Réseau de cancérologie Rossy

Rossy Cancer Network

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Introduction of Early Palliative/Supportive Care for metastatic lung cancer patients

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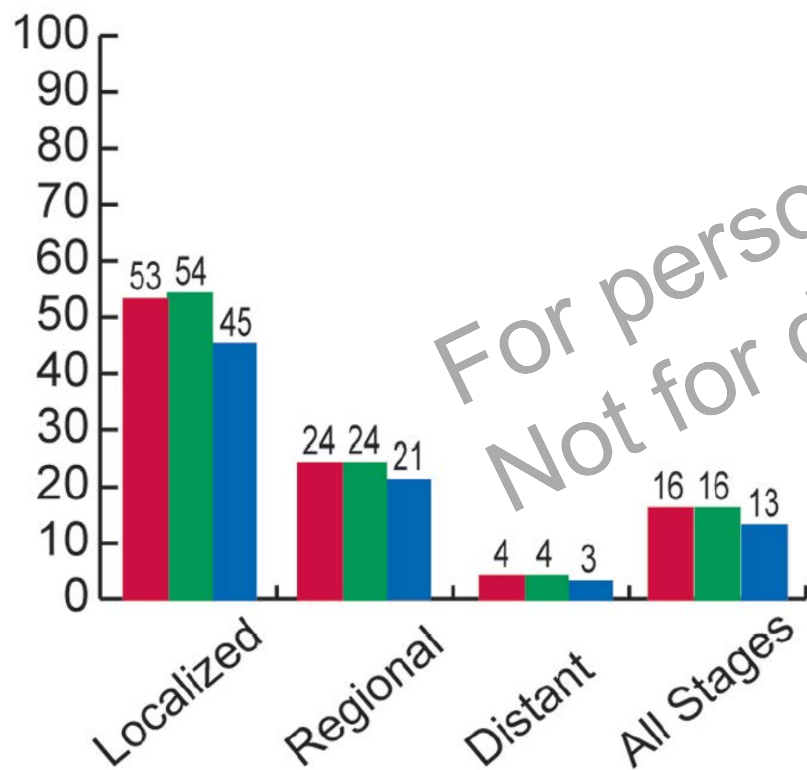
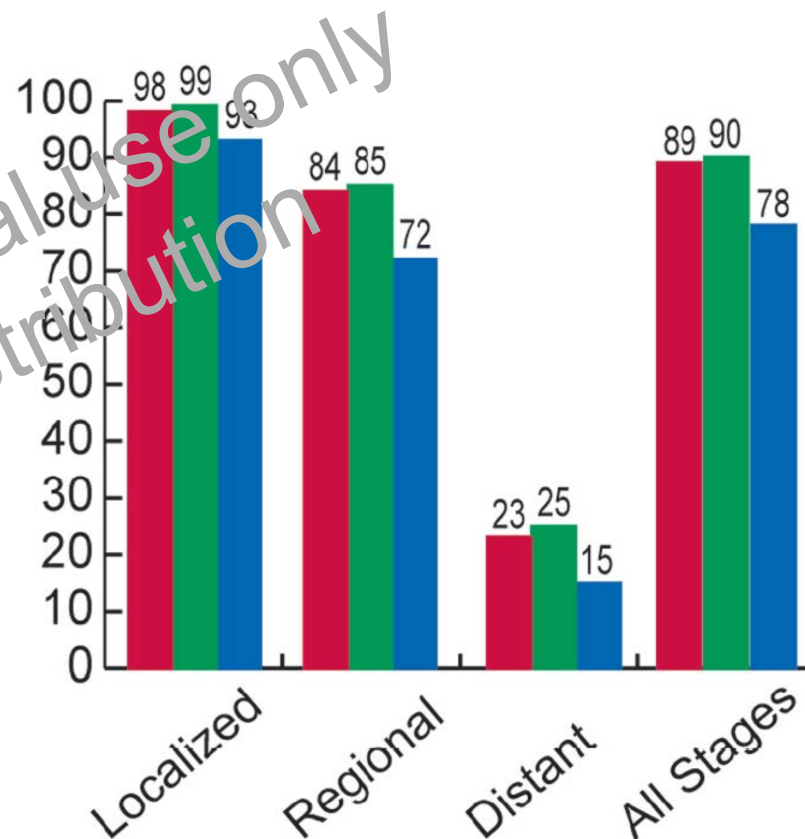
Jewish General Hospital

Centre hospitalier de St. Mary
St. Mary's Hospital Center

5 Year Survival Rates





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Patients' Expectations about Effects of Chemotherapy for Advanced Cancer

Weeks NEJM 2012

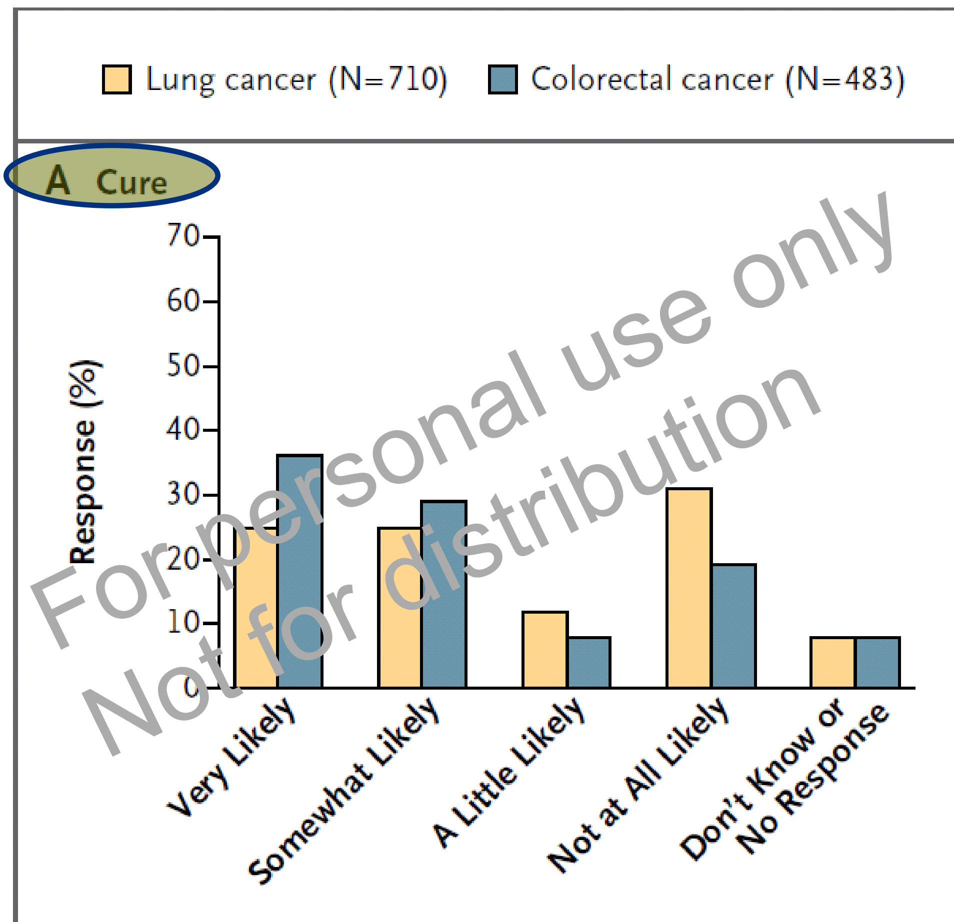

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Figure 1. Responses to Questions about the Likelihood That Chemotherapy Will Have an Effect, According to the Type of Effect and Diagnosis.

Patients' Expectations about Effects of Chemotherapy for Advanced Cancer

Weeks NEJM 2012

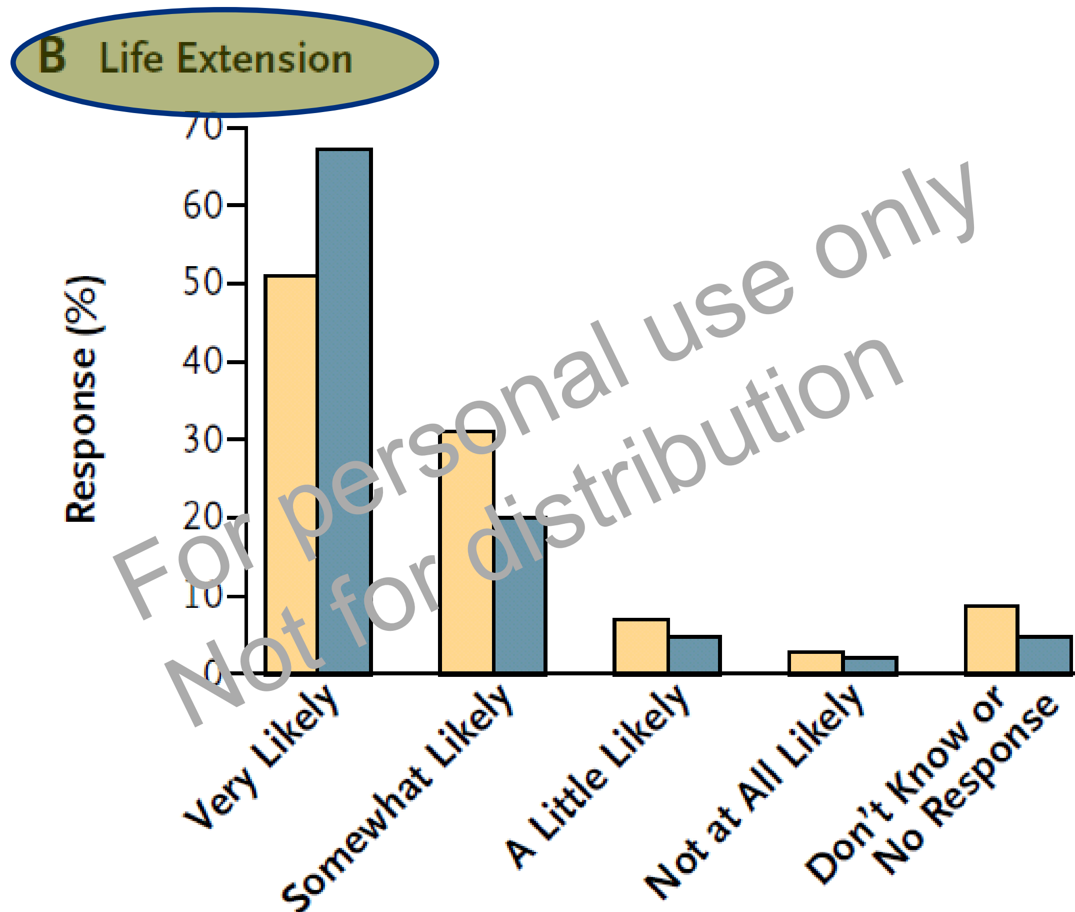

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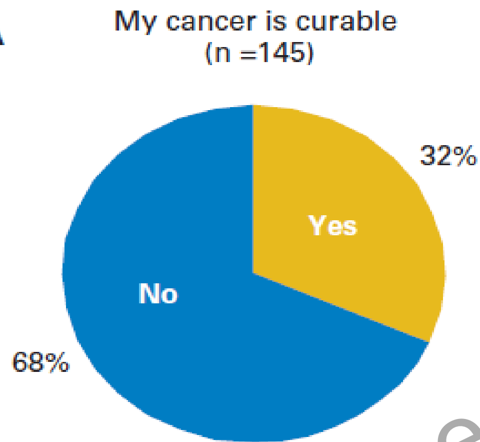
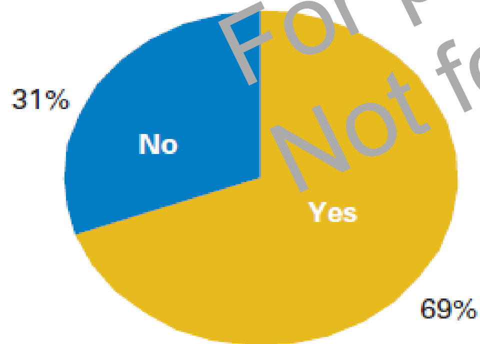
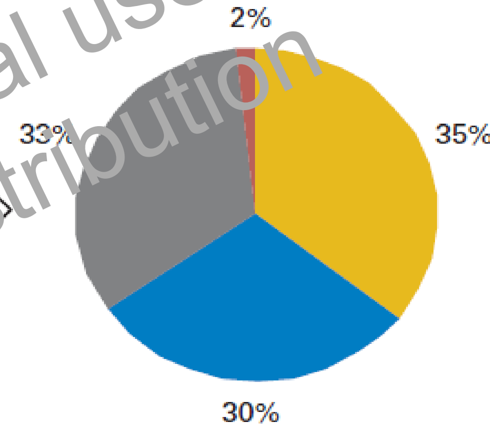
Figure 1. Responses to Questions about the Likelihood That Chemotherapy Will Have an Effect, According to the Type of Effect and Diagnosis.

Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic NSCLC:
Results of a randomized study of early palliative care

JCO 2011







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Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic NSCLC: Results of a randomized study of early palliative care

JCO 2011

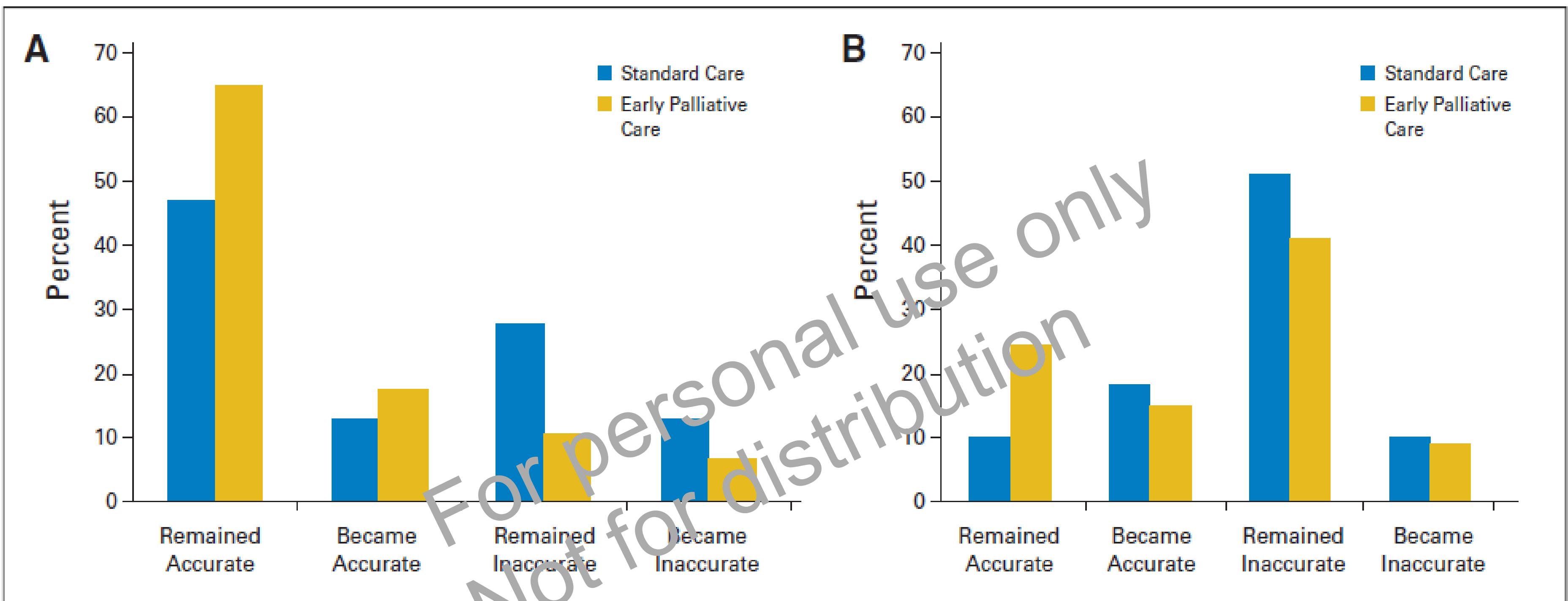

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Fig 3. Changes in perceptions of prognosis and goals of treatment. (A) Of the 104 participants with completed self-report assessments across a minimum of two study time points, those assigned to early palliative care were more likely than those receiving standard care to remain or become accurate in their perceptions that their cancers were not curable (early palliative care, 47 [82.5%] of 57 patients; standard care, 28 [59.6%] of 47 patients; Fisher's exact test for comparison, P = .02). (B) Of the 92 participants with completed self-report assessments across a minimum of two study time points, a greater percentage of patients assigned to early palliative care remained or became accurate in their belief that a goal of therapy was not to get rid of all the cancer, though the difference was not significant (early palliative care, 21 [43.8%] of 48 patients; standard care, 14 [31.8%] of 44 patients; Fisher's exact test for comparison, P = .29).

McGill University Health Centre - Palliative Care

- Metastatic Lung Cancer

Death

Disease modifying treatment

Symptomatic treatment

Family Bereavement

Diagnosis – workup at ***Rapid Investigation Clinic***
– Palliative MD

Cancer Pain Clinic
- Inter – Disciplinary Team

Palliative Care Day Hospital
- Multi-disciplinary team

Cancer Cachexia/Rehab Clinic
- Inter-disciplinary team approach

Palliative Care Inpatient Unit
- Multi-disciplinary team approach

Psychosocial oncology
- Multi-disciplinary team – Psychologists, Psychiatry and Social workers

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PROJECT GOAL

Initiate Early Supportive/Palliative Care for Metastatic Lung Cancer Patients (stage IV, NSCLC)

OBJECTIVES

Initiate advance care planning

Document pts.' preferences

Offer early supportive/palliative care (integrated with standard oncologic care)

STRATEGY / INTERVENTIONS

Educate oncology HCP (oncologists, IPOs..)

Provide patients with education material

Physicians'/nurses'/SW' notes in OACIS re: goals of care

Physicians'/nurses'/SW' notes in OACIS re: advance medical directive

Physicians'/nurses'/SW' notes in OACIS re: level of care (LOC)

Supportive/palliative care visits

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INDICATORS

Process indicators:

1) % HCPs taking part in education sessions;
2) % patients with chart documentation re: goals of care; advance directive; LOC; (within 30 days)
3) % pts. having a least one visit w/t supportive/ palliative care team (within 30 days)

Outcome indicators:

1) % ICU admissions;
2) % pts. on multiple of lines of systemic therapy (2nd, 3rd line)
3) % pts. on systemic therapy (last 30 days);
4) % pts. who die at home vs. in hospital vs. in hospice

Review of baseline measures: pain management ranks #2 in importance to the overall patient satisfaction on the AOPSS

AOPSS Item	Population Attributable Fraction Rank
Care provider go out of way to help make feel better	1
Staff Do Everything They Could to Control Pain	2
Someone discuss different cancer treatments	3
Oral Chemo - Care provider tell how to manage side effects	4
If had worries before treatment, did care provider discuss with you	5
Care providers take family living into account	6
Enough Information about … Emotions	7
Did care providers give family the information to support you	8
Enough information on therapies for treating cancer	9
IV Chemo - Care providers do everything to help manage side effects	10

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Review of baseline measures: pain management - an important issue for lung cancer patients (AOPSS results)

Cancer type	Patient - reported severity of pain			Q:"Did staff do everything to control pain?"	
	No pain/Mild pain	Moderate pain	Severe pain	Yes completely	Yes somewhat or no
Breast	54%	34%	12%	66%	34%
CRC/bowel	56%	30%	14%	74%	27%
Gyn/onc	50%	33%	17%	68%	33%
Head/neck	35%	40%	25%	70%	30%
Hem/lymph	60%	24%	16%	63%	37%
Kidney/bladder	60%	27%	13%	76%	24%
Lung	53%	31%	16%	64%	36%
Prostate/testicular	70%	16%	14%	68%	32%
All other	54%	30%	17%	66%	34%

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n= 2,143

Project rationale (based on the review of evidence and the environmental scan)

- Quebec's Law 2 (*Bill 52, 2014, chapter 2: An Act Respecting End of Life Care*)
  - "**When the patient is approaching end of life the physician needs to clearly and transparently convey this information**"
- A study by Tamel et al. demonstrated that early introduction of palliative care for this patient population resulted in **longer survival and improved QOL** (Tamel et al; N Engl J Med 2010;363;733-42).
  - Median survival longer among patients receiving early palliative care (11.6 months vs. 8.9 months (standard care), p=0.02, n=151)
  - Mean FACT-L score for patients receiving early palliative care (98.0) vs. patients receiving standard care (91.5) /(min.0, max 136, n=151, p=0.03)
- ASCO position statement regarding the role of oncology HCPs
  - **The role of oncologist and the care team** is not simply to treat cancer, but **to provide** comprehensive **palliative and anticancer therapy through the course of an illness** " (ASCO: Cancer During the Last Phase of Life; J Clin Onc. 1986-1996, 1998).
- CPAC's "Palliative and End-of Life Care" Report (2017) recommendation:
  - Health care administrators should adopt, develop and implement standards or practice **guidelines to identify, assess and refer patients to palliative care services earlier in their cancer journey to ensure optimal quality of life.**
- In FY 2014/2015, 914 patients were diagnosed with lung cancer in RCN. Approximately, 90% were NSCLC. 40% or 368 cases were stage IV at diagnosis.

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Proposed Interventions (based on stakeholders consultations)

Health Care Providers Education

- Implemented by the MUHC Supportive Care Team
- Based on the "Serious Illness Conversation Guide" (Dana Faber)

Early provision of palliative/ supportive care*

- Eligible patients will meet the supportive/ palliative care team
- A treatment plan will be developed in accordance with patients' goals of care

Patient Education

- Patients to receive "CMA Choosing Wisely Campaign" education material

Documentation of patients' goals of care

- Done by Oncology HCPs
- Documented in Oacis (MUHC, SMHC) or Endovault (JGH)

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- *At the MUHC patients will be identified and seen in the lung clinic or referred to palliative care.
- At the JGH patients will be provided with printed info or be informed by their oncologist regarding treatment goals and LOI. Symptomatic patients will likely be seen by PC.
- At SMH patients Dr. Borod will speak to their oncologist re goals of care and LOC and can be provided printed information. Patients will be seen by palliative care on a case by case referral basis.

Patient Impact

Deliver care that matches patients' goals and preferences

Enhance QOL through improved symptom management

Offer less aggressive end-of life care

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Indicators and targets

Process Indicators:

Objective	Associated Indicator and Target/Benchmark
Initiate Advance Care Planning	100 % of HCPs taking part in health care providers' (HCPs) education sessions
Document Patients' Preferences	Min 75 % of pts. with chart documentation re: goals of care, level of care and/or advance directive
Implement Early Supportive Care	Min. 75% of eligible patients having at least one supportive care visit

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Outcomes Indicators :

% ICU admissions; % pts. on multiple of lines of systemic therapy (2nd, 3rd line) % pts. on systemic therapy (last 30 days); % pts. who die at home vs. in hospital vs. in hospice	**Targets/Benchmarks TBD**

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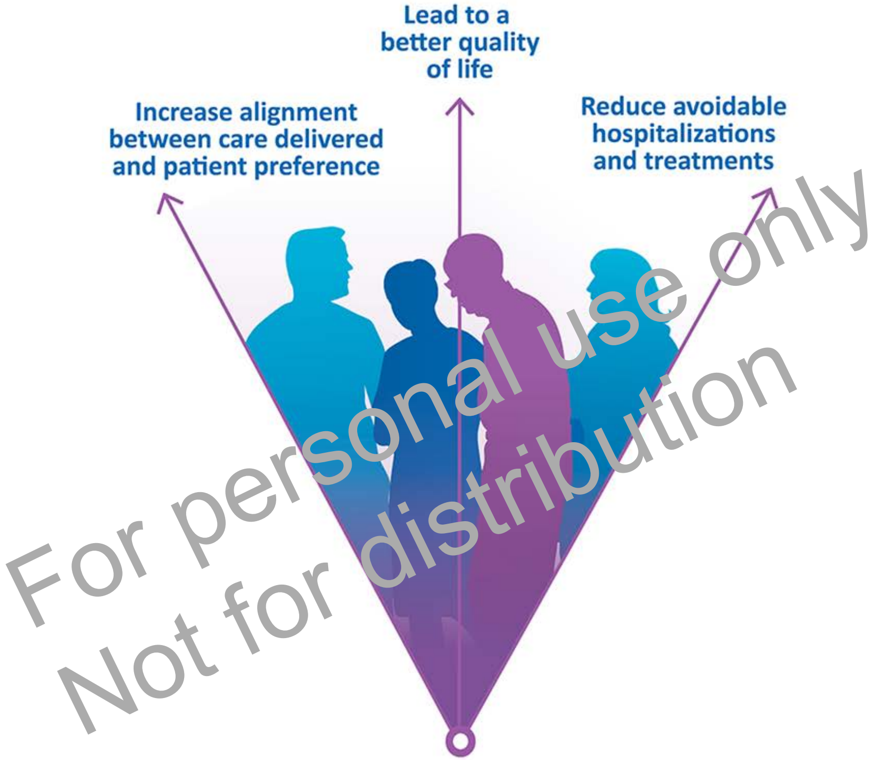
Highlights from the Palliative and End-of-Life Care: A Cancer System Performance Report (CPAC, September 2017)



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Priority areas in palliative and end-of-life care

THE DATA WE HAVE SUGGEST THAT ACTION IS NEEDED IN:

Integrating palliative care as early as possible

Report findings

- Some patients with cancer are receiving a palliative care designation only near the end of life

Examples of barriers that may contribute to care deficiencies

- Misperception that palliative care means only end-of-life care
- Concern that use of palliative care could signal clinicians are "giving up"

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Priority areas in palliative and end-of-life care

THE DATA WE HAVE SUGGEST THAT ACTION IS NEEDED IN:

Providing acute hospital-based care only when necessary

Report findings

- Over use of or over-reliance on acute care hospital services near the end of life

Examples of barriers that may contribute to care deficiencies

- Inadequate availability of or access to primary care and community-based services (e.g., nursing or paramedic care, hospice care, respite care, home visits, medications or equipment)
- Lack of people at home to care for the patient
- Cost of medications
- Lack of planning for impending death

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Priority areas in palliative and end-of-life care

THE DATA WE HAVE SUGGEST THAT ACTION IS NEEDED IN:

Focusing on palliative care and appropriate treatments at the end of life

Report findings

- Palliative radiation for patients with prostate and breast cancer may be underused

Examples of barriers that may contribute to care deficiencies

- Physician referral practices and awareness of palliative treatment may influence uptake

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Priority areas in palliative and end-of-life care

THE DATA WE HAVE SUGGEST THAT ACTION IS NEEDED IN:

Ensuring equitable access to palliative and end-of-life care	Report findings	Examples of barriers that may contribute to care deficiencies
	• Rural residents, younger patients and patients with certain cancer types have different end-of-life care experiences than the general cancer population	• Rural areas may not have adequate primary and community-based care • Younger patients may undergo more aggressive treatment • Patients with certain types of cancer may experience more complex symptoms or may be diagnosed later than others, possibly resulting in less time to prepare for a death at home

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Thank You!

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