PALLIATIVE CARE AND GERIATRIC ONCOLOGY

Katherine Matas, PhD, ANPC
Palliative Care Team
Flagstaff Medical Center
Northern Arizona Healthcare

Learning Objectives:

● Define Palliative Care.
● Explain the role of Palliative care for oncology patients.
● Interpret your disciplinary role in conducting conversations about serious illness.

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Palliative Care and Geriatric Oncology
Katherine Matas, PhD, ACHPN
Palliative Care Team
Flagstaff Medical Center
Cancer and Older Adults
Arizona Geriatrics Society
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Agenda
• Describe key issues related to aging demographic and cancer
• Define Palliative Care
• Identify who can benefit from palliative care services in the geriatric oncology population
• Highlight examples of positive outcomes for cancer patients and their families related to Palliative Care
• Consider what you can do to extend Palliative Care
Life Expectancy from 1900 - 2100

Consequences of Aging Society

• 50% of those ages 70 and older will experience 2 or more chronic conditions
  • High symptom burden (independent of disease)
    • Pain, loss of energy, difficulty concentrating
    • Sleep disturbance, appetite problems, depressed mood
  • ↓ Functional status
  • ↑ Disability: those reaching 65 can expect to spend on average 8 years (≈12%) of life span living with one or more disabilities
  • ↑ Healthcare costs

Demographics of Cancer and Aging

• The incidence of cancer increases with age
• The median age at the time of cancer diagnosis is 68 yrs
• 56% of all cancer diagnoses & 70% of all cancer deaths occur in the >65 population
• In the last 30 years, the incidence of cancer has increased 26% in > 65 population compared with a 10% increase in the population < 65
• Cancer-related mortality has increased among the older population by 15%, but has decreased by 5% in < 65 group

The elderly are disproportionately affected by cancer and its associated sequelae
Common Tumors in the Older Adult

- Breast cancer
  - 25% all new dx in >75 population
  - 50% in >65

Prostate Cancer
- Median age diagnosis 72 yrs
- Median age at death 78 yrs

Lung Cancer
- Median age at dx 71 yrs
- Leading cause of cancer mortality for >65 & all-cause mortality for 65-74 y.o.
- High rate of surgical morbidity & mortality
- 69% die within 1 yr of dx, 75% within 2 yrs.

Common Tumors in the Older Adult

- Colon Cancer
  - 65% of newly dx are > 65 y.o.
  - Median age at dx 71 yrs
  - 5-yr relative survival is 90% for early stage disease and < 10% for metastatic disease

- Non-Hodgkins Lymphoma
  - 5th most common cancer dx in elderly
  - Peak incidence in those > 75
  - Median age at dx 66 if fully staged and treated, no difference in complete remission rates between older and younger persons

Remember...

- 50% of those ages 70 and older will experience 2 or more chronic conditions
  - High symptom burden (independent of disease)
    - Pain, loss of energy, difficulty concentrating
    - Sleep disturbance, appetite problems, depressed mood
  - ↓ Functional status
  - ↑ Disability: those reaching 65 can expect to spend on average 8 years (=12%) of life span living with one or more disabilities
  - ↑ Healthcare costs
Common Conditions Where Pain is Predominant Symptom

<table>
<thead>
<tr>
<th>System</th>
<th>Common disorders in later life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>Pressure ulcers, cellulitis, scleroderma</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>Irritable bowel disease, constipation</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Angina, advanced heart disease</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Pleurisy, pneumothorax, advanced lung disease</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Arthritis, gout, rheumatoid arthritis</td>
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<tr>
<td>Endocrine</td>
<td>Diabetic neuropathy</td>
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<tr>
<td>Renal</td>
<td>Kidney stones, cysts, end stage renal disease</td>
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<tr>
<td>Infectious disease</td>
<td>Herpes zoster, HIV/AIDS neuropathy</td>
</tr>
<tr>
<td>Neurology</td>
<td>Parkinson’s disease, post-stroke pain, headache</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Low back disorders, tendinitis, bursitis</td>
</tr>
<tr>
<td>Oncology</td>
<td>Cancer and cancer treatments</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Surgery, sickle cell</td>
</tr>
</tbody>
</table>

Prevalence of symptoms in older cancer patients receiving palliative care

- 17 studies included in this systematic review
- 32 symptoms were identified with prevalence from 3.5% to 77.8%
- There were present in at least 50% of patient:
  - Fatigue
  - Excretory symptoms
  - Urinary incontinence
  - Asthenia
  - Pain
  - Constipation
  - Anxiety


Associated Psychosocial Stressors

- Difficulty finding meaningful role(s) to fill
- Multiple losses (spouse, colleagues, friends)
- Social isolation
- Financial worries/concerns: “Never thought I would live this long”
- Threats to independence
Other Life Course Issues

- Religious/spiritual/existential needs
- How to overcome fears about uncertain future?
- How to find meaning/hope?
- How to obtain forgiveness?
- For some, addressing feeling of being abandoned by God

Issues Related to Aging Society

- In 2009, 62 million individuals reported caregiving responsibilities
- Prone to physical and psychological problems
  - Increased risk for social isolation
  - Needs often equal to or greater than care recipient’s needs
- Can also lead to beneficial outcomes

Issues Related to Aging Society

- Many patients receive care that is not consonant with their values/preferences
  - Aggressive care often delivered when individuals desire comfort approaches
  - Some individuals report/express concerns about receiving too little care (under-treatment)

Policy Responses at Societal Level

- Older Americans Act (1965): Initiative to provide comprehensive services for older adults; Administration on Aging established at federal level
- Support services to promote maintenance of independence
- Nutrition programs, e.g., congregate & home delivered meals
- National Family Caregiver Support program
- Medicare (1966) guarantees access to health insurance for Americans over 65; Medicaid as well
- Medicare Part D (2003) subsidizes costs of prescription drugs

Death Moves from Home to Hospital

In 1900 vast majority of deaths occurred at home; in 1960s most occurred in hospital/nursing home
1960s-1970s: Multiple reports documenting poor conditions/inadequate care of dying patients in hospital/nursing homes

Generated strong support for efforts to address problem

Hospice As Solution

Advocated use of technology to alleviate suffering
**Hospice Care Timeline**

- 1960s - Cicely Saunders work with dying patients in London
- 1966 - Saunders travels to meet with Florence Wald (Yale)
- 1967 - St. Christopher’s opens in London
- 1974 - First hospice opens in US (Branford, CT)
- 1982 - Hospice benefit established
- 1986 - Hospice benefit made permanent
- 2012 - Over 5,000 hospice programs nationwide

**Emergence of Palliative Care**

- Rapidly growing segment of medical care system, drivers include:
  - Aging society
  - Problem of multi-morbidity
  - High unmet needs in those not eligible to receive hospice care
  - Palliative care adopted core tenets from hospice movement

**Palliative & Hospice Care**

- Both strive to relieve suffering and improve quality of life by:
  - Addressing symptom burden aggressively
  - Tending to spiritual/religious/existential needs
  - Addressing needs of patients & families
  - Ensuring care is consonant with preferences & values of patient
  - Palliative care appropriate for patients seeking curative & life-prolonging interventions
Palliative (vs. Hospice) Care

Therapies to prolong life

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Interventions to relieve suffering & improve quality of life

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Palliative care

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Bereavement Care

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Hospice

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6 months

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Death

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Palliative Care Timeline

- 1980s - First inpatient palliative care program
- 1999 - Center to Advance Palliative Care created
- 2000-2010 - Multiple educational programs established for medicine, nursing, social work, and chaplaincy trainees
- 2014 - Over 1,500 inpatient palliative care programs; >85% of hospitals with 300+ beds

Who Delivers Palliative Care?

- Interdisciplinary team based care in hospital setting by
- Nursing, social work, chaplaincy, & medical provider(s) with requisite skills in
- Physical, social, psychological, spiritual, and legal aspects of medical care
Milestones in Palliative Care

• Palliative nursing certification in 2002 (American Board of Nursing Specialties)
• Consensus quality guidelines in 2006 (Framework & Preferred Practices for Palliative and Hospice Care Quality)
• Recognized as subspecialty in 2008 by American Board of Medical Specialties
• Certification program in palliative care for hospitals by Joint Commission in 2011

Outcomes of Palliative Care

• Enhanced patient quality of life
• Improved levels of patient & family satisfaction
• Improved symptom management
• Reduced hospital costs


Unanswered Questions

• What components of multi-component intervention most effective?
• More evidence supporting improvement in positive caregiver outcomes needed
• Are certain models of delivery more effective than others or most appropriate in a given setting?
• Is hospitalization best time to introduce PC to patients/families (at time of decompensated illness)?
Trends In Palliative Care Delivery

Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer

Trends in Palliative Care Delivery

• ‘Early’ palliative care delivery in outpatient setting (e.g., time of initial diagnosis)
• Randomized 151 patients recently diagnosed with advanced non-small cell lung cancer to:
  • Standard oncologic care + PC vs. standard oncologic care alone
  • PC delivered by MD or NP from hospital-based PC team

Temel et al. Study and Associated Outcomes

• Initial assessment at study enrollment then met with patient/family every 4 weeks; intervention components:
  • Assessed for physical & psychosocial needs
  • Helped establish goals of care
  • Assisted patients with decision making when appropriate
  • Care coordination
• ↑ QOL, ↓ depressive symptoms, less aggressive care, ↑ survival (by about 2 months)
NIH National Cancer Institute

• PDQ® Cancer Information Summaries: Supportive and Palliative Care

• Palliative Care in Cancer Fact Sheet

National Comprehensive Cancer Network (NCCN)

• Guidelines for use of Palliative Care

World Health Organization

• Palliative Care for Older People: Better Practices
SUMMARY

- Rapid program diffusion in large U.S. hospitals
- Employ interdisciplinary team-based approach
- Training programs for diverse provider groups (building a workforce)
- Current healthcare-based delivery approaches necessary but insufficient to meet growing palliative care needs of aging population

NEW DELIVERY MODELS NEEDED

Stjernsward, Foley, Ferris J Pain Symptom Manage 2007;33:486-93

COMMUNICATION IN SERIOUS ILLNESS

Keynote address from Atul Gawande, MD, MPH, author of Being Mortal: Medicine and What Matters in the End
WE WANT YOU!

Questions & Answers