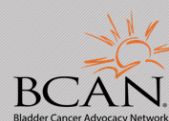


Value of Palliative Care in Cancer



Palliative Care in Cancer

Libby: One important topic that I'd love to share is about the value of palliative care for patients who have cancer. Specifically, what I'm referring to is what has been established by research to date, because that's really the bar that we have set in medicine, or the value of any intervention, medicine, surgery, radiation course, et cetera, is what do people get for it? How does it help people?

As many participants will know, either first or secondhand, and I have seen secondhand as a clinician, is that patients who have cancer, whether it's localized or it's advanced or metastatic, often has a significant symptom burden.

While it seems that research would be conducted to demonstrate this, in terms of clinician investigators and people who are consuming this research, there have been studies that show the impact of these symptoms, and they are very, very powerful. As if the human stories weren't enough, some of the more quantitative data certainly speaks volumes as well.

Up to two-thirds of patients who have cancer have more than one unpleasant symptom. 30% or more have more than five symptoms. We do see that hospitalized patients with cancer often have worse symptoms, in part because, unfortunately, sometimes patients who have advanced cancer needed to go to the hospital because of symptoms.

Cancer, Symptoms, and Quality of Life (QOL)

- Unpleasant symptoms are common in patients diagnosed with cancer, particularly advanced or metastatic cancer.
- Up to 61% of patients experience more than 1 unpleasant symptom, and up to 30% experience more than 5
- Hospitalized patients with cancer typically experience worse symptoms
- Younger adults report more symptom distress than older adults
- No clear differences between men and women in symptom reporting



We do find that younger patients seem to report more and worse symptoms than older patients, and, at least in the oncology field, there has not been any evidence that men and women report their symptoms differently. Although I do know, as a woman, that sometimes I feel like my husband, when he gets the man cold, he is a mess. But that is not backed up by data, at least not in the oncology population. We generally find that patients of different genders really report things pretty similarly.

Well, the other thing that we've seen is that unpleasant symptoms from cancer have a lot of negative outcomes associated with them. Patients who have uncontrolled symptoms, be it pain or nausea, shortness of breath, et cetera, have worst quality of life. They're able to do less for themselves, have a worse "functional" status, and their caregivers have more distress and have more caregiving tasks to do, which can add up quickly in terms of the burden that they experience.

As you might imagine, both more symptoms and worst symptoms are proportionately associated with worse functionality and worse quality of life. The data even shows that fear of pain and fear of other symptoms like nausea are very powerful. Even the fear of those symptoms can limit what patients do in terms of their functional status and can add distress.

It is not doom and gloom because while all of those things are the case and while we are hoping we can move the needle and get rid of all of that for all patients who have cancer, right now that is the reality. But, thankfully, palliative care presents itself as a valid intervention that can make the situation better.

Cancer, Symptoms, and QOL, cont.

- Unpleasant symptoms are associated with many negative outcomes
 - Worse QOL
 - Worse functional status
 - More caregiver burden and distress
- Both more and worse symptoms associated with worse functionality and QOL
- Fear of pain and other symptoms is a significant source of distress and may also impair global physical functioning



A Solution to Distress - Palliative Care!

- While historically associated with end-of-life care, palliative care has shown significant benefits to QOL and symptom control when integrated **earlier** into care of patients with metastatic cancer or high-risk cancers
 - Multiple studies have demonstrated less severe symptoms with early palliative care + oncology care compared to standard oncology care
 - Wide breadth of symptoms have shown improvement
 - Physical symptoms
 - Mood
 - Caregiver mood is also positively impacted



Palliative care has been studied in a few important research studies that have tried to change the paradigm and move it from what was long considered end-of-life care earlier into the care of cancer patients, and particularly in the care of those who have metastatic cancer. Although there are other diseases, including bladder cancer, for which we have studied it in the context of treatment given with curative intent, but in order to try and improve quality of life and symptom control. There have been multiple studies that have shown that

when we move palliative care from the end to the beginning of their cancer journey, patients have less severe symptoms when compared to patients who, again, are going to be having their oncology care. But if oncology care alone, actually patients have more symptoms if they're not getting that palliative care piece, too.

There've been a lot of symptoms that show improvement and physical symptoms such as pain, nausea, and dyspnea, et cetera, as well as mood, most notably depression, but also anxiety has been shown to benefit from early palliative care. Wonderfully, caregiver mood has also been positively impacted by moving palliative care earlier into the treatment trajectory.

Libby: In addition to improved symptom control, early palliative care has been shown to help improve quality of life for patients with advanced cancer. One thing that I think is pretty interesting is that both in-person palliative care, so in-clinic typically, although also hospital palliative care has been shown to do this, and telehealth visits, which in the context of this data that I'm sharing is really telephone visits, not FaceTime type visits, but both of those forums have been shown to help improve quality of life and symptom control.

Palliative Care in Advanced Cancer, cont.



- In addition to improved symptom control, early palliative care has been shown to improve global QOL for patients with advanced cancer
- These benefits from palliative care have been shown to occur with
 - In-person visits AND telehealth visits
- Benefits are consistent regardless of whether palliative care visits are with physicians, nurses, or advanced practice providers



Also, because palliative care functions as such an interdisciplinary team, many different types of healthcare providers such as physicians, nurses, APPs have been shown to have the same positive impact. Thankfully, this means that hopefully we'll be increasing ways to operationalize this using different members of the healthcare team through different mechanisms over time.

Something that I think is really important and has been a longstanding fear of the oncology community, as well as other medical communities, is whether palliative care, when we move it earlier, whether it might shorten people's lives. Thankfully, the existing data show that early palliative care is not at all associated with patients living a shorter amount of time.

Specifically, this is patients who have metastatic cancer, but there have been, again, several studies that have shown that not only does it not shorten people's lives, but several studies have shown that patients live longer if they get early palliative care along with their other cancer care.

What Palliative Care Does Not Do

- Early palliative care is not associated with shortened life expectancy in patients with advanced cancer
 - Multiple studies have demonstrated better overall survival associated with early palliative care
 - Despite no loss of longevity, patients receiving early palliative care have less aggressive care at the end of life and longer time receiving hospice care
 - Conclusion: Patients get support along with their oncology care when they need it, and then they get hospice care when they need it



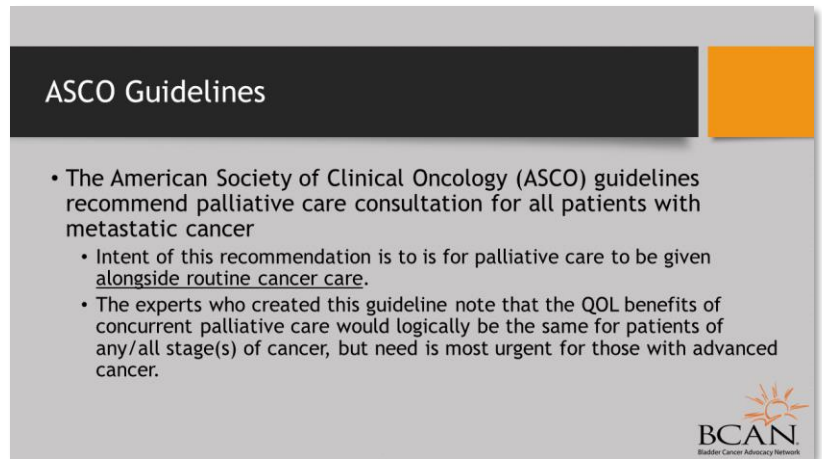
The other thing that I think is really interesting, this is a little bit more nuanced, is that even though patients don't live a shorter amount of time when they get palliative care along with the rest of their medical care early in the journey, something that has been seen is that patients actually have less aggressive medical care at the end of life if they've had palliative care as a part of their journey for a longer period of time.

Specifically, what I'm referring to is the idea that patients, when they're at the end of their life, had a

lower rate of being in the intensive care unit and even being in the hospital when they passed away, of being in life support that had to be removed, and things like that.

I think what both of the palliative care and oncology fields have concluded due to that data is really that what that means is as patients live at least as long, if not longer, is that they're getting the right medical care at the right time. While intensive care and life support, like breathing machines, feeding tubes, all of those sorts of things absolutely do save people's lives, if someone's at the end of their life due to cancer, it doesn't seem to help them. Therefore, if they don't get it, they don't miss it. That is very powerful.

The American Society of Clinical Oncology, which is a very important governing body for the practice of oncology, not just in the United States but internationally, because of this data that I've shared with you, has issued global guidelines that recommend early palliative care consultation for patients who have metastatic or stage four cancer and also for patients who may not have stage four cancer, but whose cancer has a prognosis that's two years or less. They say very specifically that the intent of this is not for palliative care to replace anything, but just to add to their regular cancer care.

A slide titled "ASCO Guidelines" with a dark grey header and an orange square on the right. The main content is a list of bullet points. The BCAN logo is in the bottom right corner.

ASCO Guidelines

- The American Society of Clinical Oncology (ASCO) guidelines recommend palliative care consultation for all patients with metastatic cancer
 - Intent of this recommendation is to is for palliative care to be given alongside routine cancer care.
 - The experts who created this guideline note that the QOL benefits of concurrent palliative care would logically be the same for patients of any/all stage(s) of cancer, but need is most urgent for those with advanced cancer.

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Bladder Cancer Advocacy Network

The experts who created this guideline, made up of both oncology and palliative care clinicians and researchers, basically commented that palliative care would logically improve quality of life for patients and caregivers, even people who have early stage disease that's intended to be cured, but it's most urgent for people who have advanced cancer. Therefore, they're trying to start with that to make sure that the patients who need it the most are getting it the earliest and the most often.

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