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.”
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.”
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.
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.
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 ($p = 0.05$)

Palliative Care in Breast Cancer

- Natural history of disease is variable
- Patients with prolonged survival
- Common symptoms
  - Pain
  - Wounds (bleeding, malodor)
  - Fatigue
  - Nausea
  - Confusion

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

- Physician
- Social worker
- APRN
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
Edmonton Symptom Assessment Scale (Revised ESAS-FS)

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

<table>
<thead>
<tr>
<th>No Pain</th>
<th>0</th>
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<th>Worst Possible Pain</th>
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<tbody>
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<td>No Tiredness</td>
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<td>Worst Possible Drowsiness</td>
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<td>Drowsiness = feel sleepy</td>
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<td>Worst Possible Shortness of Breath</td>
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<td>Depression = feeling sad</td>
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<td>Anxiety = feeling nervous</td>
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<td>Worst Possible Constipation</td>
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<td><strong>No Financial Distress</strong></td>
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<td><em>(Distress/Suffering experienced secondary to financial issues)</em></td>
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<td><em>(Pain deep in your soul/being that is not physical)</em></td>
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<td><strong>Best Wellbeing</strong></td>
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<td><em>(Wellbeing = how you feel overall)</em></td>
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</table>
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