

Metastatic Breast Cancer: Understanding Palliative Care



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Conceptual Shift for Palliative Care

Disease-Directed Therapies



Why Palliative Care?



Original Article

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

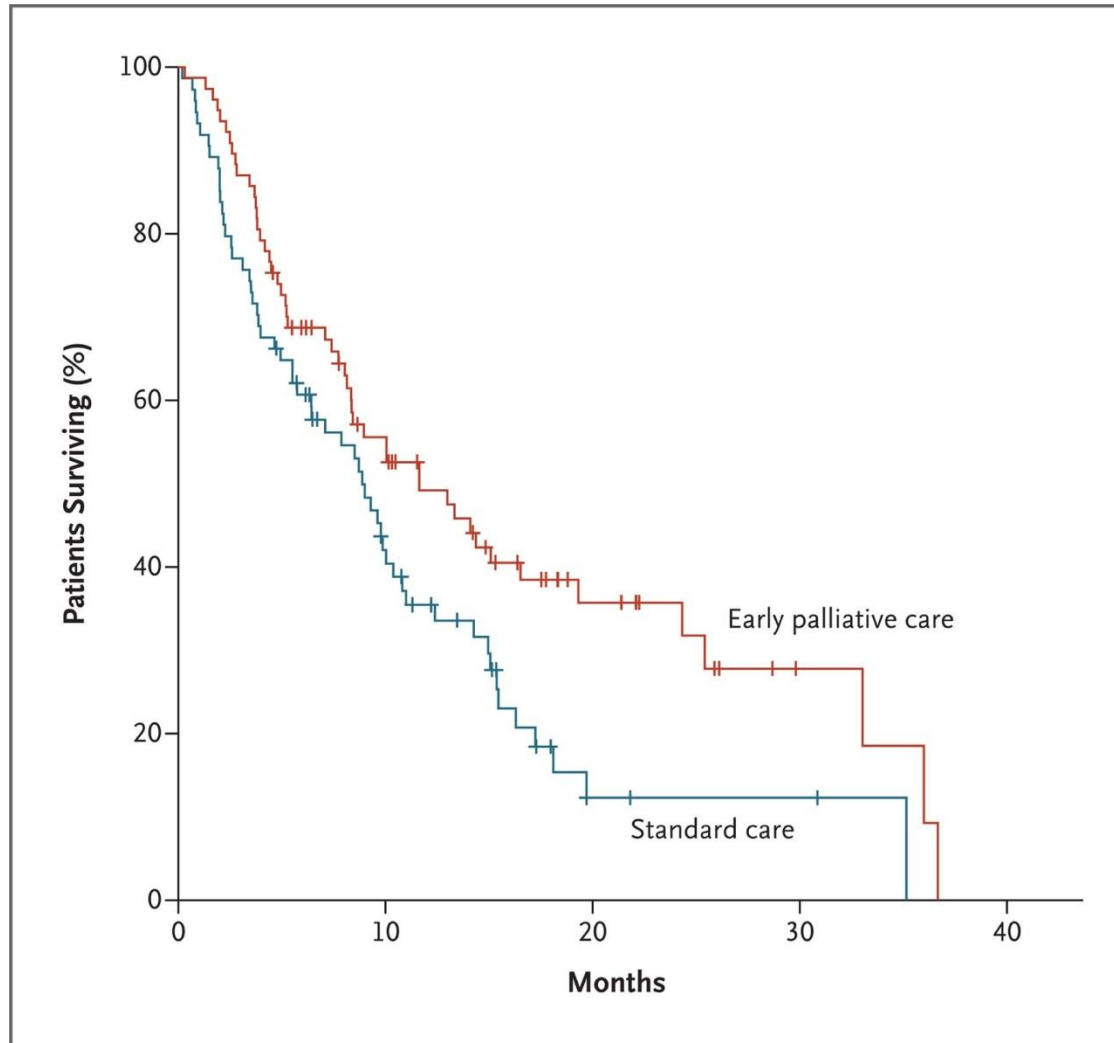
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N Engl J Med
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August 19, 2010



The NEW ENGLAND
JOURNAL of MEDICINE

Kaplan–Meier Estimates of Survival According to Study Group



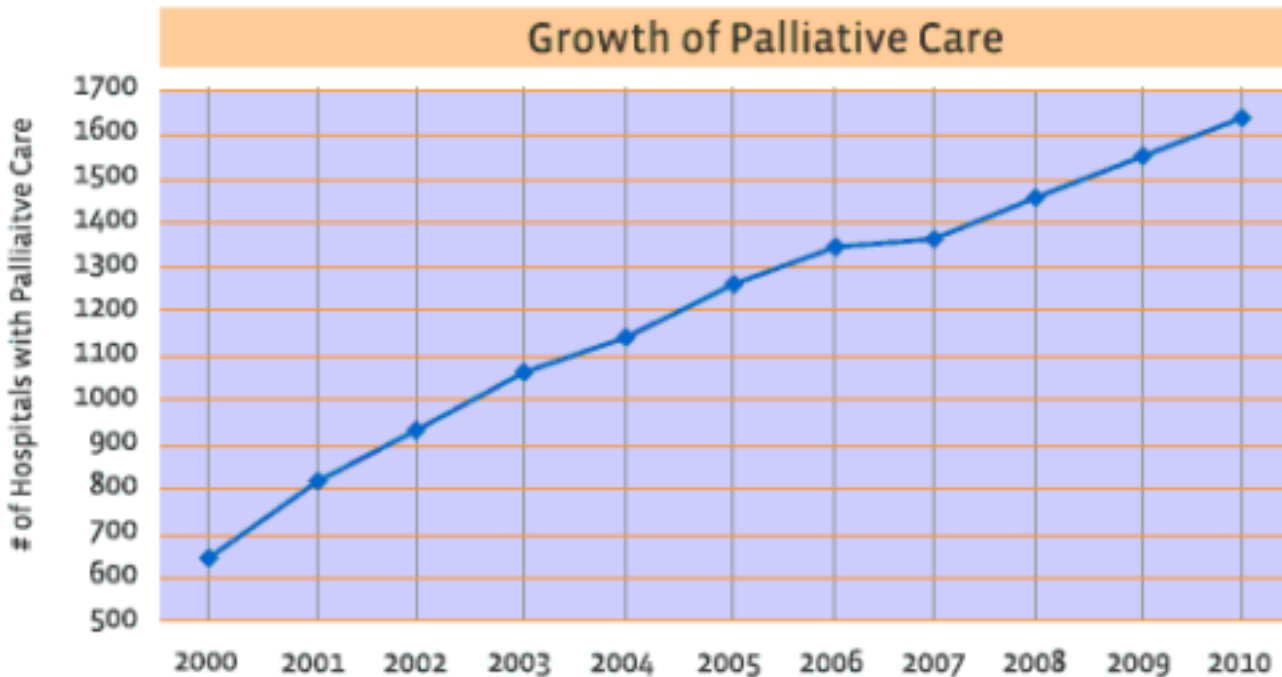
What is Palliative Care?



- Specialized medical care for people with serious illnesses at **any age and at any stage**
- Focused on providing patients with **relief from the symptoms, pain, and stress of a serious illness**
- Can be provided **with curative treatment**
- Delivered by an interdisciplinary **team**
- Goal: **improve quality of life for both the patient and the family**

Growth of US Hospital-based Palliative Care teams

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Source: 2002 to 2012 American Hospital Association Annual Hospital Surveys for FY 2000 to 2010;
and data from the Center to Advance Palliative Care's (CAPC) National Palliative Care Registry™

**85% of US hospitals with
>300 beds have a
Palliative Care Program**

HOW CAN WE HELP?



Tasks



- Comfort
- Communication
- Continuity





“Melanie”

45 yo former model
with 2 children

Her breast cancer
returned to her
bones and the
nerves going to her
right arm; she will
start chemotherapy
next week

Pain 10/10, aching,
burning, shooting
down her right arm

Thin, anxious,
sleepless



What has the pain done to her?



**CANCER INHIBITS MOVEMENT,
SLEEP, EATING, HUGGING**

**OUT OF WORK
NO BOOK CLUB
NO ROLE IN FAMILY**

**GUILT
HOPELESSNESS
HELPLESSNESS
FEAR OF DEATH**

**NO CHURCH
ESTRANGED FROM
FAITH?
PAIN = PUNISHMENT**

What has the pain done to her?



PHYSICAL

CANCER INHIBITS MOVEMENT,
SLEEP, EATING, HUGGING

SOCIAL

OUT OF WORK
NO BOOK CLUB
NO ROLE IN FAMILY



SUFFERING

PSYCHOLOGICAL

GUILT
HOPELESSNESS
HELPLESSNESS
FEAR OF DEATH



SPIRITUAL

NO CHURCH
ESTRANGED FROM
FAITH?
PAIN = PUNISHMENT

Unspoken concerns about Pain medications



- Will I get addicted?
- What will people think of me if I take narcotics for the pain?
- What will I do if the pain gets worse?

Answers



- Will I get addicted?
 - NO. Addicts want to get OUT of their lives
 - Melanie wants to get back INTO her life
- What will people think of me if I take narcotics for the pain?
 - They won't be able to tell any difference
- What will I do if the pain gets worse?
 - Take more or stronger medication
 - She cannot "use up" pain medication

Will the doctor think less of me
if I complain of pain?



**NO: SHE'LL CHANGE THE
PAIN REGIMEN**

Treatment for Cancer Patients in Pain



- Cancer pain can be relieved while its cause is being determined
- Cancer pain can be controlled even when the cancer itself cannot

Treatment for Cancer Patients in Pain



- Increasing doses of pain medications, including narcotics, are safe and well-tolerated by patients in uncontrolled pain
- Most side-effects caused by pain-relieving medications can be prevented or treated
- Other medications and practices can add significantly to pain relief

Family Barriers
Her family asks:



**IS SHE REALLY
HAVING PAIN?**





Behaviors that Pain Changes



- Pain can interfere with:
 - General activity
 - Mood
 - Walking ability
 - Work (home or outside)
 - Relationships with others
 - Sleep
 - Enjoyment of life

Brief Pain Inventory

OBSTACLES TO PAIN RELIEF



- **Obstacles Melanie presents**
 - Desire to be a “good” patient
 - Low expectation of relief
- **Obstacles from both Melanie and her family**
 - Don’t “see” the pain
 - Fear of opioids
 - Fear of “using up” opioids
 - Increased pain = Progressive disease

What are Melanie's Goals and Purposes?



**WHAT DOES SHE NEED
TO BE ABLE TO DO??**

Melanie's Primary Goals



- Tolerable pain
- No constipation
- Get through the chemo
- Be a mom to her kids and a wife to her husband
- Feel useful around the house
- Reconnect with her faith
- Teach

Narcotic medications



- **Immediate acting**
 - Fentanyl lozenges, films, nasal spray
- **Short acting pills/liquids**
 - Morphine, oxycodone, hydromorphone
- **Time-release pills**
 - Morphine, oxycodone, hydromorphone oxymorphone
- **Long-acting**
 - Methadone
- **Skin patch: Fentanyl**

Customizing Melanie's regimen



- **Is the pain constant?**
 - Time-release, methadone, or skin patch and
 - Immediate or short-acting (for increases in pain between doses)
- **Does the pain come and go?**
 - Immediate or short-acting medication
- **Does the pain interfere with sleep?**
 - Time-release at night

When would Melanie's doctor change her narcotic?



- She has sleepiness that persists
- She has nausea that persists
- She is confused
- She wants to try something else

All narcotic pain relievers are equally constipating

She wants to minimize the pills she takes



- Acupuncture
- Massage, heat, cold
- Meditation or hypnosis

Her bones ache, and hurt when she moves



- **Oral Medications**
 - Acetaminophen
 - NSAIDs (like ibuprofen)
 - Glucocorticoids (like dexamethasone)
- **Infusions**
 - Bisphosphonates (like Zoledronic acid)
 - RANK-L inhibitors
- **Radiation therapy**
- **Infusion of radioactive material**
 - E.g. Strontium, samarium

She has burning, shooting, or tingling pain



- **Oral Medications**
 - Glucocorticoids (like dexamethasone)
 - Drugs that “quiet” nerves (like pregabalin)
- **Skin patch**
 - Local anesthetic (like Lidoderm™)
- **Medications into the spinal fluid (like the “spinal” women get when in labor)**
 - Narcotics, local anesthetics, other

PREVENT CONSTIPATION



- Stop non-soluble fiber
- Start
 - Stool softener
 - Motility agent
 - Polyethylene glycol
 - (Lactulose)

WHAT IF HER PAIN REMAINS INTOLERABLE?



Persistent Distress: Unasked Questions

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- How do I talk with my children?
- Can I continue to work?
- What will happen to me, to my family?
- Who am I now?
- Why am I being punished?

Persistent Distress: Existential suffering



- Being a burden on others
- Meaninglessness of life
- Loss of recognizable, acceptable self
- Loss of purpose

Frankl VE: Man's search for meaning; 3rd edition; Simon and Shuster, NY 1984

Cassell E: The Nature of Suffering and the Goals of Medicine. 2nd edition, Oxford University Press, New York,

HOW CAN WE HELP?



FUNCTION



**WHAT ARE HER GOALS AND
PURPOSES?**

WHAT HAS SHE LOST?

**WHAT CAN SHE REGAIN OR
REFRAME?**

PRIMARY GOALS



- Tolerable pain
- No constipation
- Get through the chemo
- Be a mom to her kids and a wife to her husband
- Feel useful around the house
- Reconnect with her faith
- Teach

REFRAMED GOALS



- Melanie can find things to do that don't depend entirely on her right arm
 - As a mom
 - As a wife
 - Around the house
- She might tutor if she can't teach at school

What are her sources of
support?



**CAN THEY BE ENHANCED /
REGAINED?**

Melanie's Support



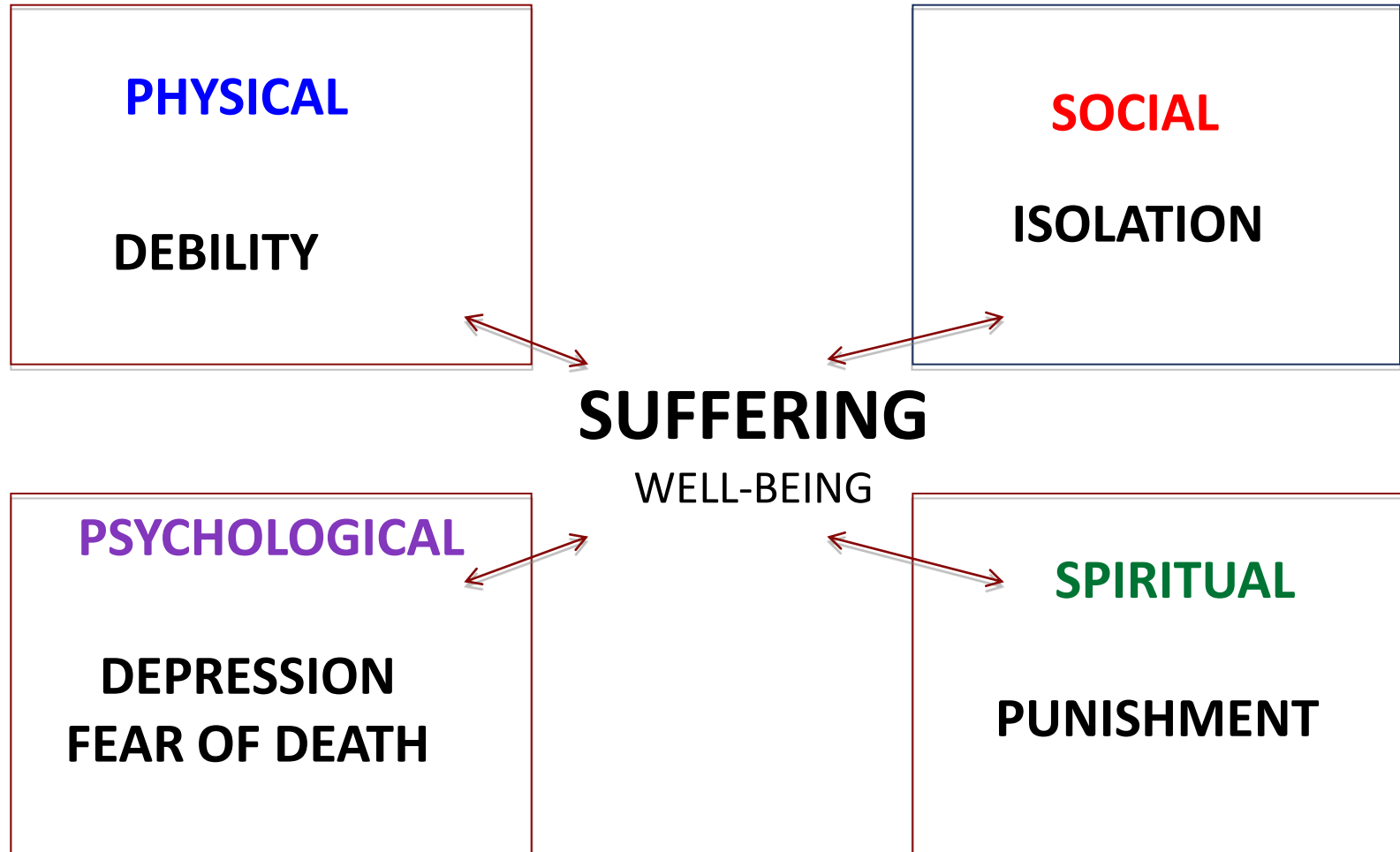
- **CURRENT**
 - Family
 - Colleagues at school
- **ENHANCEMENTS**
 - VNA / Health Aide
 - Home PT
 - Counselors for her kids
 - Spiritual / social counselors for her/her husband

Reconnect With Her Faith



- Pastoral counseling about
 - Guilt
 - Fears about dying
 - Loss
 - Punishment
 - ?

Meaning Of The Illness



HEALING



PHYSICAL

PAIN TOLERABLE
KEY FUNCTIONS
RESTORED OR
LIMITATIONS ACCEPTED

SOCIAL

CONNECTION

WELL-BEING

SUFFERING

PSYCHOLOGICAL

MEANING MAKING
TRUST
REDIRECTED HOPE

SPIRITUAL

FORGIVENESS



Tasks



- Comfort
- Communication
- Continuity

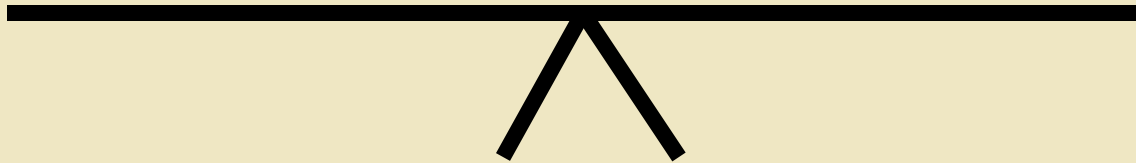


Communication of Prognosis



Overly Optimistic

Realistic



Realistic



- Eliminates fear of MD abandonment
- True “informed consent” in clinical trials
- Redirects hope and energy to last goals
- Redefines purpose, sense of efficacy
- Allows for creation of Legacy and for Closure
- Enhances survival of the bereaved



"There's no easy way I can tell you this, so I'm sending you to someone who can."

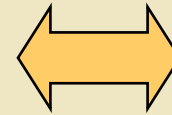
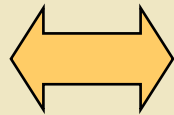
Advance Care Planning POLST form

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT			
Physician Orders for Life-Sustaining Treatment (POLST) <small>First follow these orders, then contact physician, NP, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.</small>		Last Name/ First/ Middle Initial Address City / State / Zip Date of Birth (mm/dd/yyyy) Last 4 SSN Gender <input type="checkbox"/> M <input type="checkbox"/> F	
A <small>Check One</small>	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing. <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C and D .		
	B <small>Check One</small>		
MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing. <input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location. <input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. <i>Avoid intensive care.</i> <input type="checkbox"/> Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. <i>Includes intensive care.</i> Additional Orders: _____			
C <small>Check One</small>	ANTIBIOTICS <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs. <input type="checkbox"/> Use antibiotics if medically indicated. Additional Orders: _____		
	D <small>Check One</small>		
ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible. <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Long-term artificial nutrition by tube. Additional Orders: _____			
E REASON FOR ORDERS AND SIGNATURES My signature below indicates to the best of my knowledge that these orders are consistent with the person's current medical condition and preferences as indicated by the discussion with : <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other _____			
Print Primary Care Professional Name			Office Use Only
Print Signing Physician / NP / PA Name and Phone Number ()			
Physician / NP / PA Signature (mandatory)		Date	
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED			

Continuity of Care

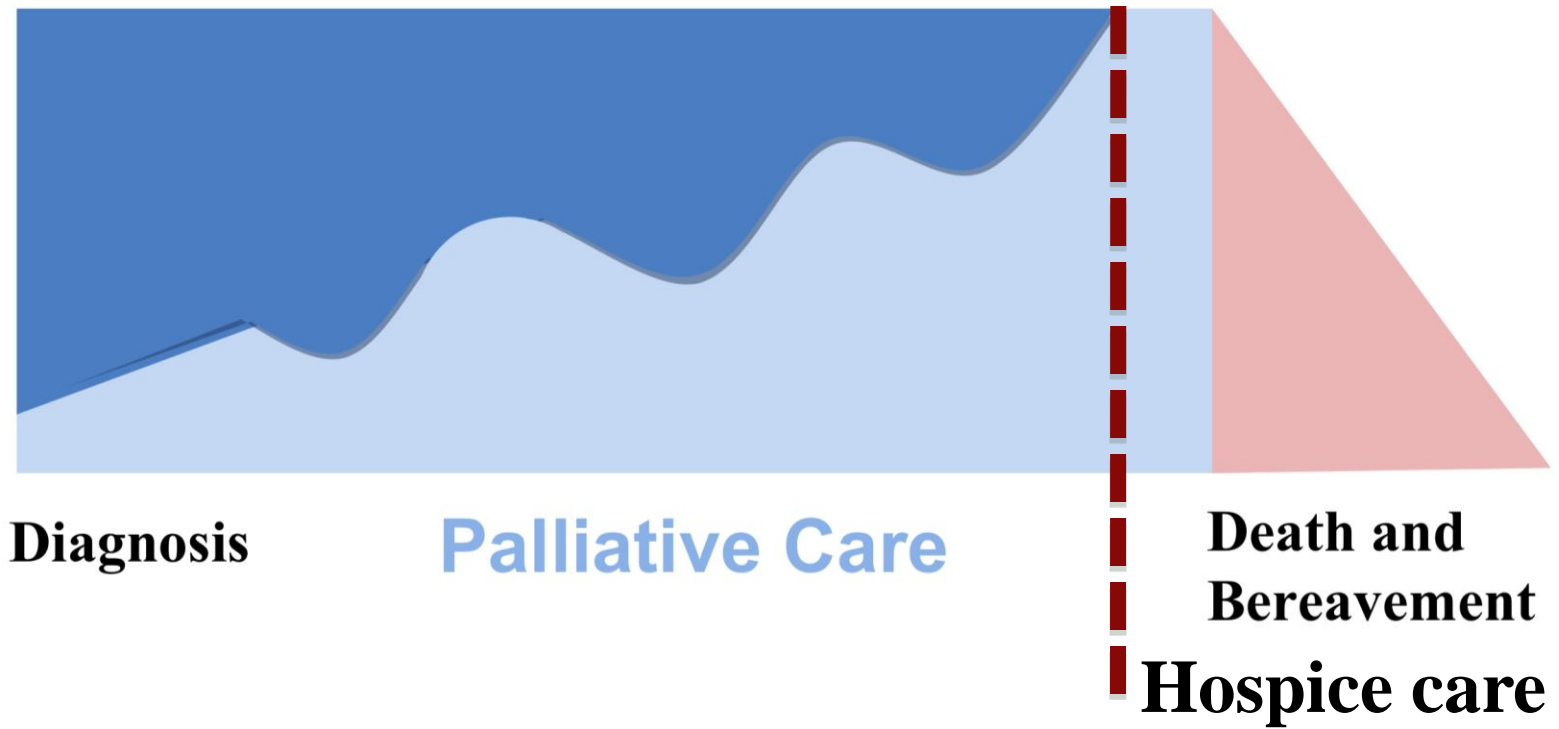


SAFE PASSAGE



Timing of Hospice Care

Disease-Directed Therapies



Hospice Eligibility



- Patients do not have to be “DNR”
- Patients do not give up their PCP or specialist primarily directing their care
- Patients cannot “use up” their hospice eligibility
- Patients who live alone can enroll in hospice
- Patients can remain on hospice while they’re rehospitalized
- Prognosis is thought to be 6 months or less if the disease takes its usual course...

Hospice Benefits



- Skilled team of nurses, health aide, social worker, chaplain and volunteers cares for patients at home
- All medications related to the terminal illness, oxygen, and durable medical equipment (a hospital bed, for example) are included and delivered to the home
- Telephone support is available 24/7 from skilled nurses, with extra home visits as needed
- Support for the family for 13 months after the death

Websites

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- www.palliatedoctors.org
 - AAHPM website
- www.cancer.net
 - the ASCO patient website
- www.cancercare.org
 - on line, phone, and face-to-face SW support
- www.getpalliativecare.org
 - CAPC website
- LBBC

Books

- Abrahm JL. A Physician's Guide to Pain and Symptom Management, 2nd Edition, Johns Hopkins University Press, 2005.
- Cassell E: The Nature of Suffering and the Goals of Medicine. 2nd edition, Oxford University Press, New York, 2004
- Cassell E: The Nature of Healing. Oxford University Press, New York, 2013
- Frankl VE: Man's search for meaning; 3rd edition; Simon and Shuster, NY 1984
- Miaskowski C, Cleary J, Burney R, et al. Guideline for the Management of Cancer Pain in Adults and Children, APS Clinical Practice Guidelines Series, No.3. Glenview, Ill.; American Pain Society, 2005

Palliative Care



- Comfort
- Communication
- Continuity

