Palliative Care Everywhere

The Cancer Patient Journey

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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

- Prevention and health promotion
- Screening
- Diagnosis and staging
- Treatment
- End of life care
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
BREAST CANCER DIAGNOSIS AND STAGING

BIOPSY

GP

SURGEON

SURGERY

ONCOLOGY UNIT

BCCA

ONCOLOGY UNIT

SYSTEMIC THERAPY

D = delay
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-medications, radiation, ablation therapy
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-cannabinoids, 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
  o Imatinib (Gleevec): GIST and CML
  o Gefitinib (Iressa): Lung cancer
  o Erlotinib (Tarceva): Pancreas and lungs

◆ Biological therapies
  ❖ Monoclonal antibodies
    o Trastuzumab (Herceptin): HER-2 Breast cancer
    o Rituximab (Rituxan): Non-Hodgkin’s lymphoma
    o Cetuximab (Erbitux): Colorectal cancer EGFR+

  ❖ Anti-angiogenesis drugs
    o Sunitinib (Sutent): Renal cell cancer
    o Bevacizumab (Avastin): Advanced metastatic CRC

  ❖ Cancer vaccines – Bacillus Calmette-Guerin “BCG” - Bladder cancer

◆ Apoptosis-inducing drugs
  o Bortezomib (Velcade): Proteosome inhibitor
  o 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, NSAIDs, 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!