

Palliative Care Everywhere

The Cancer Patient Journey

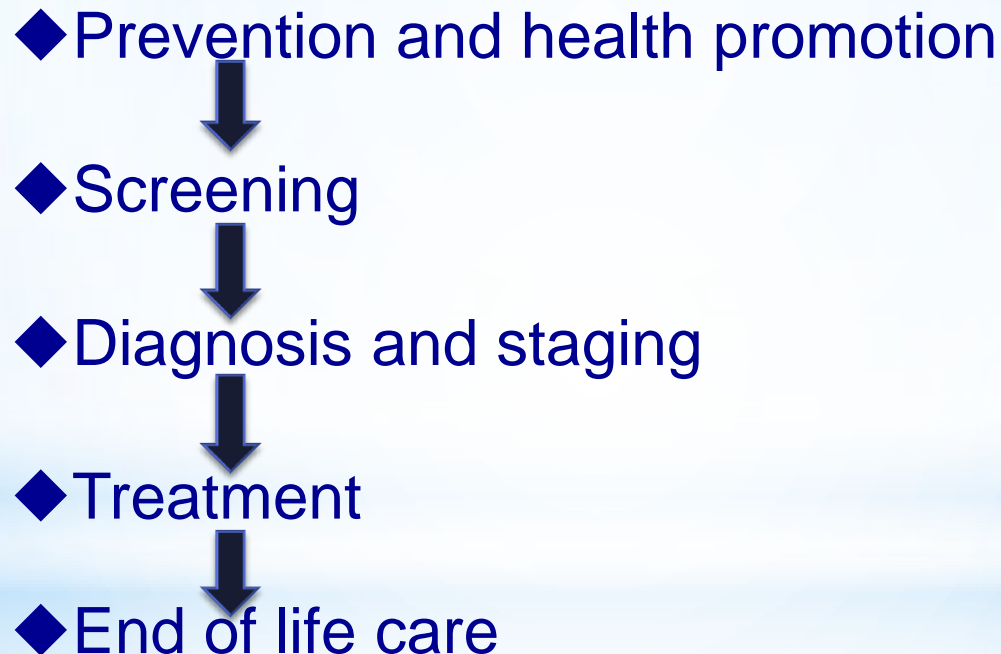
Dr. Jaco Fourie

The Cancer Patient Journey

- ◆ Prevention and health promotion
- ◆ Screening
- ◆ Diagnosis and staging
- ◆ Treatment
- ◆ Surveillance and survivorship
- ◆ End of life care

The Cancer Patient Journey

Incurable Disease: Linear and Progressive



The Cancer Patient Journey- Curable Disease

Often Non-linear Non-progressive

◆ Prevention and health promotion

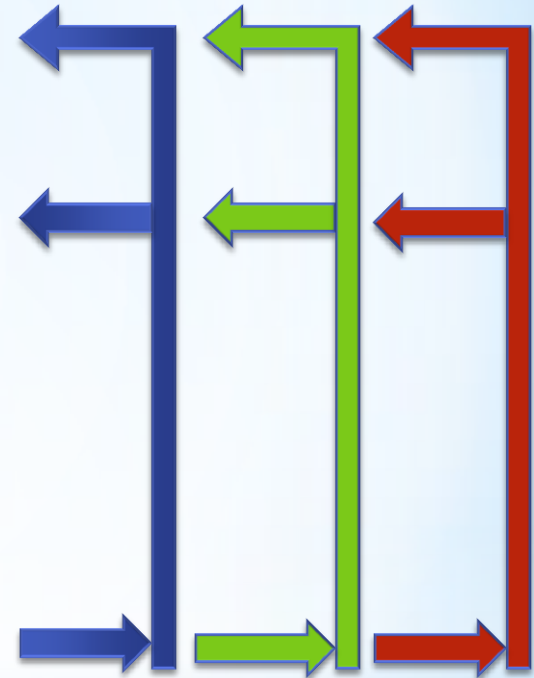
◆ Screening + + +

◆ Diagnosis and staging

◆ Treatment

◆ Surveillance and survivorship

◆ Cure



- Cancer #1
- Cancer #2
- Cancer #3

The Cancer Patient Journey- Curable Disease

◆ Prevention and health promotion

◆ Screening + + +

◆ Diagnosis and staging

◆ Treatment

◆ End of life care



Definition of Palliative Care in the Cancer Patient Journey

◆ WORLD HEALTH ORGANIZATION:

“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.”

◆ “Palliative care” may refer to any care that alleviates symptoms, whether or not there is hope of a cure by other means

Early Multi-disciplinary Team Involvement

- ◆ early identification and impeccable assessment-
EVALUATE
- ◆ prevention- ANTICIPATE
- ◆ relief- MITIGATE

Key Transitions in the Cancer Journey

- ◆ Prevention and health promotion
- ◆ Screening
- ◆ Diagnosis and staging
- ◆ Treatment
- ◆ Surveillance and survivorship
- ◆ End of life care

The Multi-disciplinary Team

- ◆ Primary care provider
- ◆ Cancer care navigator(RN)
- ◆ GP Oncologist
- ◆ Dietician
- ◆ Social worker
- ◆ Oncologists
- ◆ Internal medicine specialist
- ◆ Surgeon
- ◆ Palliative care specialist
- ◆ Home care nursing
- ◆ Occupational therapist
- ◆ Physiotherapist

Cancer Journey Transitions: Diagnosis and Staging

1. EVALUATE (Identify)

- ◆ Tumor histology, grade, receptors, genetic mutations
- ◆ Metastatic disease?
- ◆ Comorbid illnesses
- ◆ Medications
- ◆ Psychological status and support structures
- ◆ Nutritional status
- ◆ Genetic profile
- ◆ Pain patterns

Cancer Journey Transitions: Diagnosis and Staging

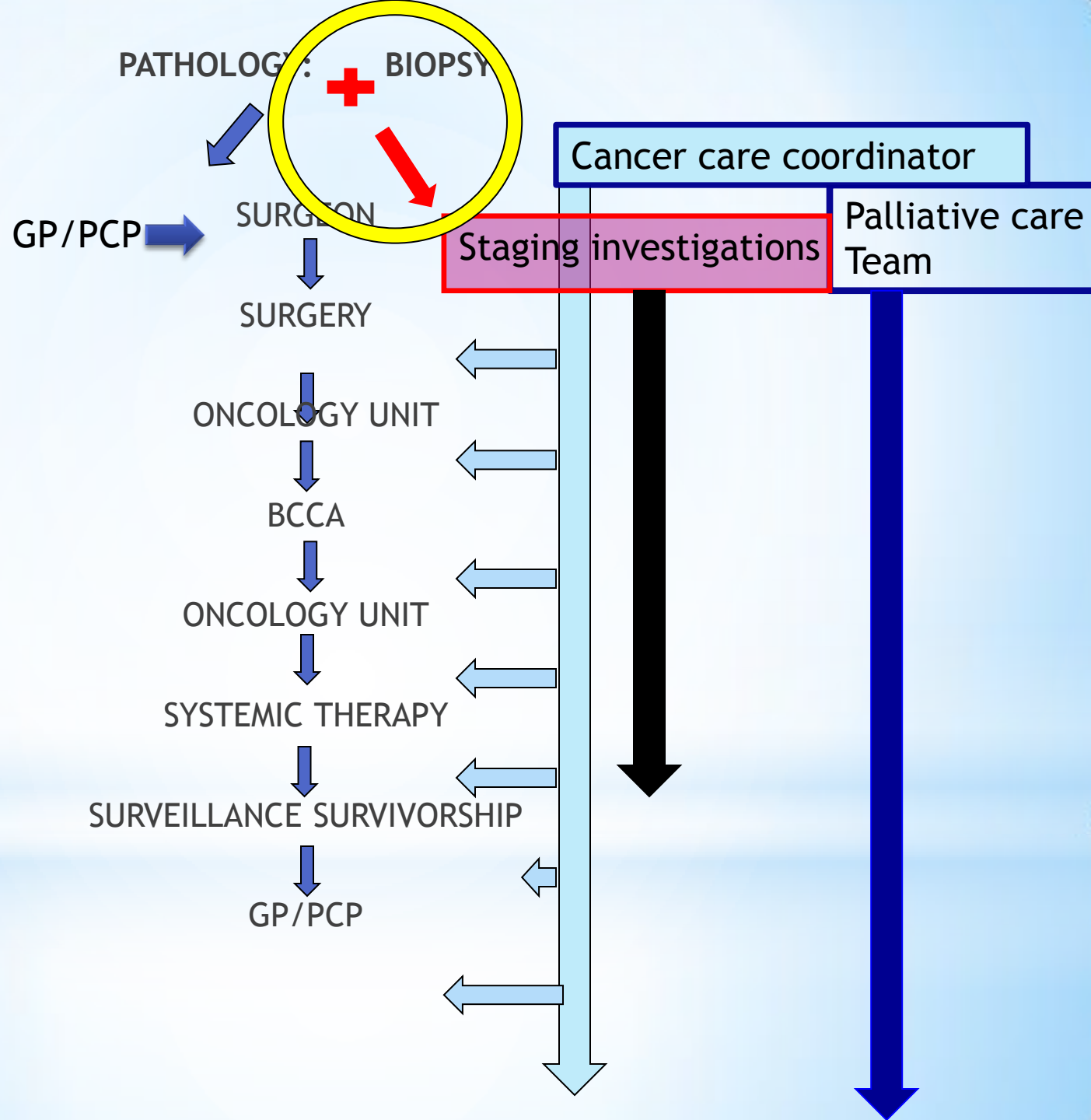
2.ANTICIPATE(Prevent)

- ◆ Barriers to surgery and anesthesia
- ◆ Contra-indications to systemic therapy
- ◆ Modifications to systemic therapy
- ◆ Nutritional factors
- ◆ Mobility issues
- ◆ Psychological compromise
- ◆ Pain

Cancer Journey Transitions: Diagnosis and Staging

3.MITIGATE(Relief)

- ◆ **Keep diagnostic timelines as short as possible:**
 - Multidisciplinary team using parallel staging processes**



Cancer Journey Transitions: Diagnosis and Staging

3.MITIGATE(Relief)

- ◆ **Keep diagnostic timelines short: parallel staging processes**
- ◆ Assign and integrate team members – EARLY
 - Palliative care specialist
 - Nutritionist
 - Home care
 - Occupational therapy, physiotherapy
- ◆ Provide as much information to pt. as early as possible
- ◆ Nutritional referral-early for upper GI, ENT
- ◆ Pain management and local control-medication, radiation, ablation therapy

Cancer Journey Transitions: Diagnosis and Staging

SUMMARY:

- ❖ A thorough multidisciplinary assessment sets the stage for the subsequent treatment and survivorship journey
- ❖ Keep your patient moving rapidly but informed through this diagnostic and evaluation phase
- ❖ Attempt to keep team members involved longitudinally

Cancer Journey Transitions: Systemic Treatment

1.EVALUATE

- ◆ ECOG
- ◆ Lab results
- ◆ Emetogenic potential of regimes
- ◆ Potential for hypersensitivity reactions

2.ANTICIPATE-(prevent)

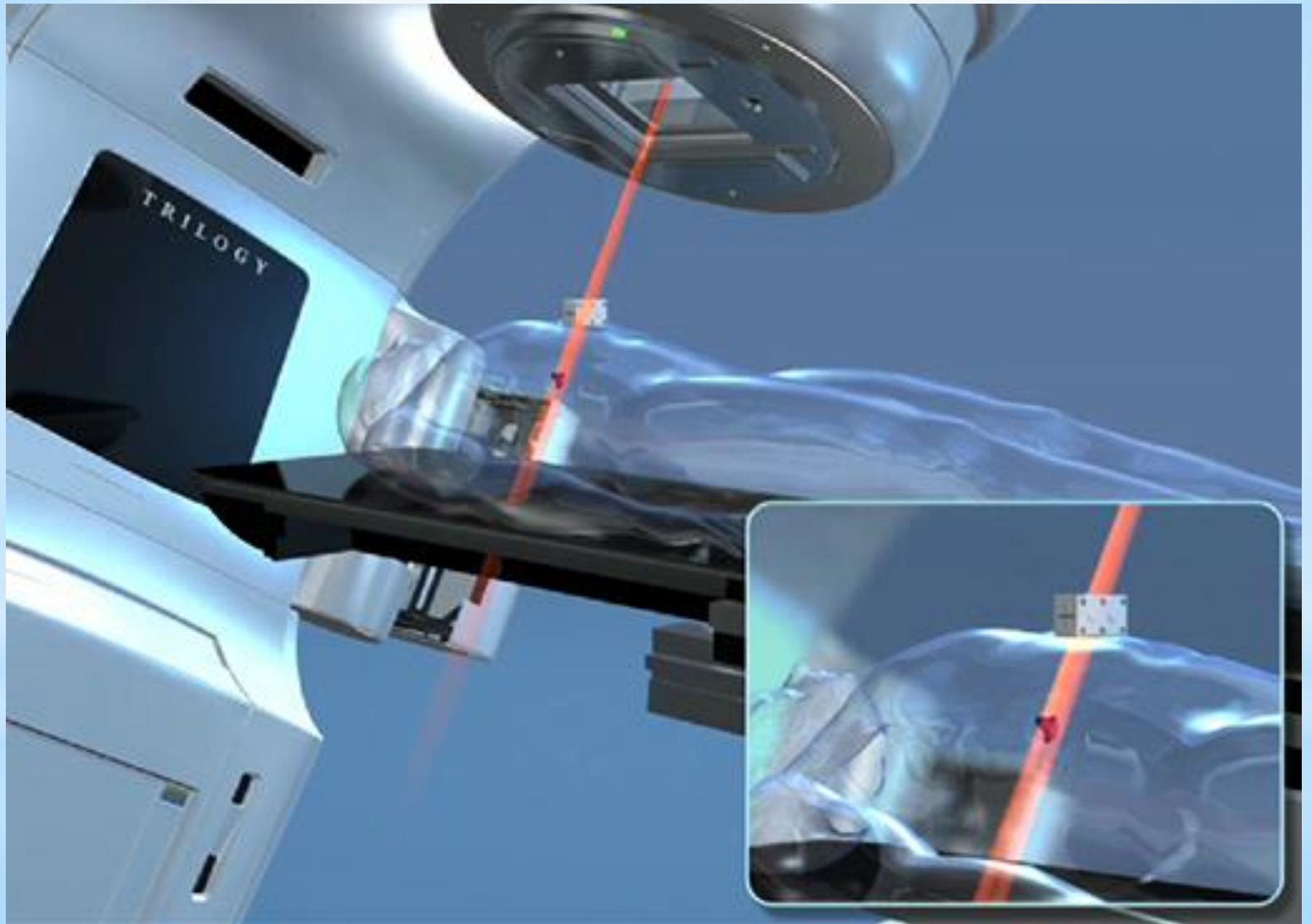
- ◆ Hypersensitivity
- ◆ GI side effects
- ◆ Neuropathy
- ◆ Neutropenia
- ◆ Anxiety

3.MITIGATE

- ◆ Steroids
- ◆ Anti-emetics, and anti-diarrheal agents-Aprepitant
- ◆ GCSF
- ◆ Pain control-opiates, gabapentinoids, steroids
- ◆ Anxiety-canniboids, benzodiazepines
- ◆ Protocol change, reduction, discontinuance

Cancer Journey Transitions: New Targeted Treatment

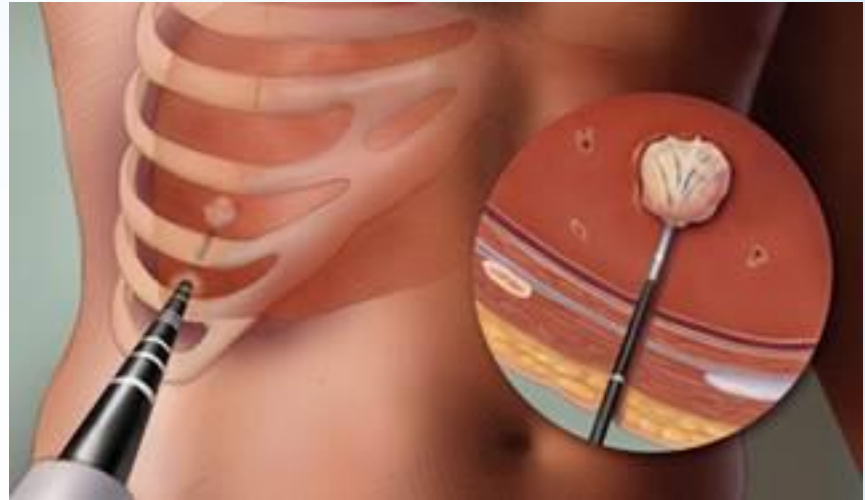
- ◆ -Improved radiation targeting
 - Brachytherapy
 - Gated lung radiation



Cancer Journey Transitions: New Targeted Treatment

Ablation

- ◆ -Radio-frequency ablation
- ◆ -Cryotherapy
- ◆ -Chemo-embolization
- ◆ -Alcohol ablation



Cancer Journey Transitions: New Targeted Treatment

Molecularly Targeted therapy

- ◆ Tyrosine kinase inhibitors
 - Imatinib (Gleevec) : GIST and CML
 - Gefitinib (Iressa) :Lung cancer
 - Erlotinib (Tarceva): Pancreas and lungs
- ◆ Biological therapies
 - ❖ **Monoclonal antibodies**
 - Trastuzumab (Herceptin): HER-2 Breast cancer
 - Rituximab (Rituxan):Non-Hodgkins lymphoma
 - Cetuximab (Erbix): Colorectal cancer EGFR+
 - ❖ **Anti-angiogenesis drugs**
 - Sunitinib (Sutent): Renal cell cancer
 - Bevacizumab (Avastin):Advanced metastatic CRC
 - ❖ **Cancer vaccines** –Bacillus Calmette-Guerin “BCG”-Bladder cancer
- ◆ Apoptosis-inducing drugs
 - Bortezomib (Velcade)-proteasome inhibitor
 - Oblimersen (Genasense)-BCL2 blocker

Cancer Journey Transitions: Systemic Treatment

SUMMARY:

- ❖ Thorough knowledge of your patient, the intended systemic therapy and tools at your disposal for mitigation translate into effective palliation at this transition level
- ❖ One of the few disciplines where medication side-effects are consistently prevented and treated with more medication

Surveillance and Survivorship

1.EVALUATE

- ◆ Sex, age and ethnicity
- ◆ Tumor characteristics including receptor status and genetics
- ◆ Surgery, radiation, chemotherapy characteristics
- ◆ Comorbid conditions
- ◆ Complications and hospitalization
- ◆ Long term anti-cancer agents-hormonal etc.

2.ANTICIPATE-

- ◆ Hazard list("At risk for ")-Existing and potential:
 - Tumor recurrence, cardio toxicity, neuropathy, secondary cancers, endocrine disorders, sexual health issues
- ◆ Second primary cancers
- ◆ Bone health,
- ◆ Psychological and neurocognitive conditions

3.MITIGATE-Multidisciplinary team

- ◆ Tumor surveillance schedule –MI, tumor markers, clinical assessment
- ◆ Hazard list specific evaluation, screening and treatment
- ◆ Provincial cancer screening programs for second primaries
- ◆ Address 6 modifiable risk factors for cancer
- ◆ Cognitive and affective screening tools

Surveillance and Survivorship

SUMMARY

- ❖ A strong emphasis on prevention measures for recurrence of primaries and second primaries through surveillance and mitigation of modifiable risk factors is the focus for this transition
- ❖ The compilation of a synoptic hazard or “at risk for” hierarchical list is a powerful tool for patients and caregivers to enable cohesive planning for palliative measures

End of Life Care

1. Evaluate-Multidisciplinary team approach

- ◆ Pain and other symptoms-ESAS
- ◆ Nutrition swallowing
- ◆ GI: swallowing, nausea, reflux, constipation, diarrhea
- ◆ Social Support structures
- ◆ Home environment

2. Anticipate

- ◆ Advance care planning
- ◆ Advance care directives
- ◆ Prepare patient and family for changes

3. Mitigate

- ◆ Tumor treatment –radiation, chemotherapy
- ◆ Pain-radiation, opiates, NSAID, steroids
- ◆ Dyspnea-opiates, benzodiazepines, methotrimeprazine
- ◆ Nausea-steroids, traditional and novel anti-emetics
- ◆ Constipation-Methylnaltrexone -Relistor

End of Life Care

SUMMARY

- ❖ Early multidisciplinary team involvement engaging in advanced care planning
- ❖ Comprehensive, repeated evaluation, anticipation and effective mitigation of a wide array of symptoms utilizing surgery, medication and radiation
- ❖ Always think one step ahead

Cancer Journey Transitions: Palliative Care

- ❖ Effective palliation can occur throughout the cancer journey
- ❖ Palliative Care has been shown to improve quality of life and extend life
- ❖ It is important to understand the focus of each transition
- ❖ An early, multidisciplinary, integrated longitudinal and seamless approach is essential

THANK YOU!