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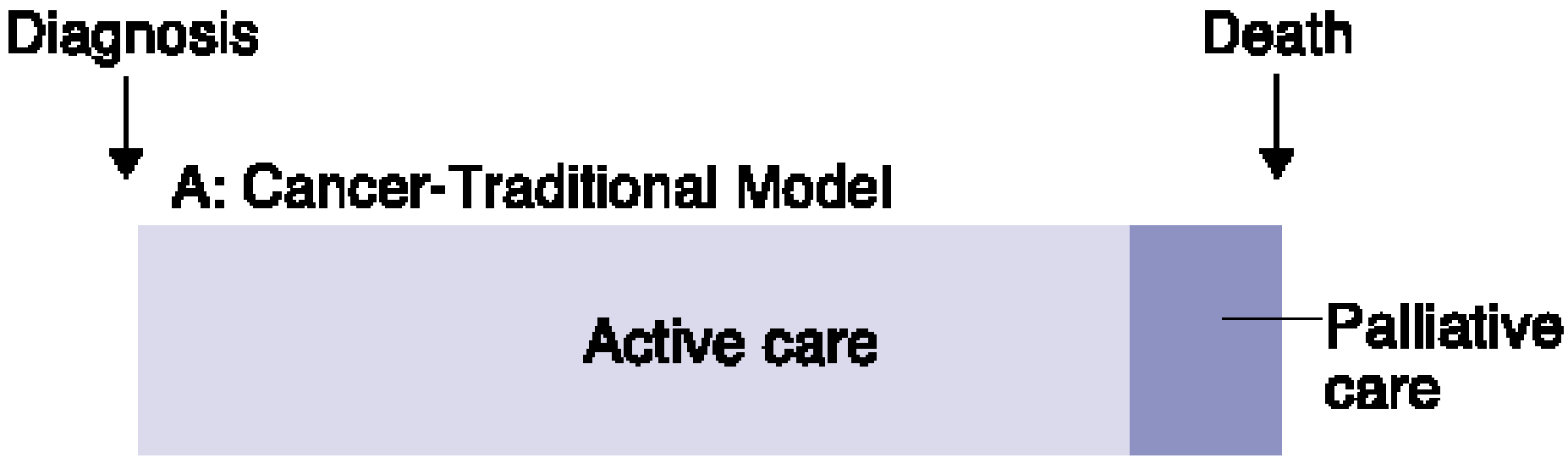
Hematology/Oncology

Integration of Palliative care In Oncology

Palliative Care ≠ Hospice

- Both focus on Symptom management
- Goals may differ:
    - Palliative Care: Improving Quality of ***Life***
    - Hospice: Improving Quality of ***Death***

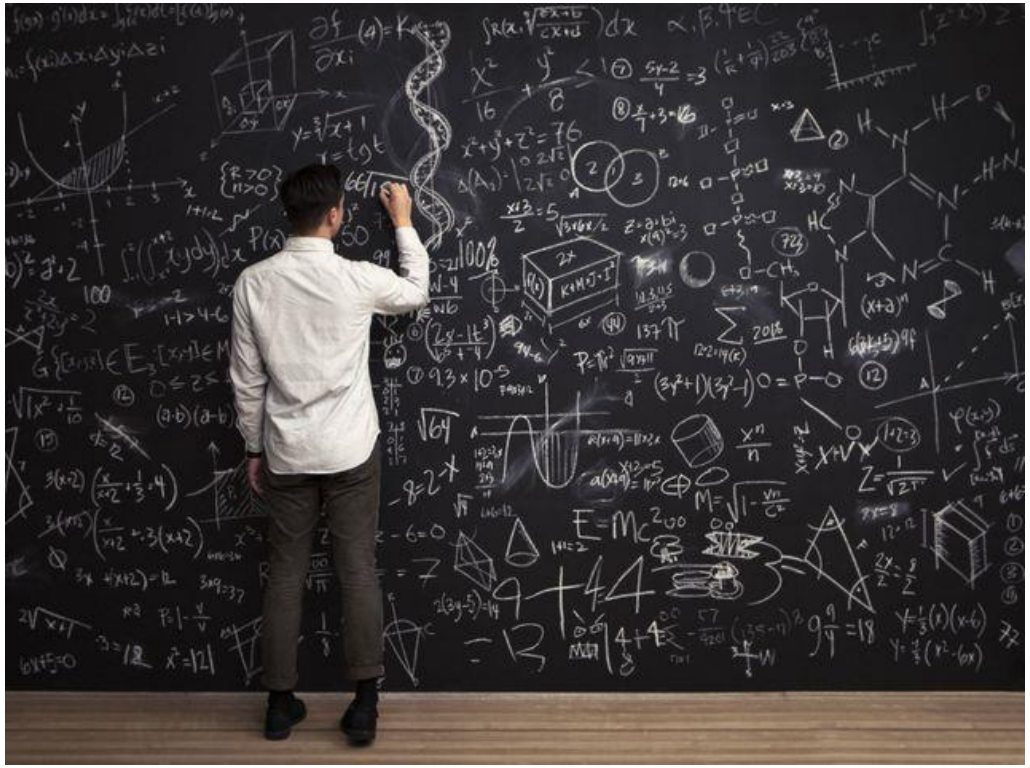
Palliative Care in Oncology



Goals differ depending on setting

- **Curative Setting**
  - Symptom control
  - Minimize treatment interruptions
  - Facilitate transition to lower levels of care
- **Non curative setting**
  - Symptom control
  - Prevent admissions
  - Facilitate transition to hospice

Symptom Control



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Symptom Control

Edmonton Symptom Assessment System Revised (ESAS-r)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	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 Appetitie
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem *(For example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Symptom Control: Challenges

- Time Consuming
- Insufficient training
- Discrepancies between Oncologist's vs Patients perceived symptoms

Xiao et al, Cancer Nursing Dec 2013

Symptom Control: Need for automation

Pathways:	Future:
• Auto recommendations for milder/simpler symptoms • Triggers/Flags for MDs • Ability to track progress	• Ability for AI to identify/predict responses/needs

Palliative Care in non-curative setting

hanks to Greg Ballos 02-27-2006

VHY ARE YOU SO SPECIAL THAT YOU AND
NLY YOU KNOW WHEN THE END IS NEAR,
UH?

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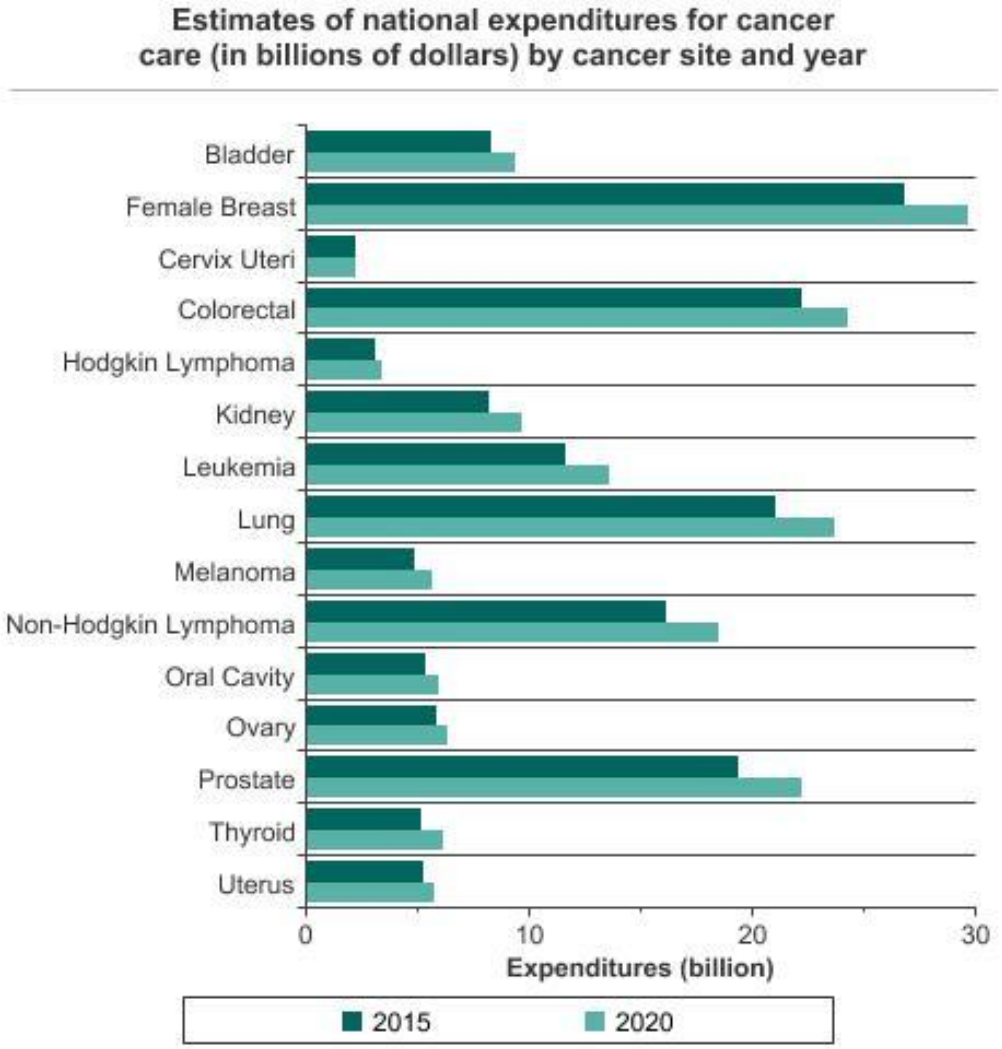
Trends in Cancer Care Costs-US

- $209 Billion in 2020



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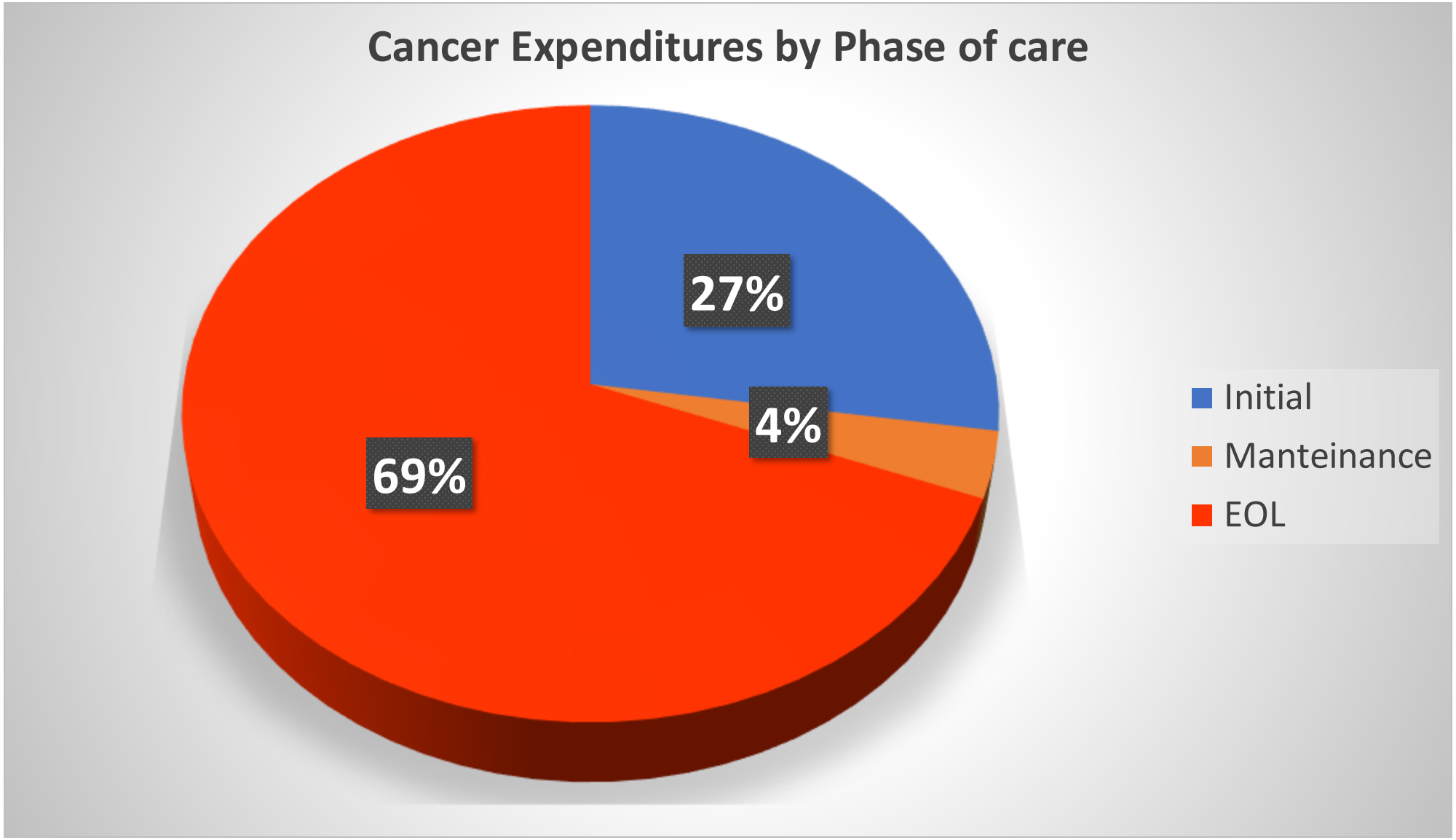
Source: Mariotto AB, Enewold L, Zhao JX, Zeruto CA, Yabroff KR. Medical Care Costs Associated with Cancer Survivorship in the United States. Cancer Epidemiol Biomarkers Prev. 2020;29(7):1304-12.
Cost estimates expressed in 2020 dollars using the medical care series of the Consumer Price Index for All Urban Consumers (CPI-U).
Total cost for cancer of the cervix uteri are reflected in medical services. Cancer-attributable oral prescription drug costs for cancer of the cervix uteri are not available.



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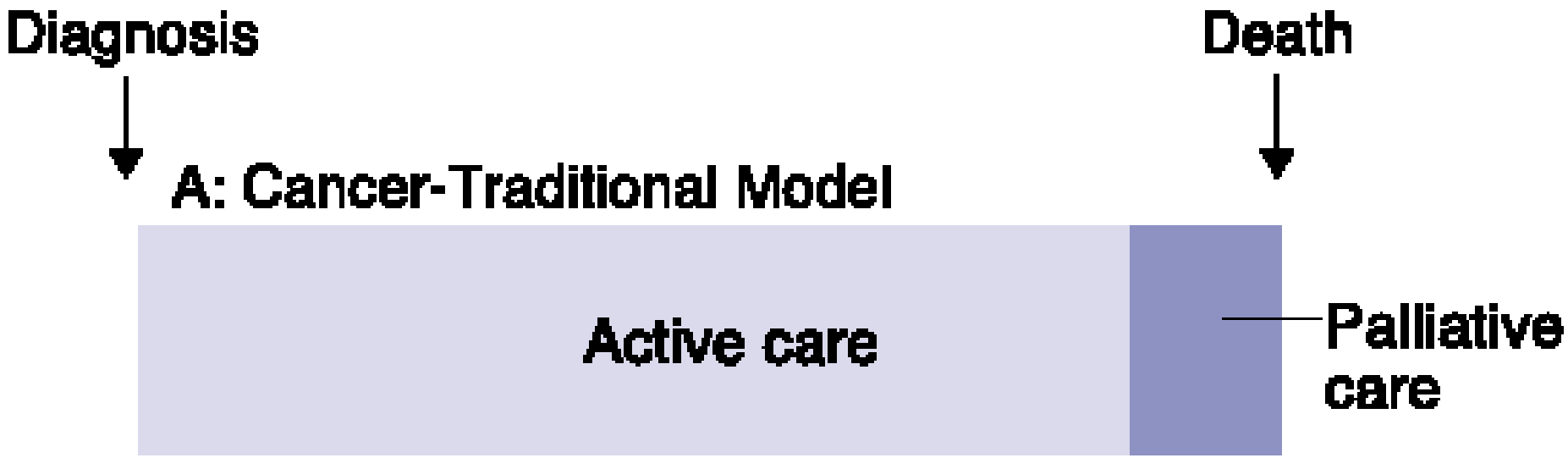
Cancer Trends Progress Report
National Cancer Institute, NIH, DHHS, Bethesda, MD, March 2024, https://progressreport.cancer.gov.

Trends in Cancer Care EOL

- 25% pts died in hospital
- 60% enrolled in hospice last month of life
  - Average Hospice LOS: 9 days
- ICU admissions last month of life: 28%

Goodman DC, Morden NE, Chang CH: Trends in Cancer Care Near the End of Life: A Dartmouth Atlas of Health Care Brief.
Dartmouth Institute for Health Policy & Clinical Practice, 2013

Palliative Care in Oncology



Oncologist's survival estimates

- Highly variable :

  1 yr prediction/actual: 30-60%

  - Better if:
    - Poor baseline performance status
    - Patient chose not to pursue treatment
    - Advanced age
  - Worse if:
    - Younger age (<50)
    - Females

Curr Oncol. 2014 Apr; 21(2): 84–90.
J Palliat Med. 2016 Dec;19(12):1296-1303

Admissions in advanced cancer and prognosis

No of –unplanned--admits	Median survival
One	6 months
Two	76 days (60-110)
Three	50 days (35 – 99)

•Thomas J Roberts et al. Mortality among oncology patients with multiple unplanned hospital admissions.. *JCO* **41**, 6578-6578(2023).

Main goals interventions patients with incurable cancer

1. *Prolonging life*
2. Symptom control
3. Avoid Futile care:
    1. Interventions that do not
        1. Improve QOL
        2. Extend life

Patient education

1. No cure available—or small odds (i.e. IO chances of long term control)

1. Idea of timeframe with/without treatment—
    1. What we now: averages, % survival at X timeframe
    2. What we don't know: individual prediction "you have 6 months…"

2. Cost of those treatments
    1. Side effects
    2. Financial toxicity

Spikes: Breaking Bad news

Walter F. Baile, Robert Buckman, Renato Lenzi, Gary Glober, Estela A. Beale, Andrzej P. Kudelka, SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer, *The Oncologist*, Volume 5, Issue 4, August 2000, Pages 302–311

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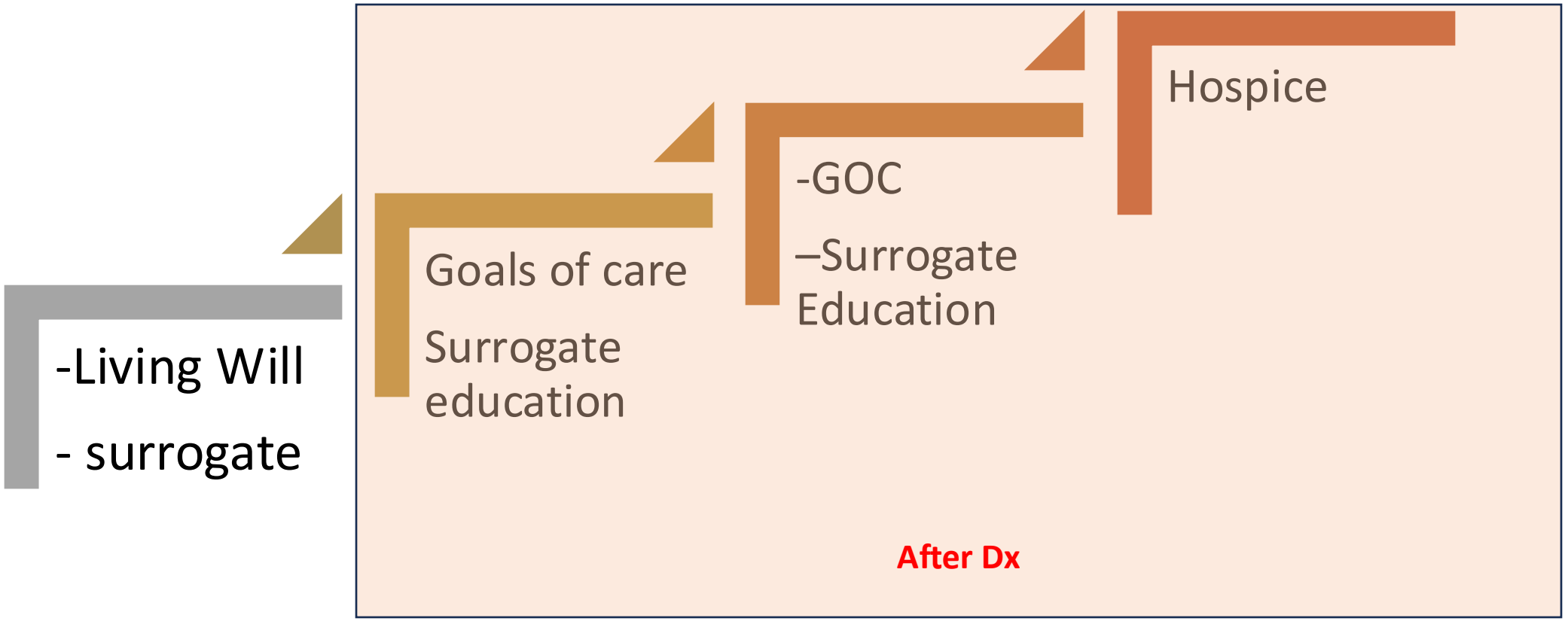
Symptom Management

- Edmonton Symptom Scale
- 0 -10
  - Pain
  - Nausea
  - Fatigue
  - Depression
  - Anxiety
  - Drowsiness
  - Appetite
  - Shortness of breath
  - General wellbeing

Advance Care Planning: a Big Umbrella

- Living Will
- Surrogate
- Advance Directives
  - DNR
  - DNI
  - Feeding
  - Dialysis
  - Etc

Steps approach to ACP



Tools to support Oncologists provide *direct* Pall care

- Symptom management pathways
- Care navigation
- Frailty Monitoring
- Patient education

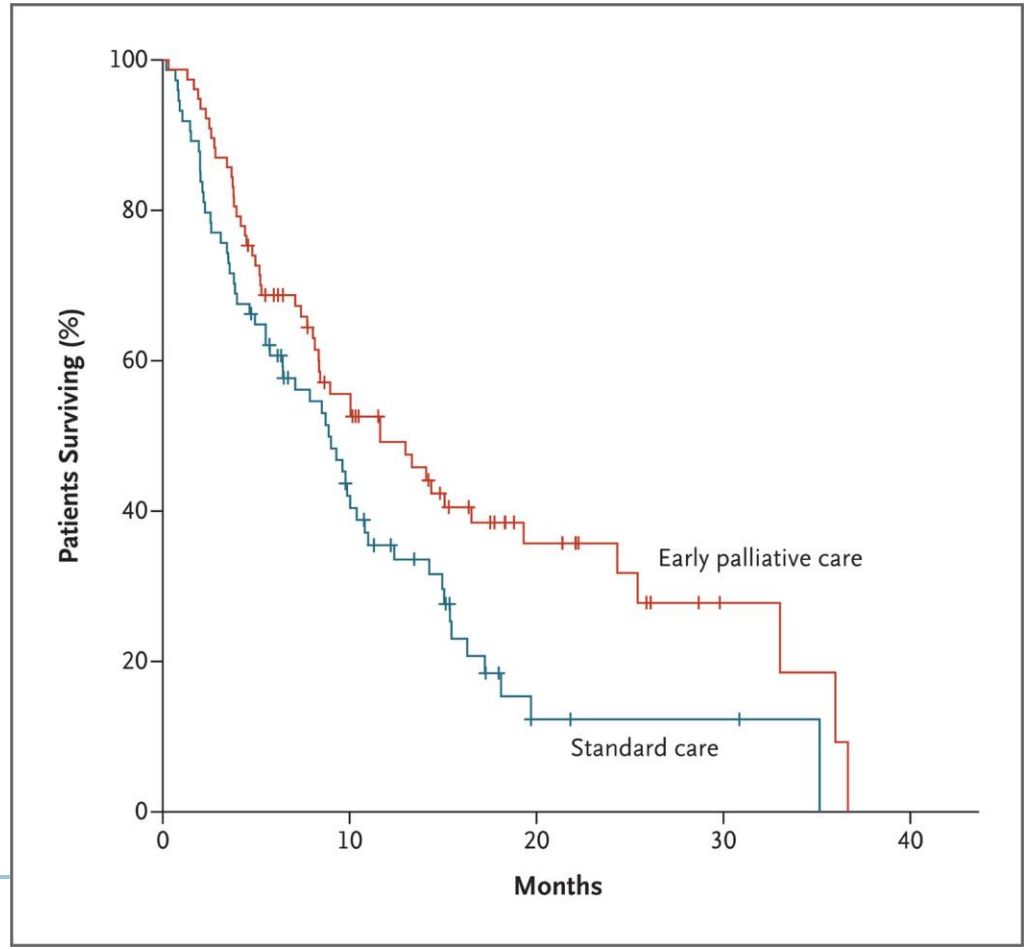
Early palliative care improves survival

- Pall care + Standard Onco care

Vs

Onco care alone

OS 11.6 mo vs 8.9 mo



Published August 19, 2010
N Engl J Med 2010;363:733-742

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Top oncologists say everyone with advanced cancer needs early palliative care. Here are 6 things to know

By 2025, 693,000 Americans will have several forms of advanced cancer.

By Dr. Lindsey Ulin
June 20, 2024, 5:05 AM

- This year, the American Society of Clinical Oncology -- the world's leading oncology organization -- recommended palliative care for everyone with advanced cancer at the time of diagnosis and while receiving treatment.

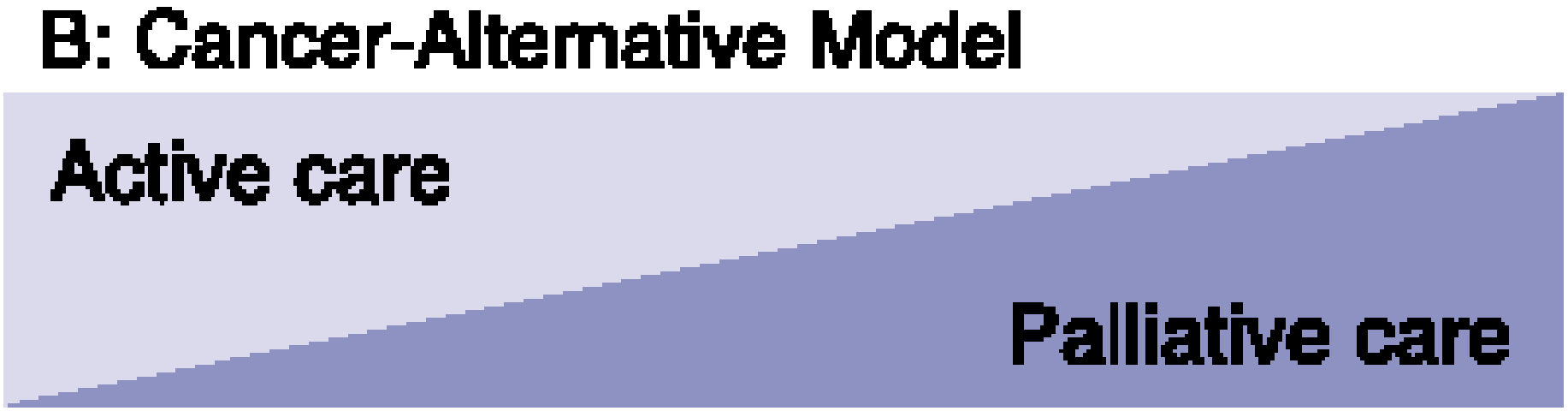
Leveraging tech to improve EOL: ECOG monitoring

- EMR triggers identifying Metastatic Cancer in Problem list
- ECOG Assessment by PCP/team
  - If ECOG 2+→ Automatic recommendation to refer to palliative care
- Results
  - 49% reduction in admissions
  - 85% reduction in costs

•Roberto Enrique Ochoa et al. Systematic performance status assessment by primary care providers in patients with advanced cancer and its impact on referral to palliative care and cost in a value-based practice.. *JCO* **40**, 6595-6595(2022)

End of life Management: Multidisciplinary effort

1. Primary Care
2. Oncologists
3. Palliative Care



Value Based medicine

- Framework integrating PCPs into Oncology Care
  - Incentive to help prevent admissions
  - PCPs collaboration with oncologists
    - Symptom management
    - Transition to hospice discussions
    - Family engagement
- PCPs quality metrics
  - Multiple, disease specific
    - i.e. % pts A1c < 8
    - BB use post MI
    - Med adherence

Key Quality Metrics in Oncology

- Chemo use last 14 days of life
- ICU admissions last 30 days of life
- Lack of hospice enrollment last 30 days of life
- Hospice length of stay < 3 days

Summary

1. Defining curative vs non curative options
2. GOC discussions
    1. Side effects of treatments
3. Integrating Pall Care early
    1. Tech leverage to identify frailty
4. Co-Management of Symptoms
5. Collaborate with PCPs

Thank you