全人醫療

謝瑞坤醫師

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永常欣診所　精準醫療

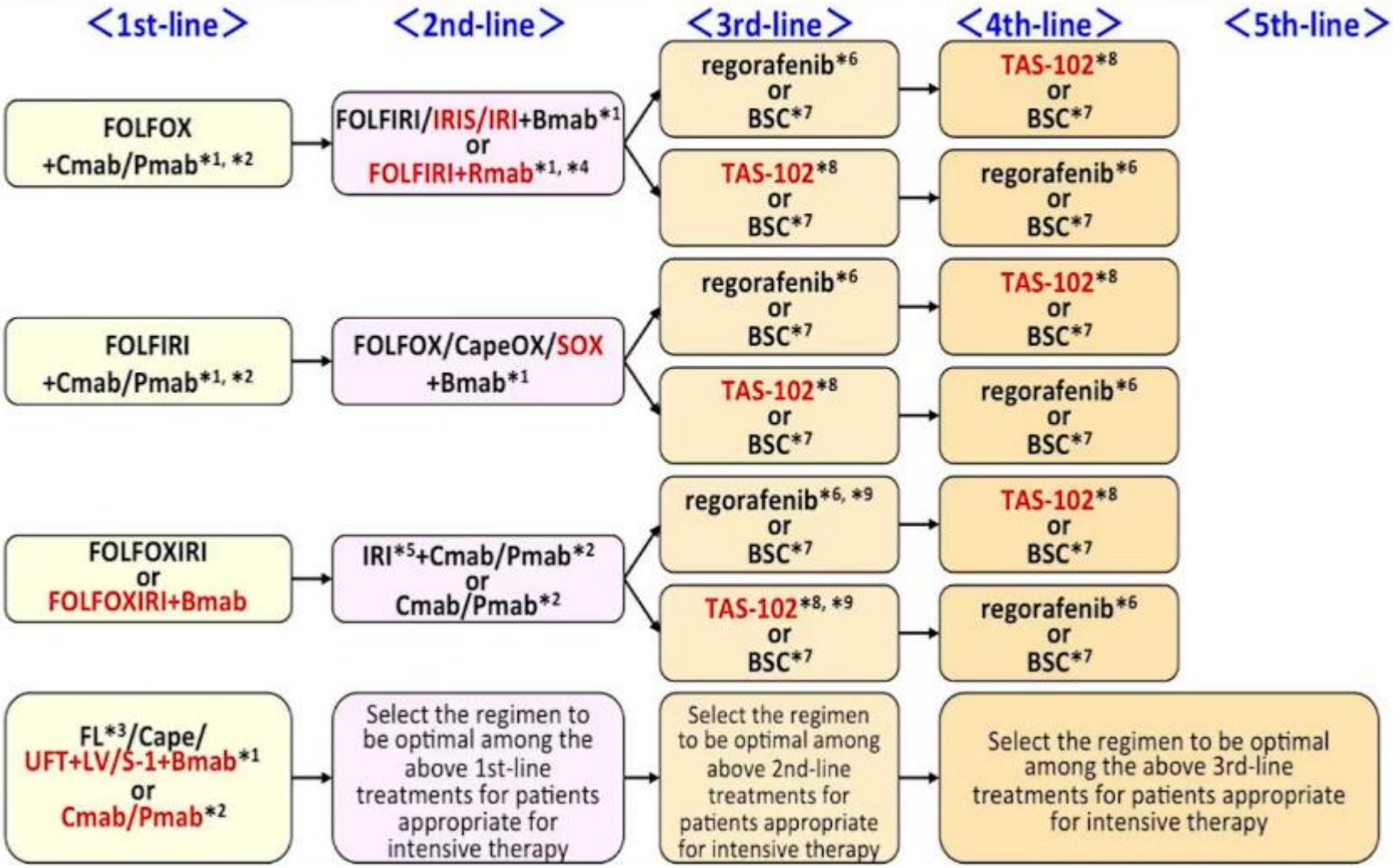
現代醫學控制癌症的方法

手術切除	切除腫塊
放射治療	殺死腫瘤細胞以及附近組織
化學治療	殺死迅速增生的癌細胞
賀爾蒙治療	抑制受賀爾蒙控制的癌細胞
分子標靶治療	特異性地抑制腫瘤細胞生長所必需的分子路徑
免疫治療	利用免疫系統的調控來控制癌症細胞

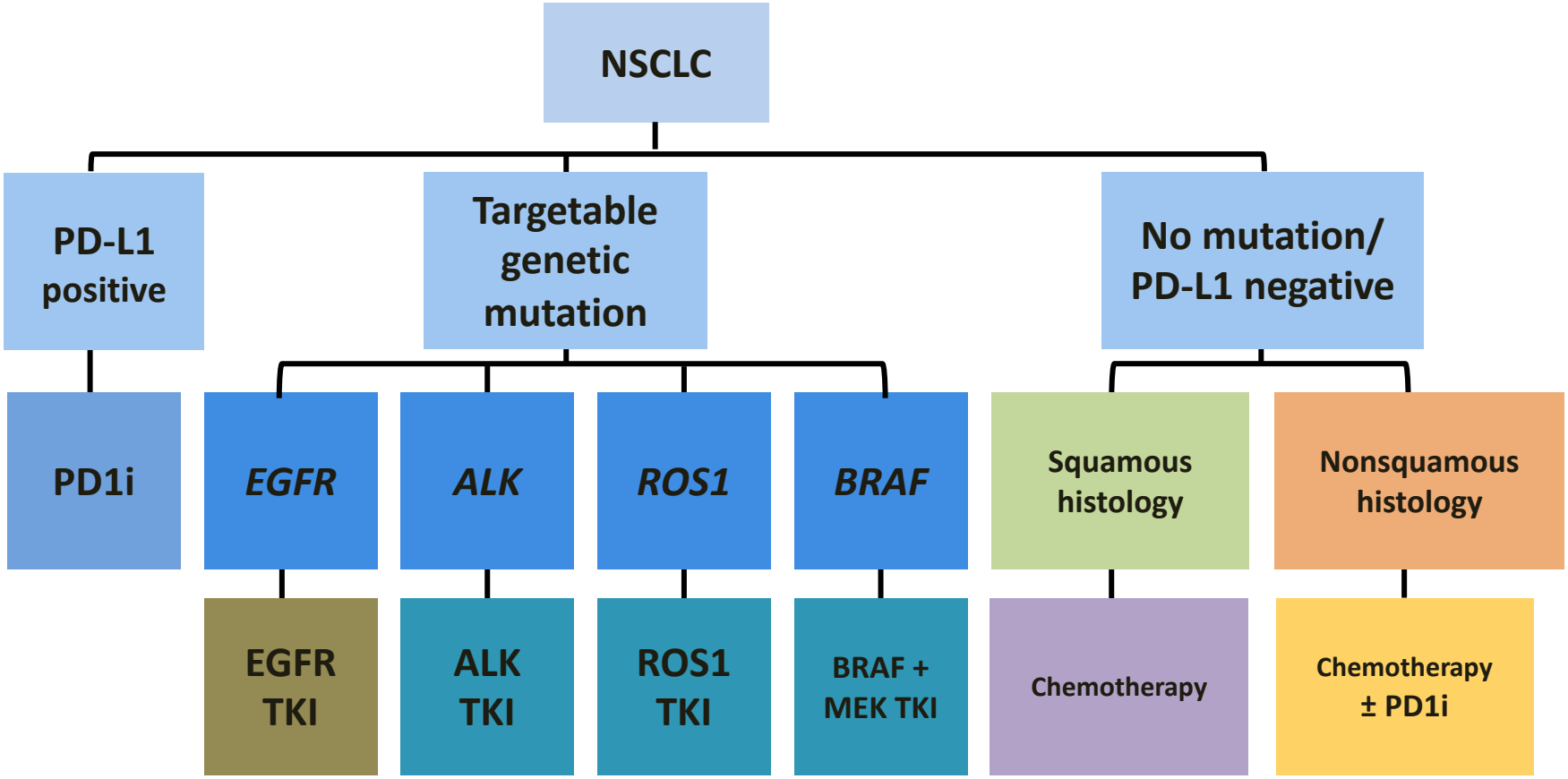
Japan Guideline, 2016

Chemotherapy Algorithm for unresctable, metastatic colorectal cancer

Patient appropriate for intensive therapy cont.



First-line Decision Tree for Advanced NSCLC



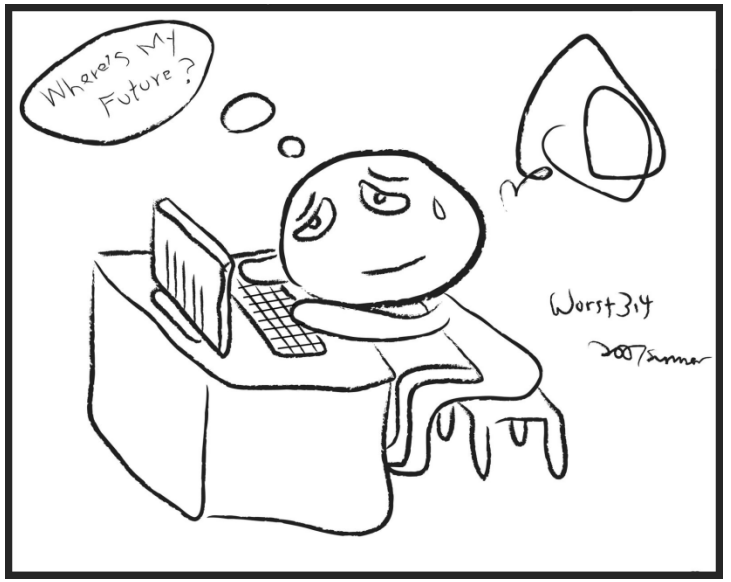
人生是一連串的選擇....

有順位及時序性的考量 ：

- 哪些有時效性？
- 哪些東西失去的不會再回來？
- 投資報酬率？
- 持久性？

面對未來

- 治療期間 生活輕鬆 有時間及精力照顧自己
- 接受幫忙
- 工作
- 財務
- 小孩或長輩
- 家事
- 回診
- 維持健康及情緒的穩定



全人醫療 Holistic medicine

- A form of healing that considers the whole person -- body, mind, spirit, and emotions -- in the quest for optimal health and wellness.

癌症患者的醫療還包含多種層面

Many aspects of supportive care

Nutrition

Anaemia

Diarrhoe/Obstipation

Pulmonary Tox.

Infections

Cardiotoxicity

Neutropenia

Antiemesis

Paravasation

Fertility

Tumorlysis

Fatigue

Pain

Neurotoxicity

Thrombocytopenia

Psychological support

Supportive measures in radiation therapy

Renal toxicity

Bone complications

Lymphedema

New Toxicities (Targeted drugs)

Venous Thromboembolism

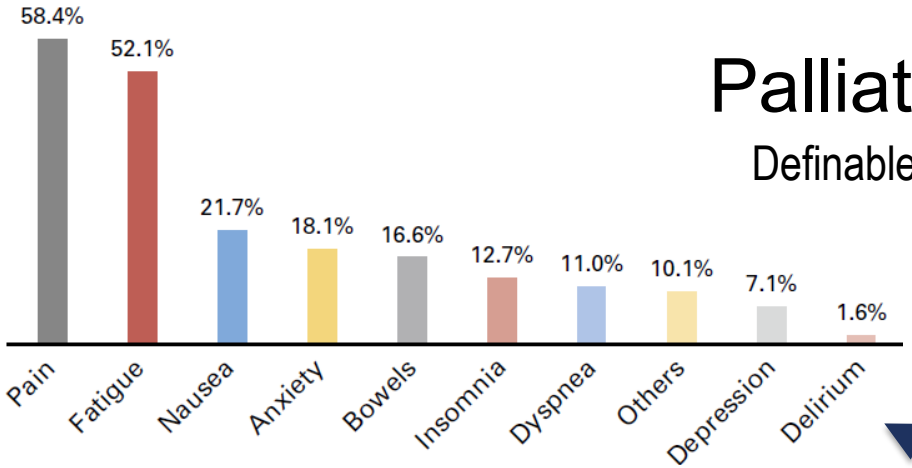
面對癌症患者的生理 病理以及心理層面

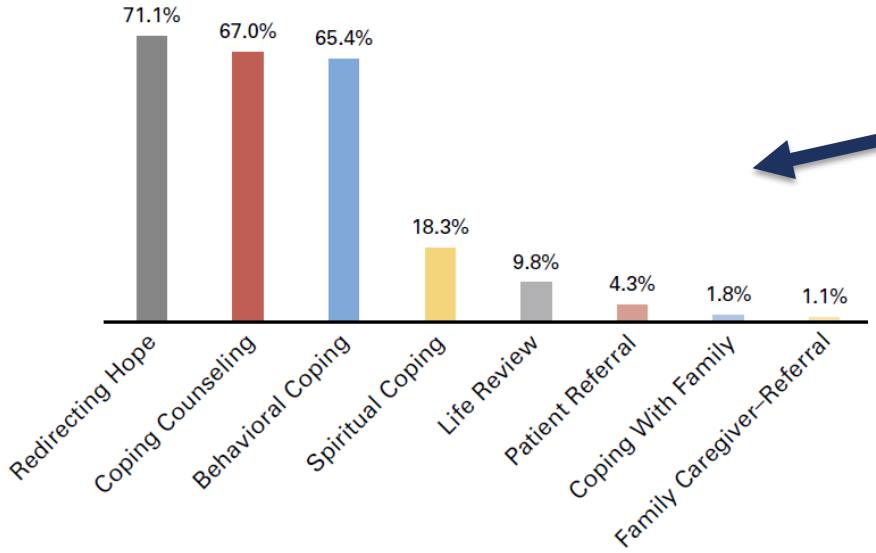
Palliative Care Interventions (PCIs)

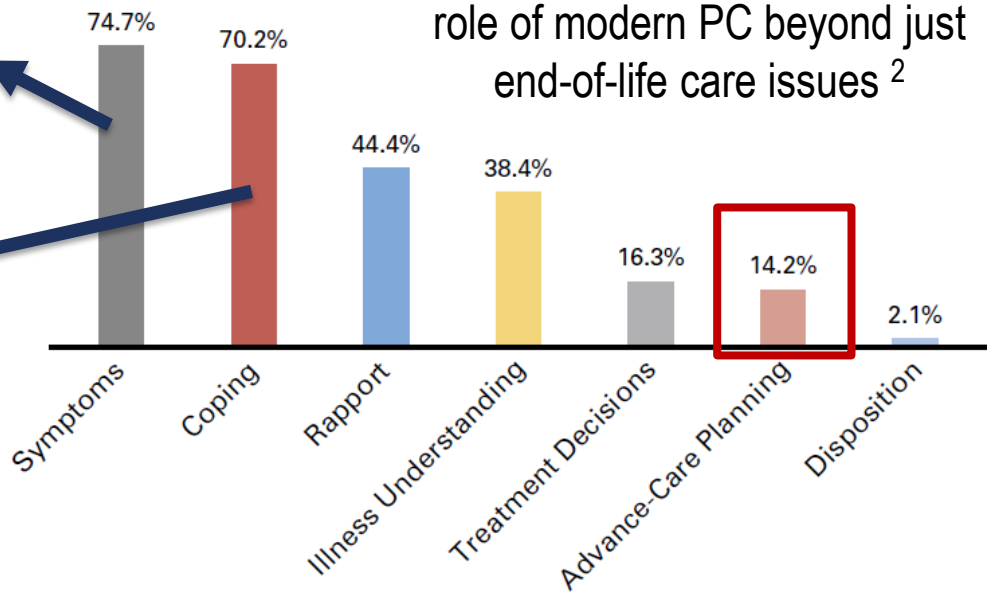
Definable interventions as part of the specialist PC «package»

From the US Mass General RCT: documented PCIs[1]

Few AdvCarePlan: expanded role of modern PC beyond just end-of-life care issues [2]







1: Temel J et al. JCO 2016; Dec 28

2: Roeland EJ JCO 2017;1-3

全人醫療:

早期緩和醫療

Early Palliative care Improve QOL and Save Life

早期緩和醫療的介入可以維持生活品質及延長存活

N Engl J Med 369;24 December 12, 2013

Table 1. Randomized Trials of Early Specialty Palliative Care Interventions in Patients with Cancer.

Trial	Population	Intervention	Results

5 (or, really, 7) RCTS now show...

- ✓ **No harm in any trial**
- ✓ Better satisfaction
- ✓ Usually better Quality of life
- ✓ Sometimes better symptom control
- ✓ LESS depression and anxiety
- ✓ 2 show better survival, one significant 2.7 months in NSCLC

- ✓ No increased cost in any trial
- ✓ Usually markedly lower costs per day – at least $300/day
- ✓ 10-fold increase in hospice referrals

Project ENABLE

322 patients within 8-12 weeks of a new diagnosis of GI, lung, GU or breast cancer with a prognosis of approximately one year

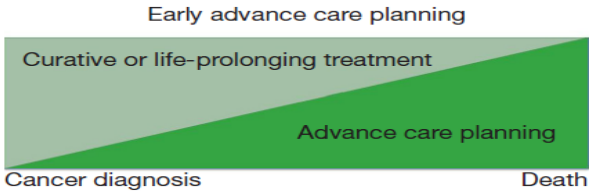
ENABLE intervention

Usual Care

Outcome Measures

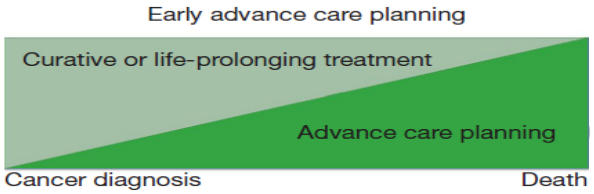
Patient-reported Outcomes
1. FACIT Palliative Care
2. ESAS (symptom intensity)
3. CES-D (depression)

Health Service Utilization
1. Number of days in hospital, intensive care unit and emergency department
2. Use of advanced directives
3. Referral to palliative care or hospice

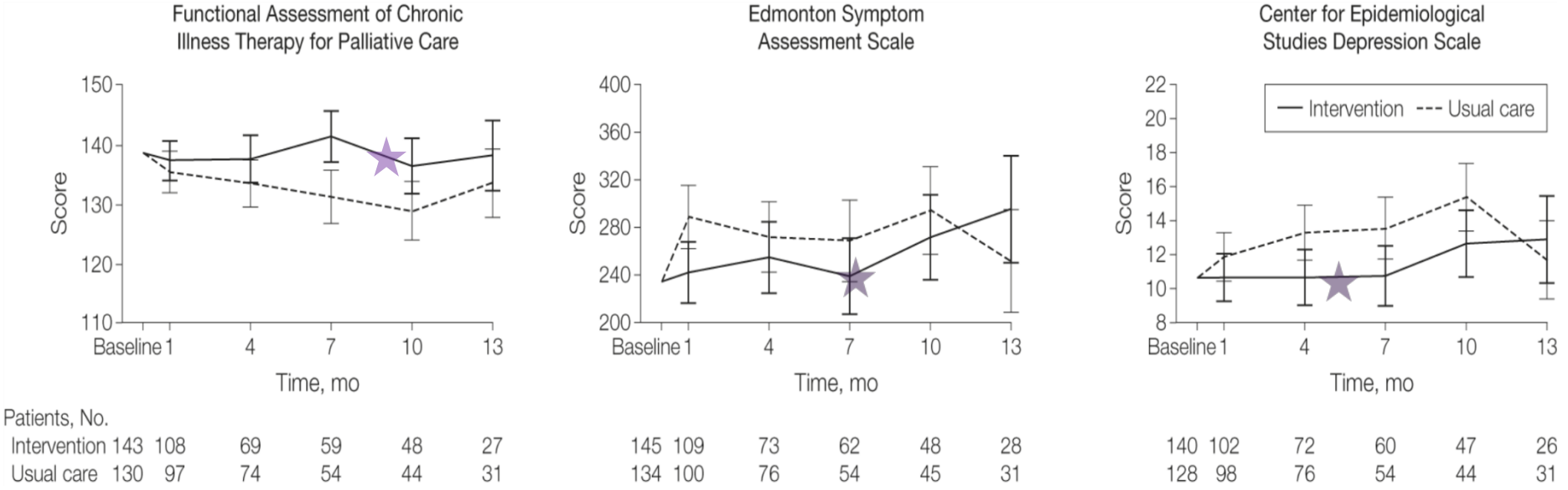


Nature of the Intervention

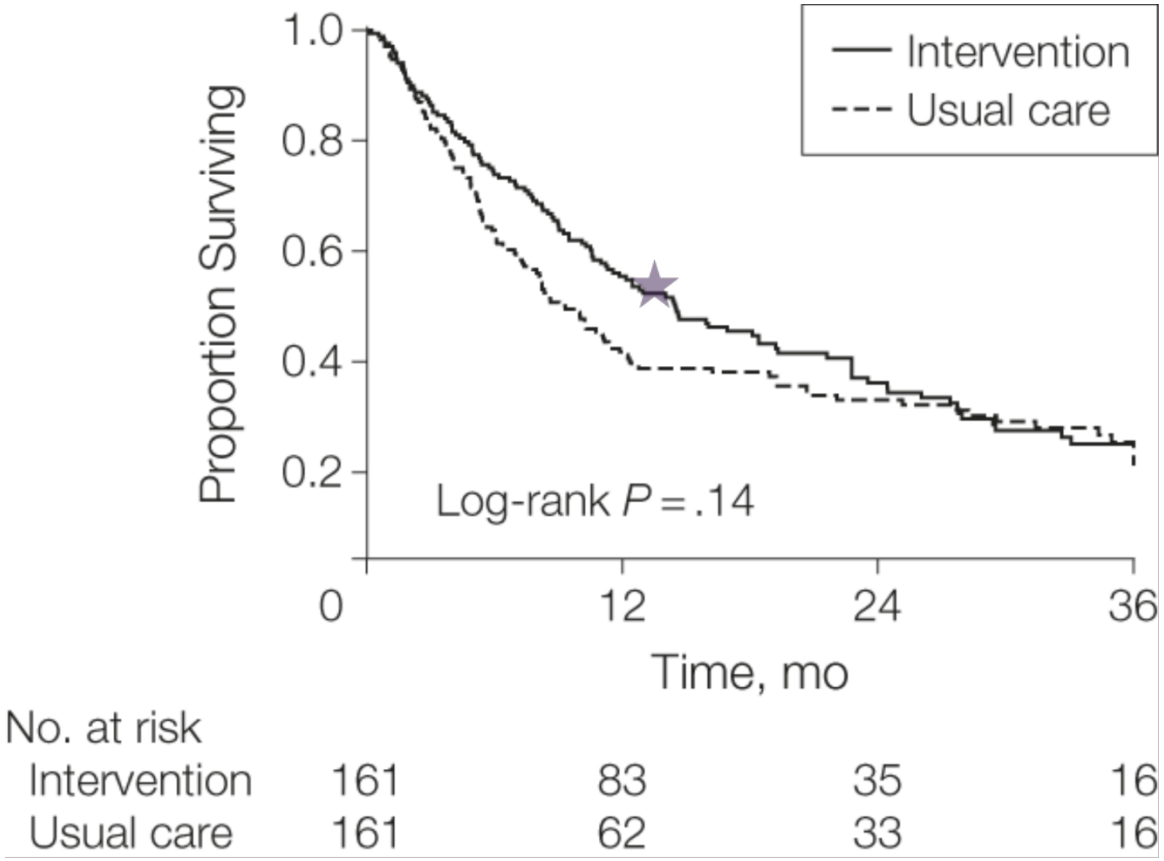
- Case management, educational approach to encourage patient activation, self-management and empowerment.
- Delivered in a manualized, telephone-based format (to administer to a rural population).
- Administered by advanced practice nurses with palliative care training.
- Included 4 initial structured educational and problem-solving sessions and at least monthly telephone follow up.



Palliative care nursing education in addition to usual oncology care – in RCT – allowed improved quality of life, fewer symptoms, and less depression. Bakitas M, et al. Project ENABLE. JAMA. 2009 Aug 19;302(7):741-9.



Palliative care in addition to usual oncology care led to a trend for improved lifespan. Bakitas M, et al. Project ENABLE. JAMA. 2009 Aug 19;302(7):741-9.



Randomized Trial in Patients with Lung Cancer

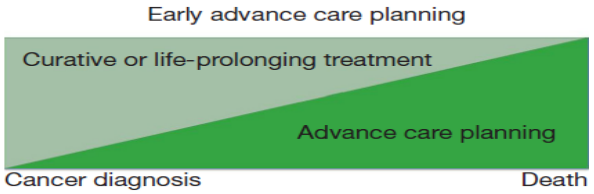
150 patients within 8 weeks of diagnosis of metastatic NSCLC with an ECOG PS 0-2

- Integrated care
- Standard care

Outcome Measures

<u>Patient-reported Outcomes</u>
1. FACT Lung
2. HADS (mood)
3. PHQ-9 (depression)
4. Prognostic awareness

<u>Health Service Utilization</u>
1. Hospice referrals
2. Chemotherapy administration
3. Documentation of resuscitation preferences

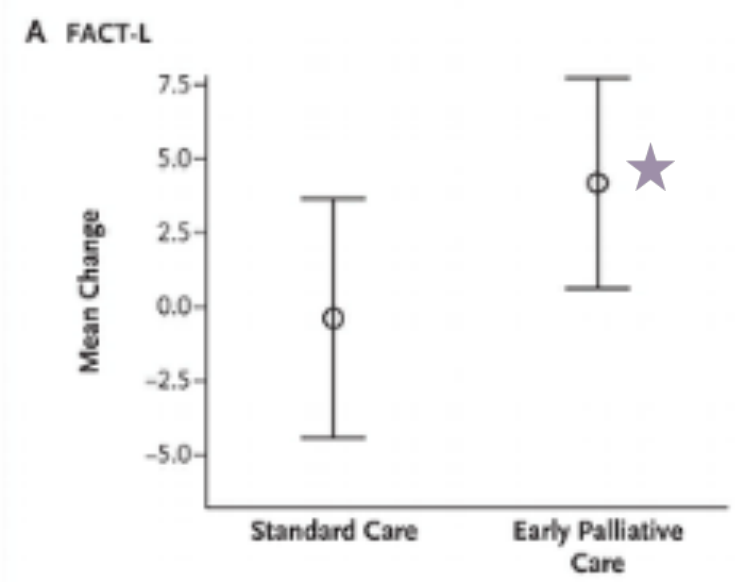


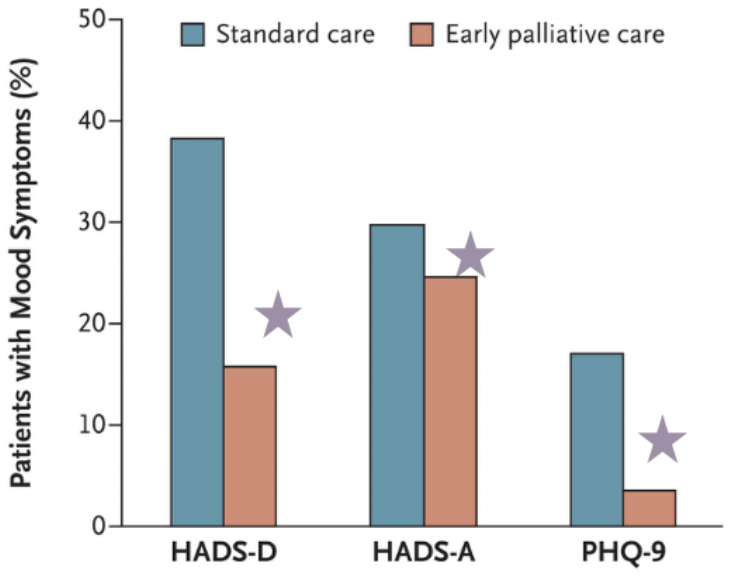
Nature of the Intervention

- Palliative care visits within 3 weeks of enrollment and at least monthly.
- Visits performed by physicians or advanced practice nurses within the Cancer Center (medical oncology or chemotherapy visits).
- Palliative care visits were not scripted or manualized but followed general guidelines for as per the national consensus project.
- If patients were admitted to the hospital, they were also followed by the palliative care team.

Palliative care in addition to usual oncology care allowed lung cancer patients to have *much better quality of life* (FACT) and *less anxiety and depression.*

Temel J, et al. NEJM 2010; Temel J, et al, JCO 2011





Quality of life Better

生活品質改善顯著

Mood Better, LESS depression

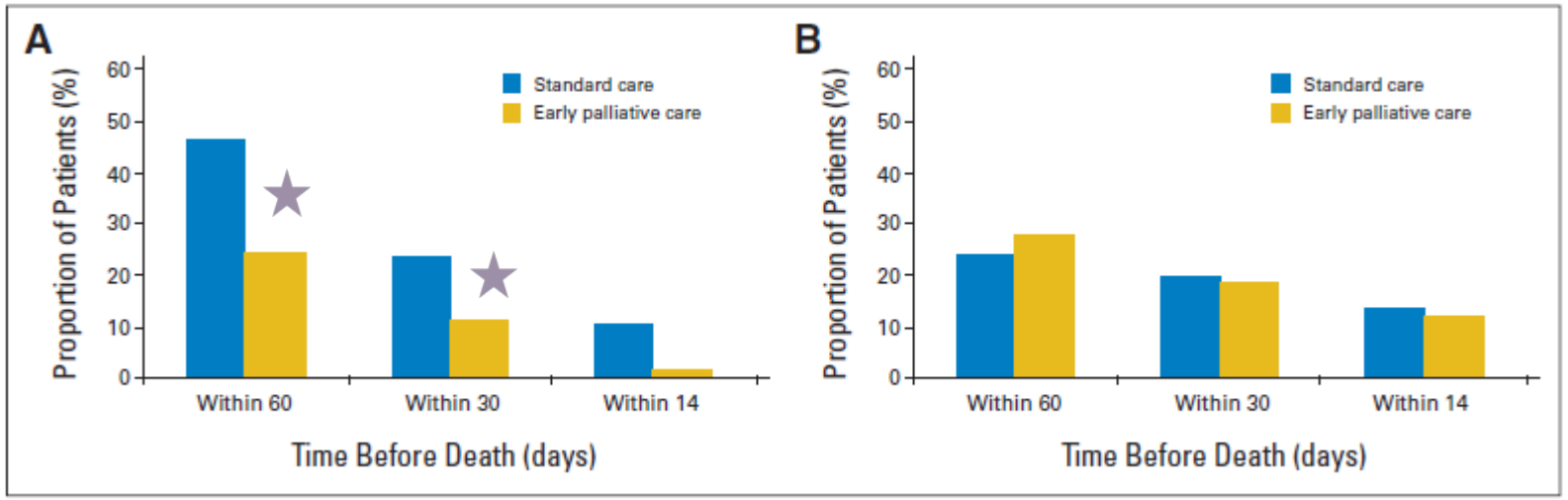
心情較佳 憂鬱較少

Final Chemotherapy at the EOL

臨終前期靜脈化學治療的使用顯著減少

IV Chemotherapy

Oral Chemotherapy

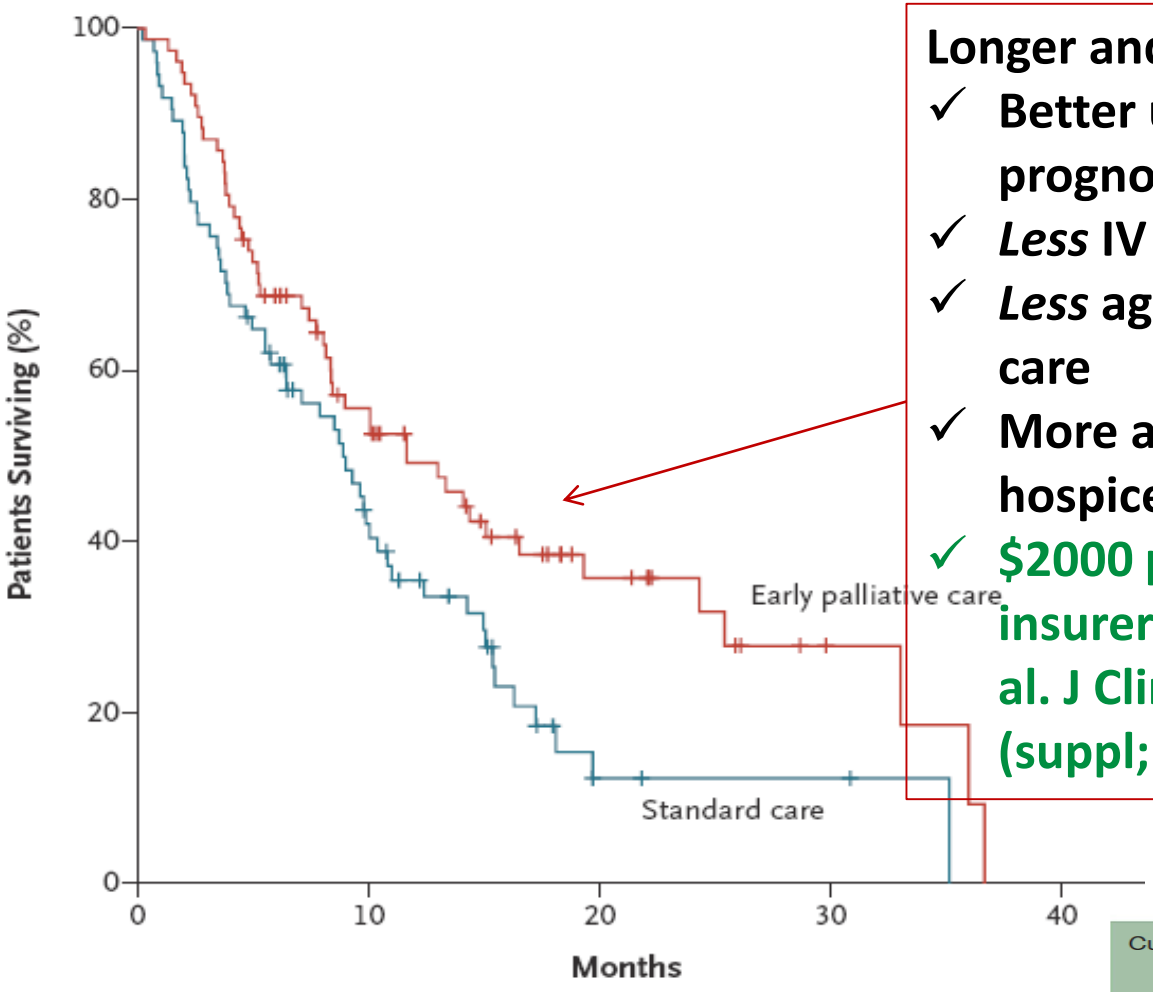


IV chemo within 60 DOD
46% v 24% p=0.01

Greer, JCO 30 (4) 2012

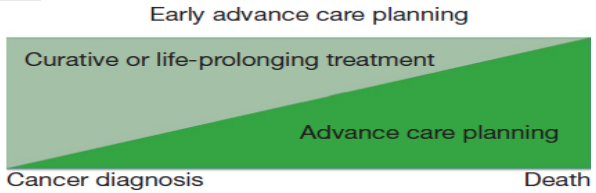
Palliative care in addition to usual oncology care allowed lung cancer patients to live almost 3 months longer than those who got usual oncology care.

Temel J, et al. NEJM 2010; Greer J, et al. JCO 2011



Longer and better survival

- ✓ **Better understanding of prognosis →**
- ✓ ***Less* IV chemo in last 60 days**
- ✓ ***Less* aggressive end of life care**
- ✓ **More and longer use of hospice**
- ✓ **$2000 per person savings to insurers and society (Greer, et al. J Clin Oncol 30, 2012 (suppl; abstr 6004))**



Patient Satisfaction and QOL

Trial	Population	Intervention	Results- Pt sat	Results- QOL
Gade et al	517 people “surprise ?” 31% cancer	Inpatient PC MDT consult	Increased satisfaction	No difference
Bakitas et al	322 people ~1 yr prognosis 100% cancer	Phone based PC by APN		Improved QOL Improved mood
Temel et al	151 people 100% newly dx metastatic NSCLC	Outpatient PC >=monthly MD or APN and Inpatient PC consult		Improved QOL Improved mood
Zimmerman et al	442 people 100% cancer 6mo-2yr prognosis	Outpatient PC >=monthly	Increased satisfaction	Improved QOL

What do these studies tell us?

- Palliative care improves patients' QOL, mood and other aspects of care including prognostic awareness, satisfaction and quality of EOL care.
- Many palliative care delivery models work.
- A more "intensive" palliative care model may be needed to impact EOL care measures.

In summary

- Clinicians should routinely and periodically screen adult caregivers for practical and emotional needs while caring for a patient near the end of life.
- Periodic screening by caregivers for the patient's supportive needs should be a routine part of care for patients with serious chronic illness.

早期緩和醫療的介入除了可以延長存活以外也可以減少醫療支出？

Early Palliative care Save Life
and Probably Health budget ?

醫療費用的降低 Reducing costs

- Early EOL conversations associated with 36% cost reduction
- Early palliative care RCT of patients with lung ca had 29% fewer hospital days
  - Major focus of visits was communication
- Early conversations about EOL care proposed as key intervention to “bend the cost curve” in oncology

Integrating Palliative Care Into Oncology: A Way Forward

Simutaneous

Palliative care and Acute Oncology Care

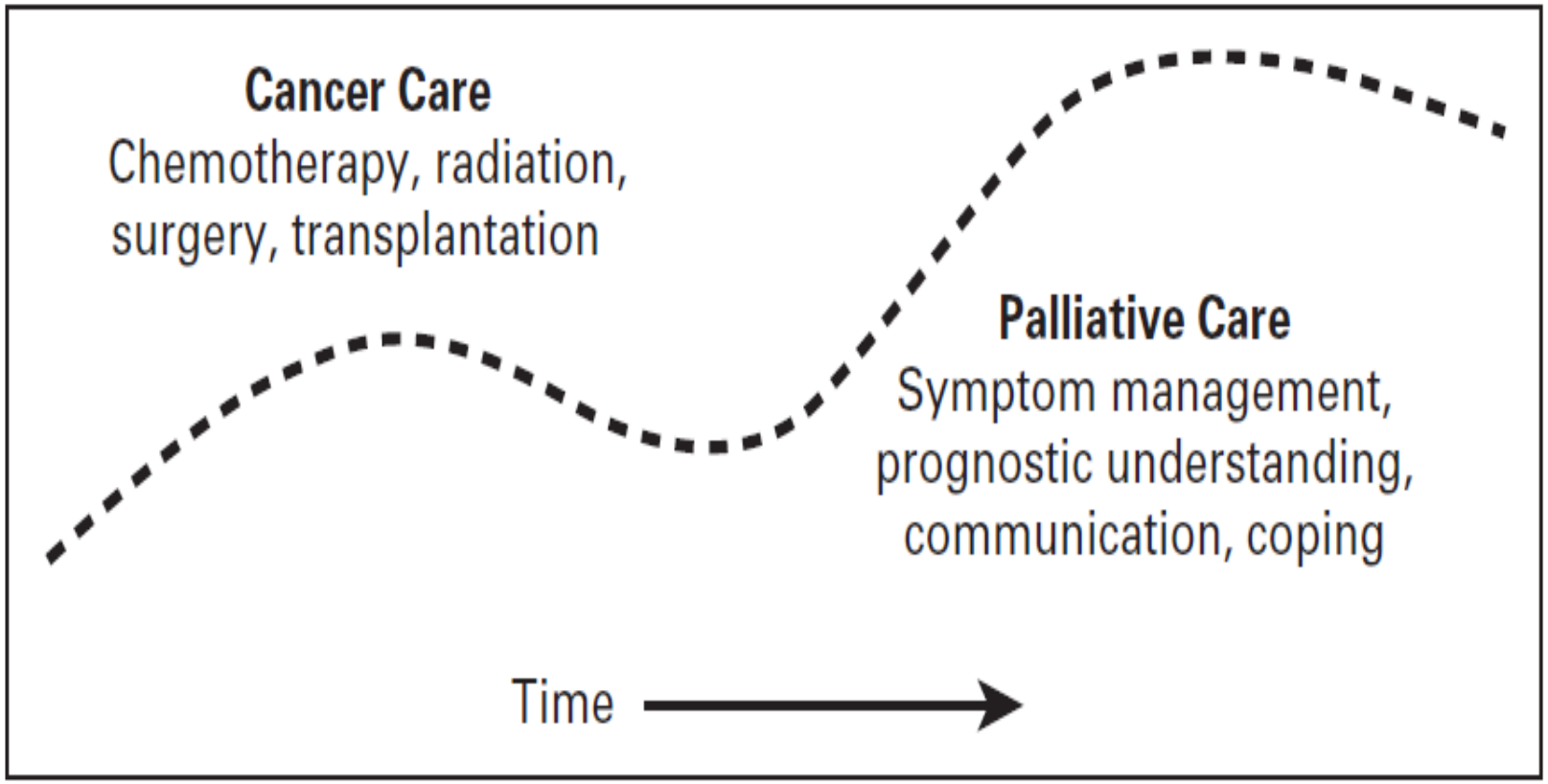


Fig 1. Palliative care integration in modern cancer care.

急性癌症醫療以及緩和醫療的整合

Palliative Care Is

- ✓ Excellent, evidence-based medical treatment
- ✓ Vigorous care of pain and symptoms throughout illness
- ✓ Care that patients want *at the same time* as efforts to cure or prolong life

Palliative Care Is NOT

- ✗ Not "giving up" on a patient
- ✗ Not in place of curative or life-prolonging care
- ✗ Not the same as hospice or end-of-life care

Who should deliver Supportive & Palliative Care Interventions ?

- Role of Medical Oncologist
- Evidence for specialized PC teams
- Medical Oncology Curriculum includes many palliative topics

Primary Palliative Care by Oncologists:

Bickel KE et al. JOP 2016;12:e828-38

The World Health Organization (WHO)

- palliative care as services designed to prevent and relieve suffering for patients and families facing life-threatening illness, through early management of pain and other physical, psychosocial, and spiritual problems.

Palliative Care – WHO

- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness;

- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

ASCO Guidelines 2016

- "Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.
- Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."

The American Society for Clinical Oncology (ASCO) recommends

- Considering the combination of palliative care with standard oncology care early in the course of treatment for patients with metastatic cancer and/or a high symptom burden

早期緩和醫療介入　實證

Patients with advanced cancer: *Evidenced-based* *(Evidence Quality, Recommendation level)*		
- referred to interdisciplinary palliative care teams	*intermediate*	*strong*
- consultation available both inpatient and outpatient care	*intermediate*	*strong*
- early in the course of disease, alongside active treatment	*intermediate*	*moderate*
Newly diagnosed pts, referral < 8 weeks: *In-formal consensus*	*intermediate*	*moderate*
Cancer patients with **high symptom burden: *Evidence-based*** and/or unmet physical or psychosocial **needs** outpatient cancer care programs shall use dedicated resources	*intermediate*	*moderate*
For family caregivers in outpatient setting: ***Evidence-based*** nurses, social workers, et al. caregiver-tailored PC support	*low*	*weak*

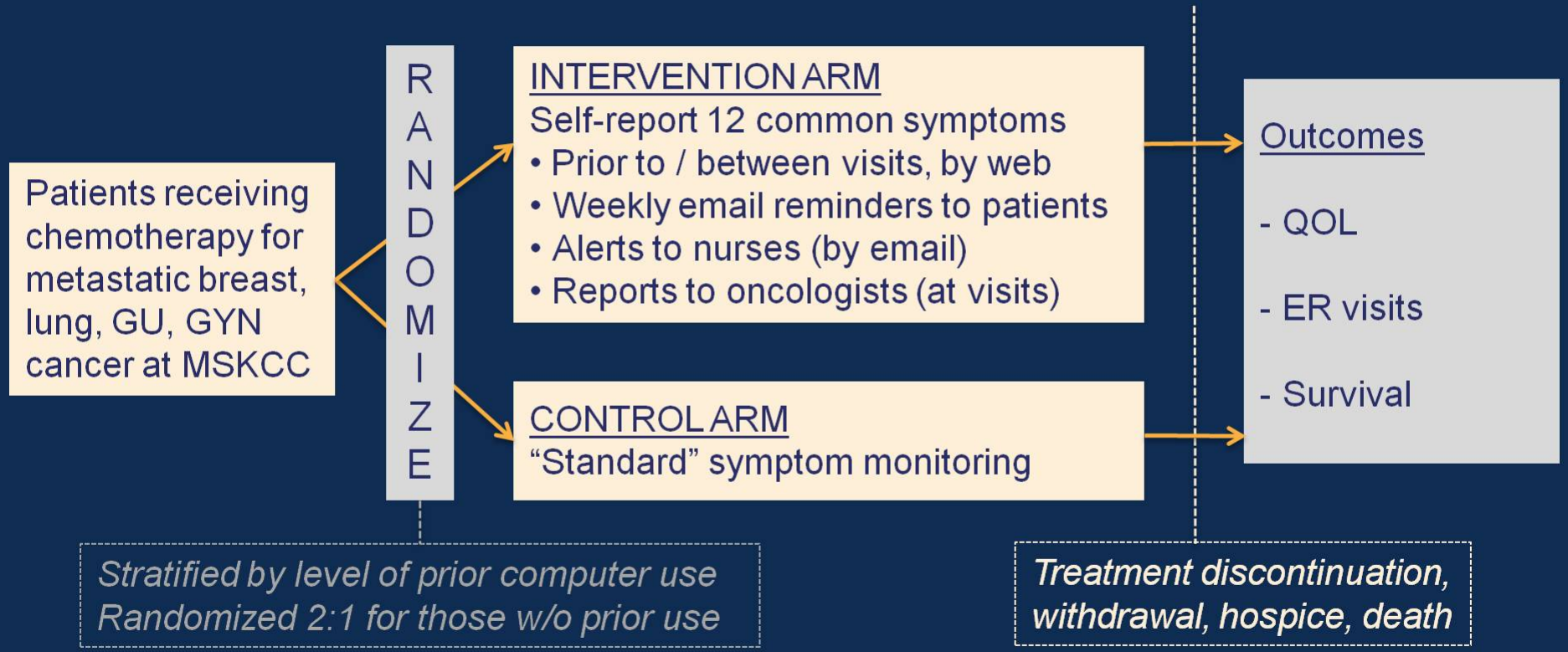
Overall survival results of a randomized trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment (NCT00578006)

Ethan Basch, Allison Deal, Amylou Dueck, Antonia Bennett, Thomas Atkinson, Howard Scher, Mark Kris, Clifford Hudis, Paul Sabbatini, Dorothy Dulko, Lauren Rogak, Allison Barz, Deborah Schrag

From: Lineberger Comprehensive Cancer Center, University of North Carolina; Memorial Sloan Kettering Cancer Center; Mayo Clinic; Dana-Farber Cancer Institute

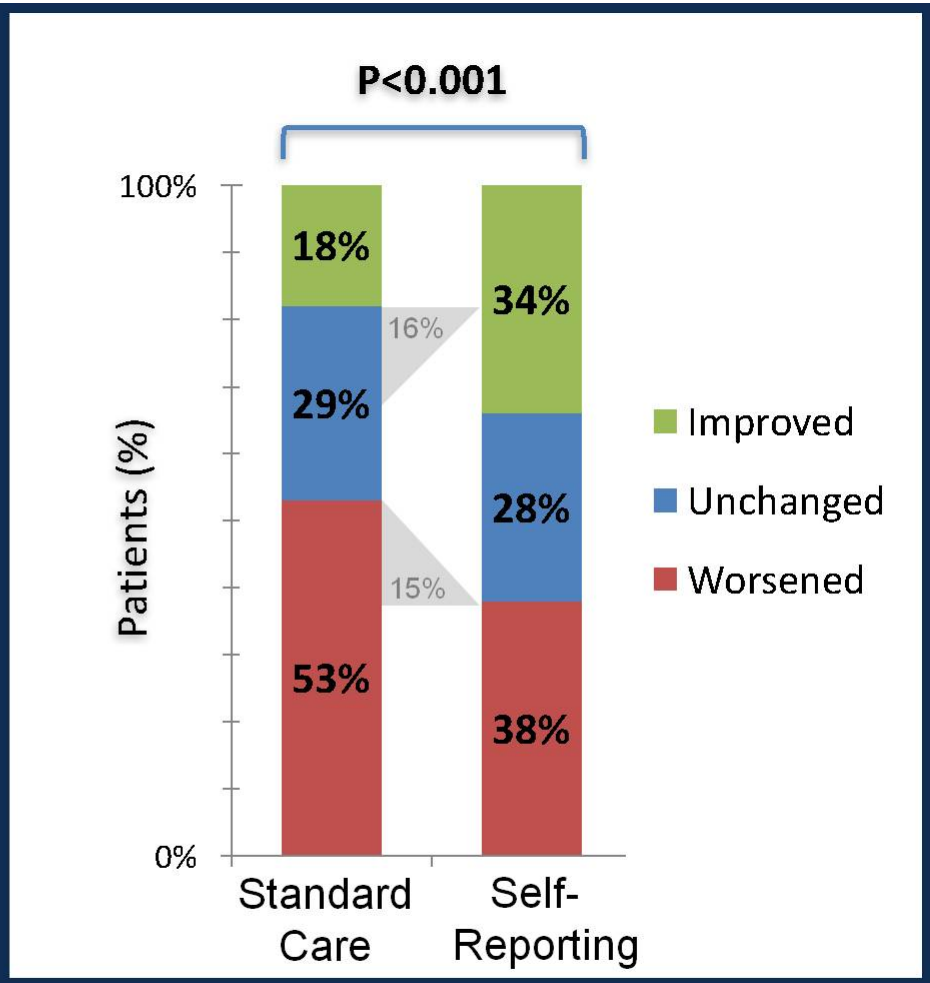
PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17

Study Design



Quality of Life

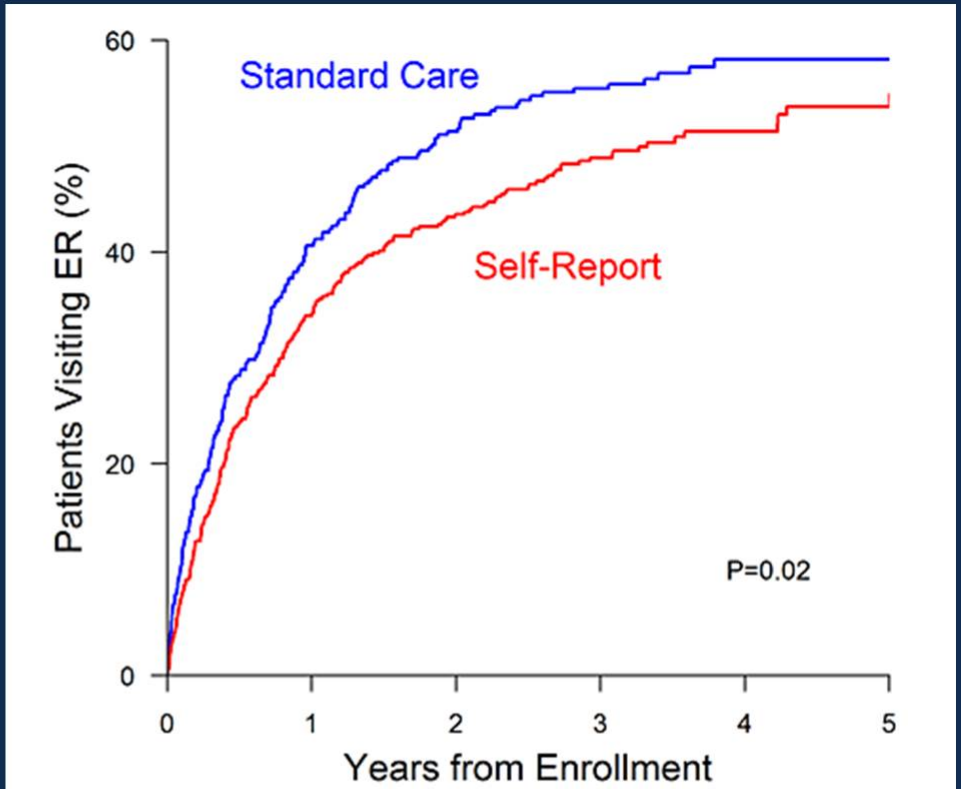
- Assessed at 6 months, compared to baseline
- Compared to standard care, 31% more patients in the self-reporting arm experienced QOL benefits (*P<0.001*)



Basch: J Clin Oncol 2016;34:557-565

Proportion of Patients Visiting Emergency Room

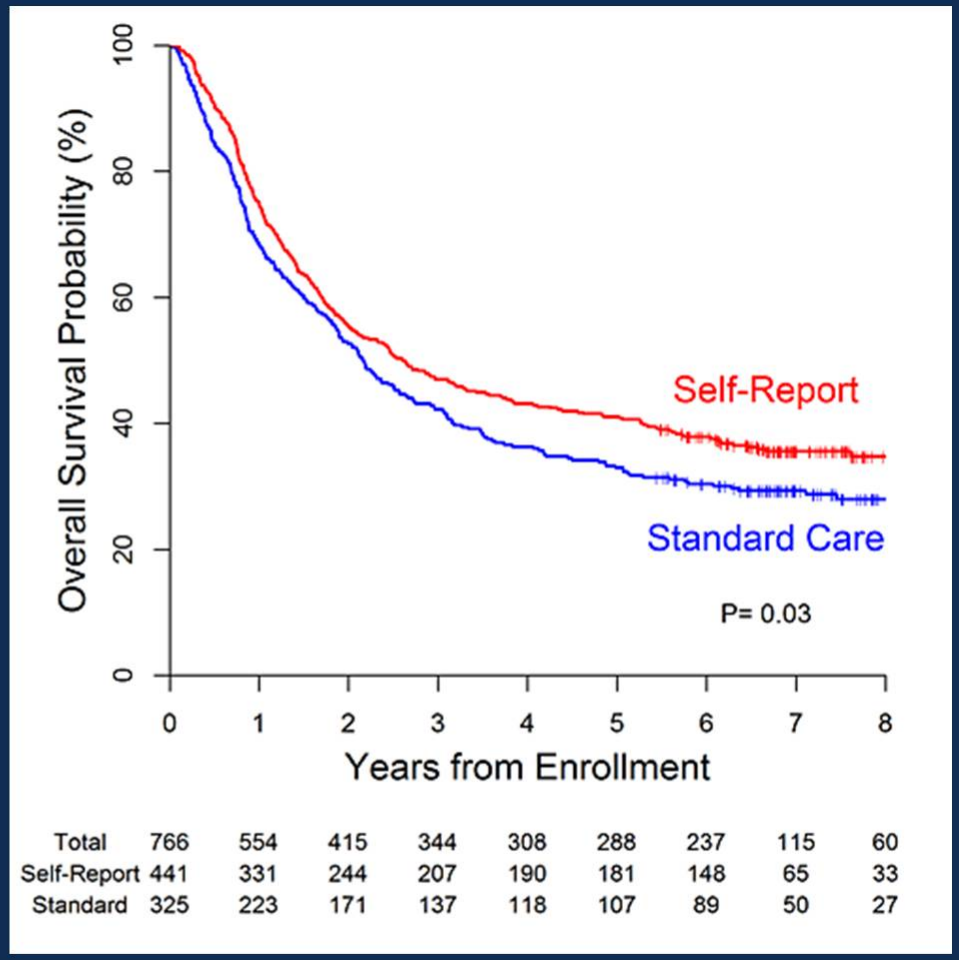
- Compared to standard care, 7% fewer patients in the self-reporting arm visited the ER, with durable effects throughout the study (*P=0.02*)



Total	766	554	415	344	308	288
Self-Report	441	331	244	207	190	181
Standard	325	223	171	137	118	107

Overall Survival

- Compared to standard care, median survival was 5 months longer among patients in the self-reporting arm (31.2 vs. 26.0 months) (*P=0.03*)
- Remained significant in multivariable analysis: Adjusted hazard ratio 0.832 (*95% CI; 0.696, 0.995*)



Presented By Ethan Basch at 2017 ASCO Annual Meeting

Conclusions

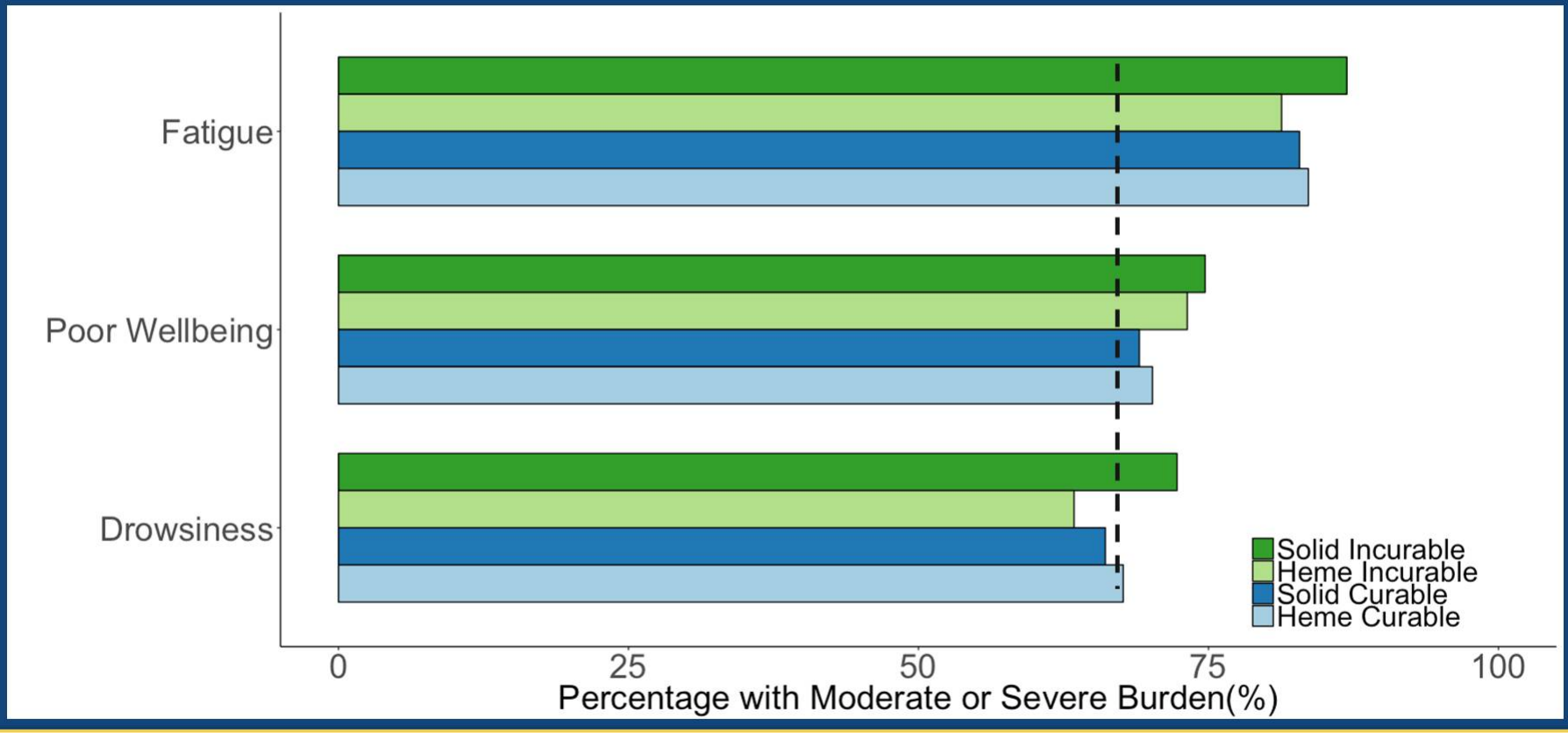
- Systematic symptom monitoring with patient self-reporting improves overall survival
- This approach should be considered for inclusion as a part of standard symptom management
- Future efforts should focus on implementation strategies for integrating self-reporting into electronic health records and into workflow of oncology practice

Symptom burden in hospitalized patients with curable and incurable cancers

Richard Newcomb MD, Ryan Nipp MD MPH, Daniel Lage MD, Ephraim Hochberg MD, Vicki Jackson MD, Barbara Cashavelly RN, Risa Wong MD, Andrew Chan BA , Catherine Fuh BS, Joseph Greer PhD, David Ryan MD, Jennifer Temel MD, Areej El-Jawahri MD

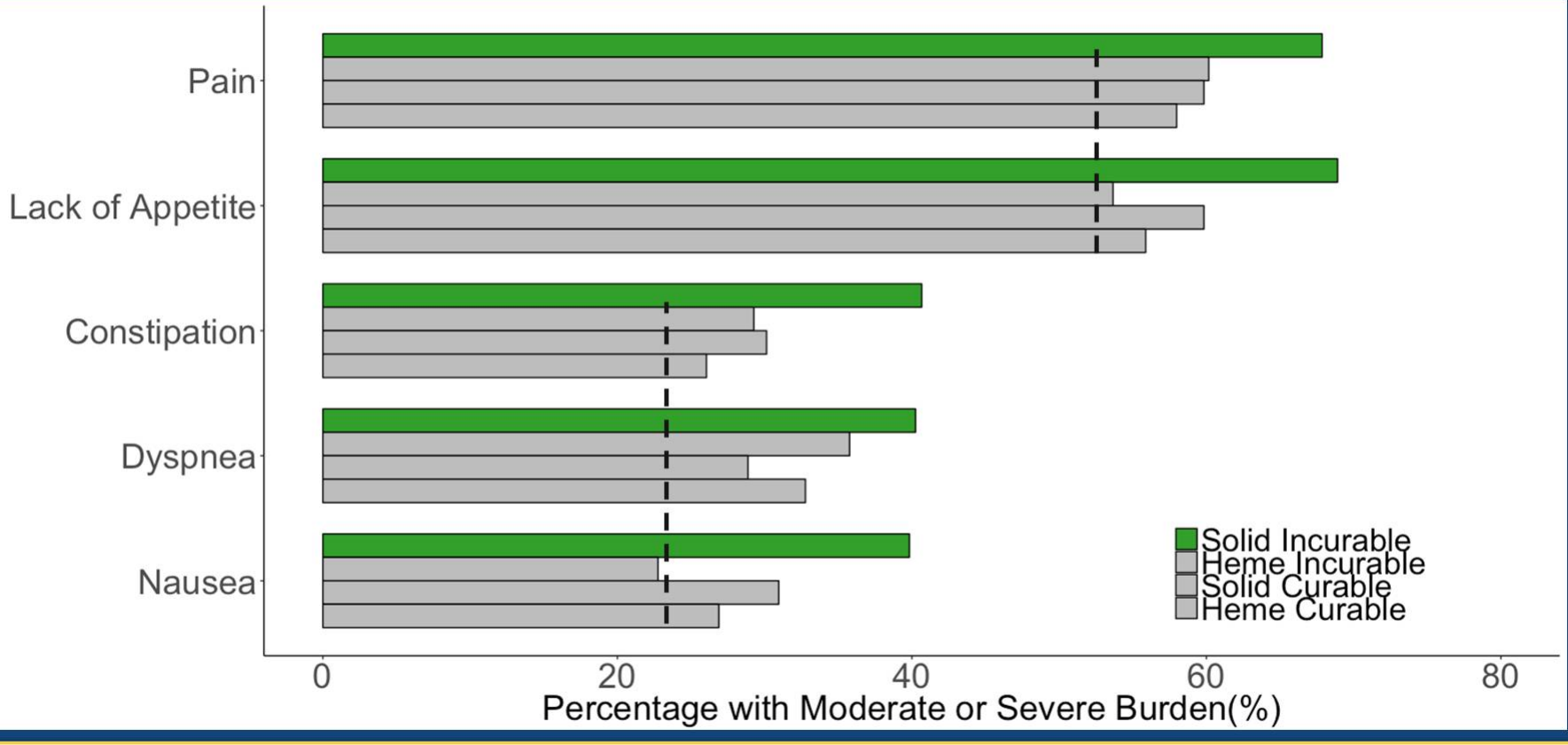
Presented By Richard Newcomb at 2018 ASCO Annual Meeting

Physical Symptoms



Presented By Richard Newcomb at 2018 ASCO Annual Meeting

Physical Symptoms



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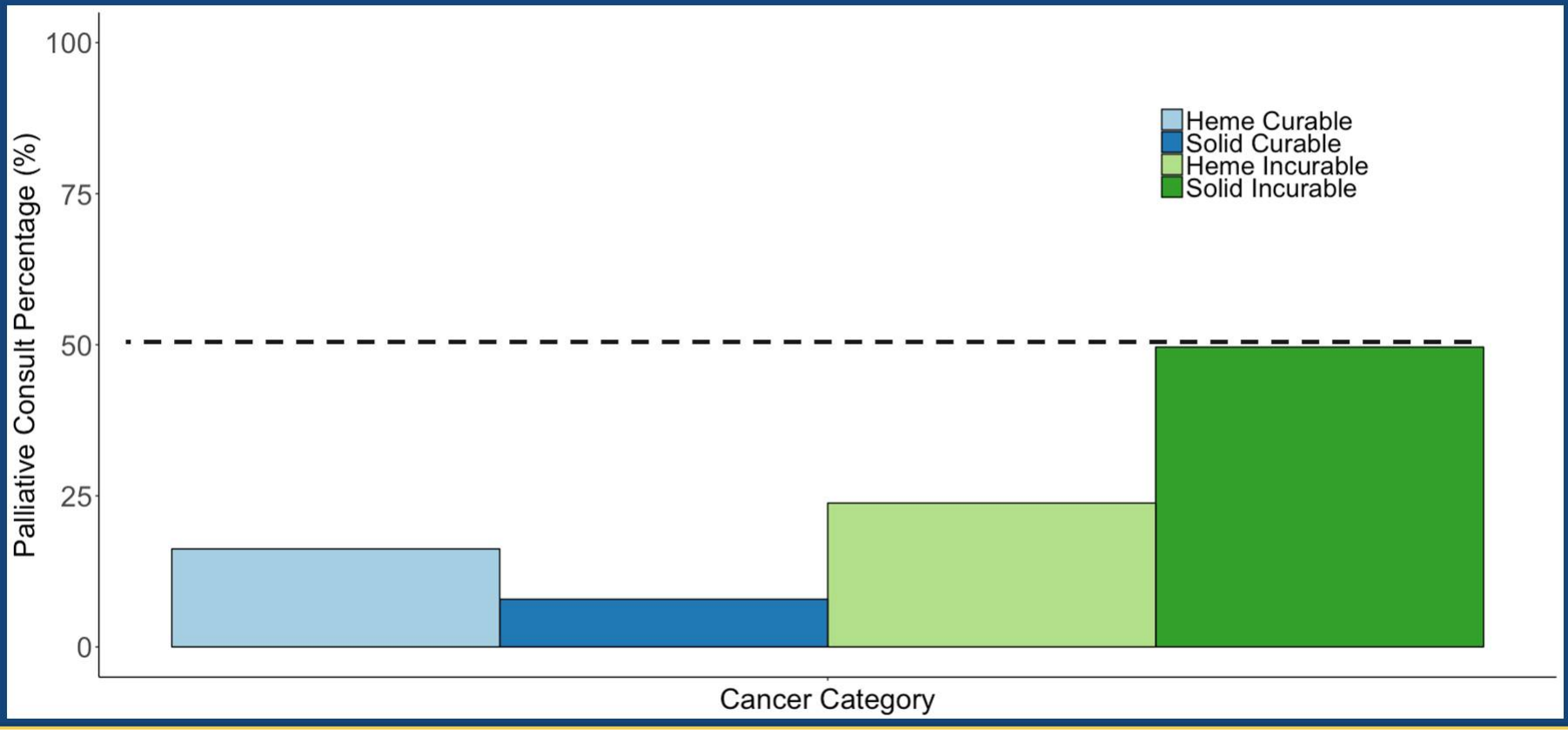
Palliative Care Consultations: Most Symptomatic Patients



Presented By Richard Newcomb at 2018 ASCO Annual Meeting

整合癌症醫療

- 讓醫療團隊對症狀的評估成為常規 (e.g. ESAS)
- 主動監測患者在治療期間的合併症，包含對患者的影響
- 病人是主要資訊提供者
- 有不同的整合操作模式

整合癌症的醫療以及緩和醫療

癌症專科醫師

- 對症狀的評估成為常規 (e.g. 量表)
- 主動監測患者在治療期間的合併症，包含對患者的影響
- 提供主要的緩和及支持治療並且詳細記錄
- 與不同專科協調合作

整合癌症醫療

- 將緩和醫療在早期就和癌症醫療整合已是趨勢，癌症的治療團隊需要在緩和醫學上及態度上有持續地再教育。
- 專業的緩和醫療團隊，主要是用來協助傳統癌症醫療的不足。
- 原則相同但是執行的方式或模式仍未有定論。