

Early Integrated Oncology Palliative Care: Components and Outcomes

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08.09.2019

Question ?

- For patients with muscle-invasive bladder cancer, what are the elements of an ideal care model?
 - *Patients*
 - *Caregivers*
 - *Clinicians*
 - *Health systems*

Current Era of Cancer Care

Medical oncology has been swept off its feet by the seductive story of cancer as a series of mutations, of cell signaling gone awry. This story is populated by many heroes: the new targeted drugs and immunotherapies and the scientists who discovered them and ran the studies that showed their ability to make imaging studies look better and, sometimes, make patients live longer.

But cancer is also a human drama, an existential crisis for patients, their loved ones, and the health care team who care for them and one another. For all of our progress, we still die, and most of us have an awkward relationship with that reality. We have trouble talking about it. It is scary and uncomfortable.

-- Tim Gilligan, MD: GU oncologist, Cleveland Clinic, Journal of Oncology Practice 2017

Challenges in Cancer Care - 2019

- Prognostication with expanding treatment options
- Cancer pain management in context of opioid epidemic
- Goal-discordant care concerns
 - 71% patients with advanced cancer hospitalized in year after diagnosis; 16% had ≥ 3 hospitalizations (Whitney RL et al. J Clin Oncol 2017)
 - Reduced hospice access
 - Median number of days receiving hospice = 19 (NHPCO, 2015)
 - 1 in 3 patients receive hospice < 7 days
- Care inequities associated with race, ethnicity
- Financial toxicity

Objectives

- Describe components of early, integrated palliative care for patients in the outpatient setting
- Review palliative care outcomes for patients with advanced cancer
- Consider options to expand palliative care access for patients with bladder cancer

Palliative Care Clinic Visit Content

(Time range = 20-120 minutes)

1. Building rapport
2. Addressing symptoms
3. Addressing coping
4. Establishing illness understanding
 - Prognosis
5. Discussing cancer treatments
6. End of life planning
7. Engaging family members

Jacobsen J et al. J Palliat Med 2011

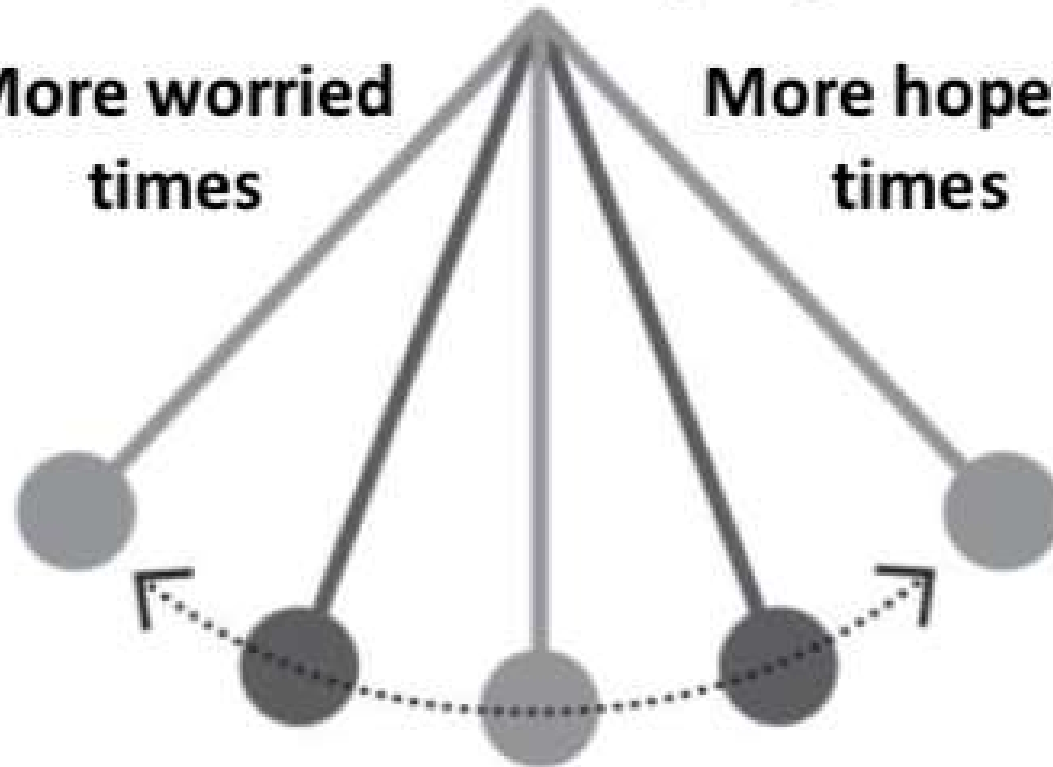
Symptom Assessment & Management

- Pain
 - Somatic
 - Visceral
 - Neuropathic
- Constipation
- Fatigue
- Nausea
- Mood
- Other

Healthy Coping

More worried
times

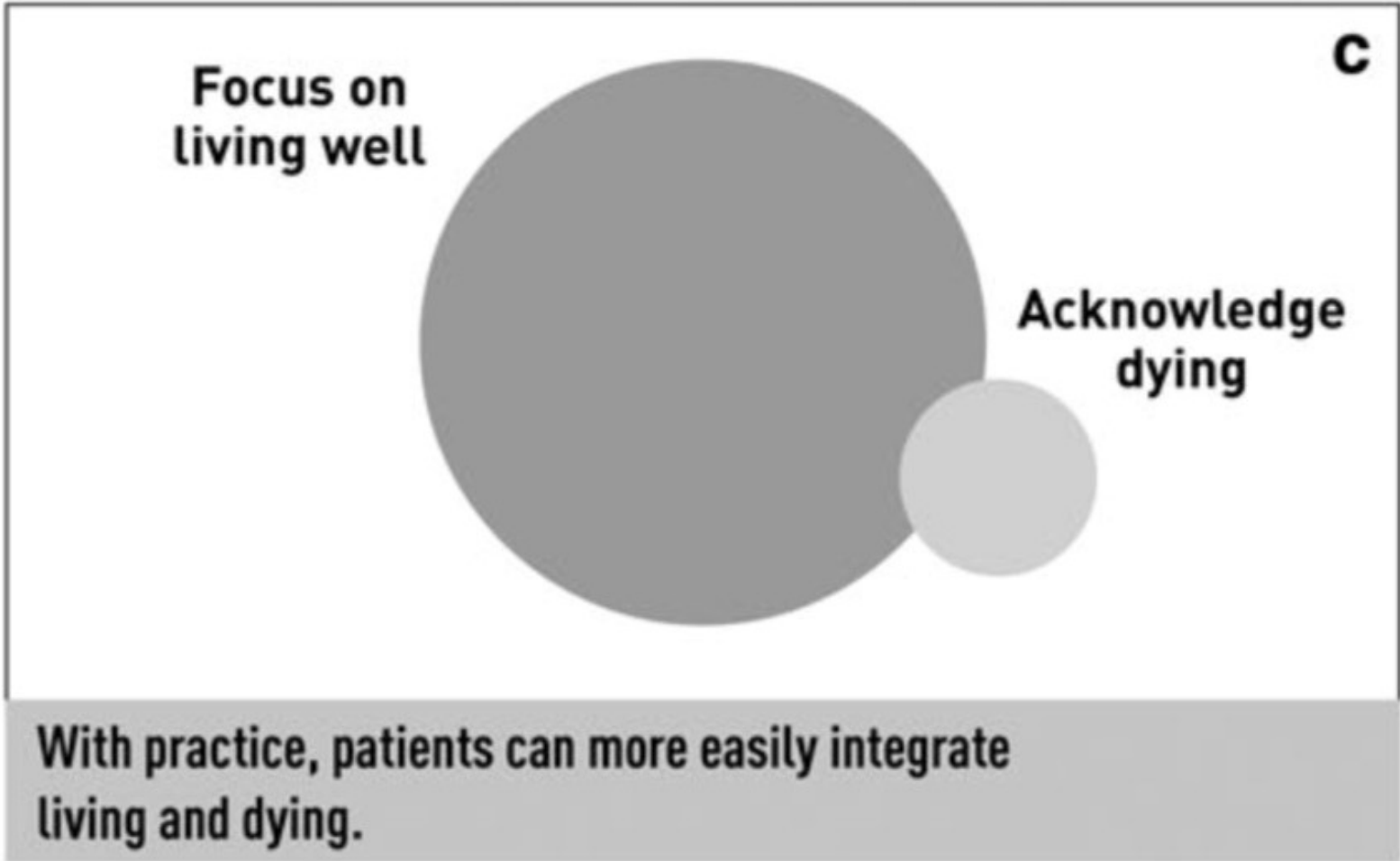
More hopeful
times



Coping - Focus on Living Well

- Enhance positive emotion
 - What is a good day like?
 - What does it mean for you to live well with this cancer?
- Promote adaptive coping
 - How have you coped with this illness? What has been helpful?
- Encourage problem solving
 - Are there things you wish you could be doing?
 - What is most important now?

<https://portal.ariadnelabs.org>



Acknowledge the Possibility of Dying

Probes

- As you think about the future, what concerns you the most?
- When you consider the what ifs, what crosses your mind?
- If we were going to have a talk about the future, how should we plan it?
- Box metaphor

Empathize with the cancer experience

- It is hard to live with a cancer that cannot be cured
- I wish things were different

Prognostic Awareness

- 1193 patients with newly diagnosed stage 4 lung and colorectal cancer
- Did **not** understand that chemotherapy was not at all likely to cure their cancer
 - Lung = 69%
 - Colorectal = 81%
- Higher risk among –
 - Patients rating physician communication very favorably
 - Nonwhite and Hispanic patients

Advance Care Planning

- Surrogate decision-making preferences
 - Health care power of attorney document
- Advance directive review & completion
 - Prepareforyourcare.org

Goals of Care Communication

- “I had to face my mortality and try to understand what made my life worth living.” – *Dr. Paul Kalanithi, “When Breath Becomes Air”*
- Opportunity to seek understanding of the patient’s values and treatment priorities in context of:
 - Disease burden
 - Prognosis
 - Benefits and burdens of potential treatments - proportionality

Potential Goals Guiding a Care Plan

- Cure
- Life Prolongation
- Preserving and/or improving function (physical & cognitive)
- Bucket list
- Supporting caregivers (lessening burdens)
- Comfort

Translating Goals into Recommendations

- Hypothesis of care plan most consistent with patient's values and priorities
- Consider permission to choose exclusive comfort care, hospice
- Share decision-making burdens with patients & families
- Give space to disagree with recommendations
- Affirm commitment to patient and family

American Society of Clinical Oncology Clinical Practice Guideline

- 9 RCTs, 5 secondary RCT analyses

Recommendation:

“Patients with advanced cancer, whether inpatient or outpatient, should receive dedicated palliative care services, early in the disease course, concurrent with active treatment.”

“For newly diagnosed patients with advanced cancer, the Expert Panel suggests early palliative care involvement within 8 weeks of diagnosis.”

Palliative Care Outcomes for Patients with Cancer

- > 10 randomized controlled trials; outpatient & hospital
- Patients with advanced cancer
 - Solid tumor (lung, gastrointestinal)
 - Few patients with GU cancers
 - Hematopoietic stem cell transplant
- Benefits across multiple trials:
 - Improves quality of life
 - Functional Assessment of Cancer Therapy [FACT]
 - Functional Assessment of Chronic Illness Therapy – Palliative Care [FACIT-Pal]
 - Reduces depression
 - Increases care satisfaction

El-Jawahri A et al. JAMA 2016; Temel JS et al. J Clin Oncol 2016. Greer JA et al. J Clin Oncol 2011; Temel JS et al. NEJM 2010; Bakitas M et al. JAMA 2009. Ferrell BR et al. J Clin Oncol 2016.

Palliative Care Outcomes (2)

- Benefits in ≥ 1 trial:
 - Survival
 - Decreased use of chemotherapy & hospitalization within 60 days of death
 - Longer hospice enrollment
 - Discussed prognosis & end of life wishes with oncologist
- No adverse outcomes from early palliative care involvement in any trials

Concurrent Urologic and Palliative Care after Cystectomy for Muscle-Invasive Bladder Cancer

- Prospective, 6-month study: 33 usual care patients vs 30 receiving concurrent palliative care
- Intervention:
 - Pre-op meeting or telephone call
 - Post-op consultation
 - Telephone or clinic visits monthly x 6 months
- Surgeons alerted to all palliative care activities

Concurrent Palliative Care after Cystectomy

- Outcomes: changes in pain, fatigue, depression, anxiety, health-related QOL and spiritual well-being at 2, 4 & 6 months
- Intervention group had improved:
 - Quality of life
 - Fatigue
 - Anxiety/Depression
- No differences in pain

Oncology Palliative Care Programs

- 98% NCI cancer centers had programs vs 78% non-NCI centers in 2009
 - At least 1 physician (92% NCI vs 74%)
 - Inpatient consult team (92% NCI vs 56%)
 - Outpatient clinic (59% NCI vs 22%)
- UNC Outpatient Oncology Palliative Care
 - MD (0.6 FTE), 1 APP, 1 Pharmacist, 1 Nurse Coordinator
 - Collaboration with Comprehensive Cancer Support Program

Barriers to Expanding Palliative Care

- Staffing
 - 148 physician fellowship programs, 355 positions (285 filled, 80%)
 - Limited training opportunities for nurse practitioners & other health professionals
- Funding
 - Reliance on health systems, philanthropy
- Clinician misperceptions

UNC Oncology Clinician Survey - 2019

- 111 respondents (66 physicians, 14 APPs, 22 nurses, 9 pharmacists); 66% overall response rate
- 22% agree that patients lose hope when palliative care discussed
- Statement: *Palliative care and hospice provide essentially the same services.*
 - 91% disagree
 - 58% agree that patients have this belief

Oncology Clinicians Provide Palliative Care

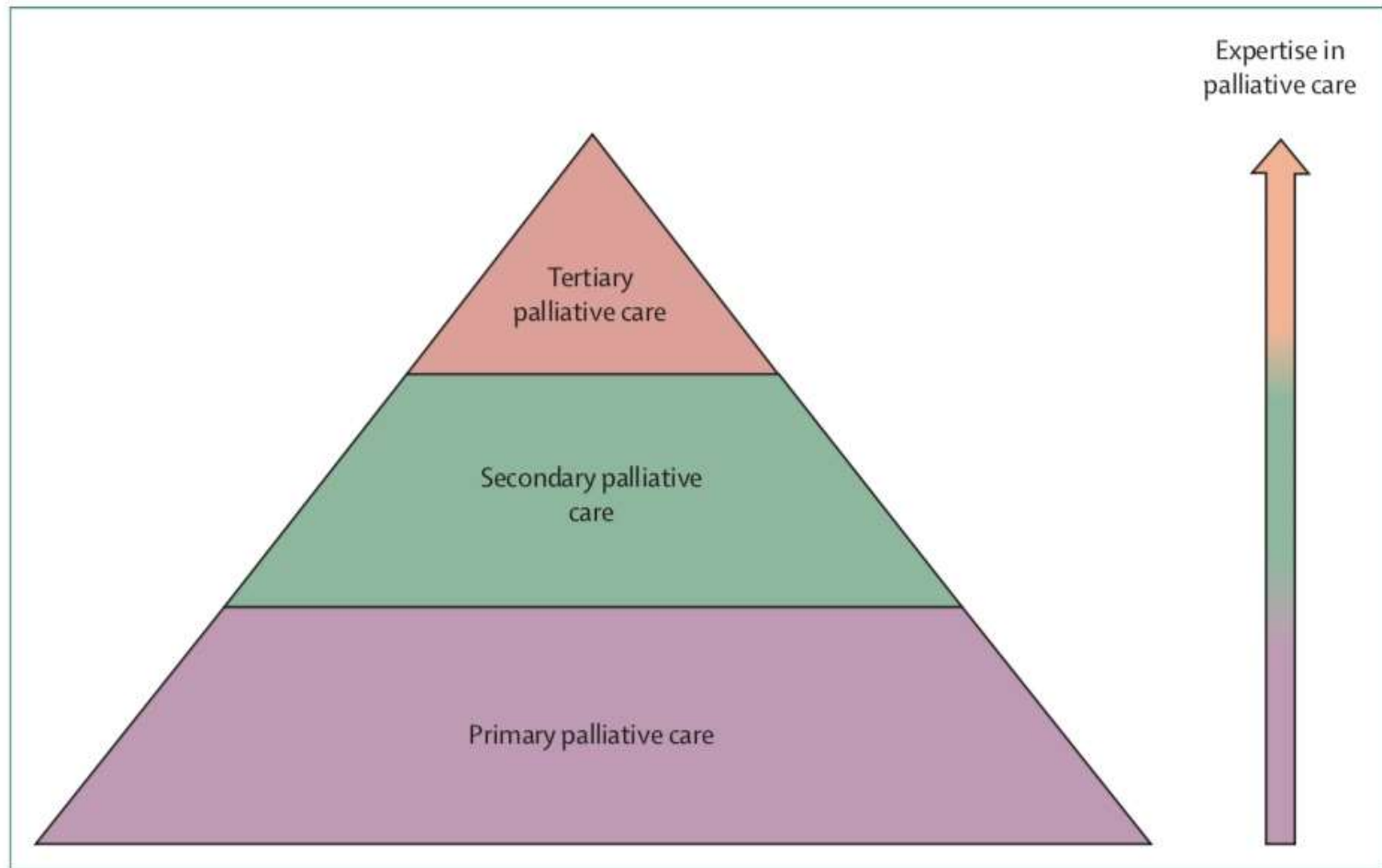


Figure 3: Conceptual model of palliative care delivery based on provider expertise

Improving Palliative Care Skills

- Center to Advance Palliative Care: www.capc.org
 - Online modules: Communication, Pain & Symptom Management
 - Organizational membership required
- VitalTalk: www.vitaltalk.org
 - Online resources (free)
 - Courses – online, in-person, faculty development
- Joint visits with palliative care clinicians

Research Needs

- Integrated palliative care studies for patients with advanced bladder cancer
 - Role clarity among surgeons, medical oncologists, radiation oncologists and palliative care clinicians
 - Optimal visit frequency
 - Telehealth
- Palliative care role for early stage cancer

Summary

- Palliative care – clinical innovation to enhance serious illness care
 - Impact of early integration for patients with advanced cancer
- Specialty palliative care seeks to complement oncology clinicians
 - Promote skill development of oncology clinicians
- Persistent misconceptions

Patient & Family Resources

- Get Palliative Care: getpalliativecare.org
- Cancer.net: www.cancer.net