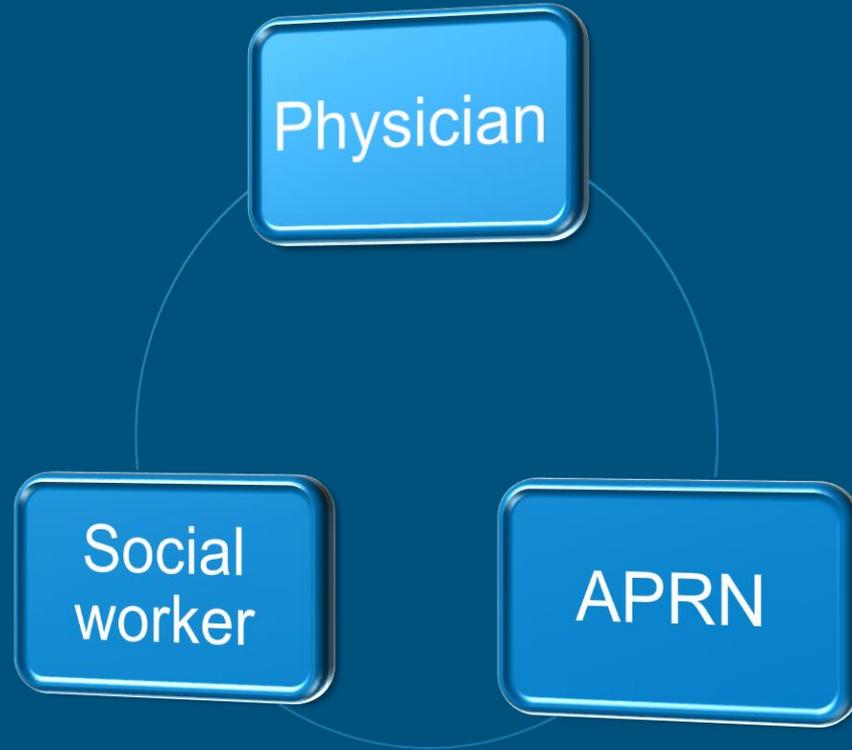
Cherny et al. Palliative care: needs of advanced breast cancer patients. *Breast Cancer* 2018;10:231-243.
Irvin et al. Symptom management in metastatic breast cancer. *Oncologist*. 2011;16(9):1203-14.

Our Program's Mission

To provide compassionate specialty palliative care to patients served by the Smilow Oncology Care Centers, maximizing quality of life by:

- 1) decreasing symptom burden
- 2) providing multidisciplinary support to patients and families throughout the course of their illness.

Our Team



Suggested Indications for Palliative Care Consultation

- Needs-based
 - Severe physical symptoms refractory to conventional management
 - Severe emotional symptoms refractory to conventional management
- Time-based
 - Advanced or incurable cancer for patients with median survival <1 year
 - Advanced or incurable cancer with progressive disease despite 2nd line therapy, and/or entering a Phase I trial

Modified and adapted from:

- NCCN Clinical Practice Guidelines for Palliative Care, 2012

- Hui D et al. Referral criteria for outpatient specialty palliative cancer care: an international consensus. *Lancet Oncol.* 2016;17(12):e552-e559.

Patient's Name: _____
 Patient's MR: _____
 Date: _____ Time: _____

Completed by (circle one): Patient Family Caregiver
 Health care Professional Caregiver Caregiver-assisted

Edmonton Symptom Assessment Scale (Revised ESAS-FS)

Please circle the number that best describes how you feel in the past 24 hours:

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|----|------------------------------------|
| No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Pain |
| No Tiredness <i>(Tiredness = lack of energy)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Tiredness |
| No Drowsiness <i>(Drowsiness = feel sleepy)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Drowsiness |
| No Nausea | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Nausea |
| No Lack of Appetite | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Lack of Appetite |
| No Shortness Of Breath | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Shortness of Breath |
| No Depression <i>(Depression = feeling sad)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Depression |
| No Anxiety <i>(Anxiety = feeling nervous)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Anxiety |

| | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|-----------------------------------|
| No Constipation | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Constipation |
| No Financial Distress <i>(Distress/Suffering experienced secondary to financial issues)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Financial Distress |
| No Spiritual Pain <i>(Pain deep in your soul/being that is not physical)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Spiritual Pain |
| Best Sleep | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Sleep |
| Best Wellbeing <i>(Wellbeing = how you feel overall)</i> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Wellbeing |
| No Other problem | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Worst Possible Other problem |

Introducing PC to your patients

- Focus on collaboration with oncology as a team approach
- “extra layer of support” or “added expertise in symptom management”
- Caution with terms such as “end-of-life”

Thank you
