

Early Palliative care
Save QOL and Life

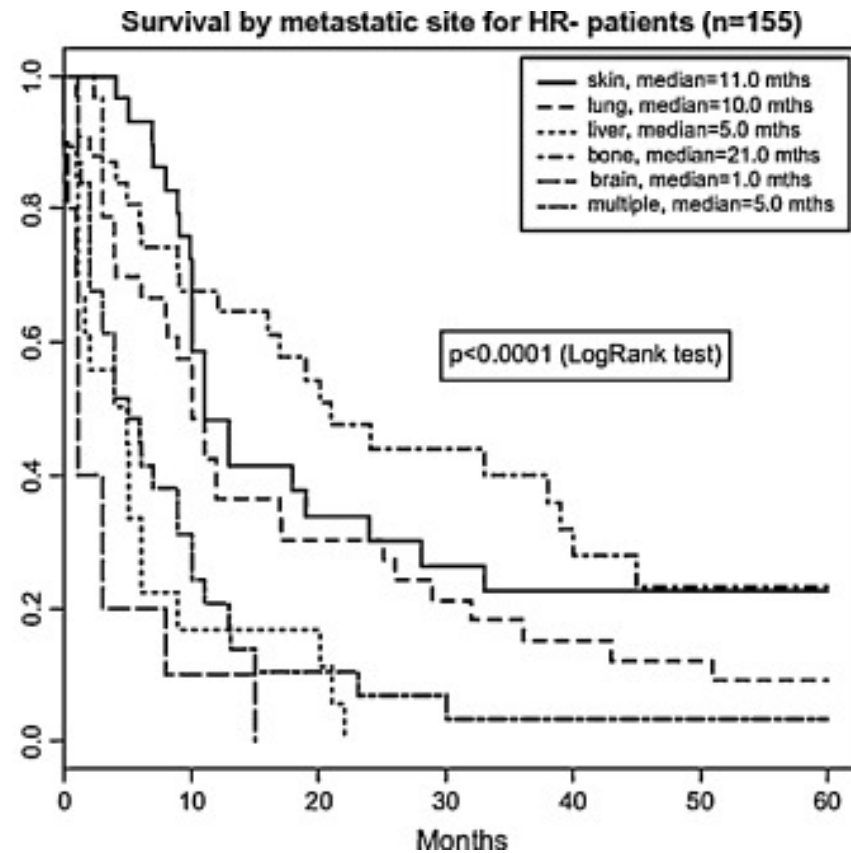
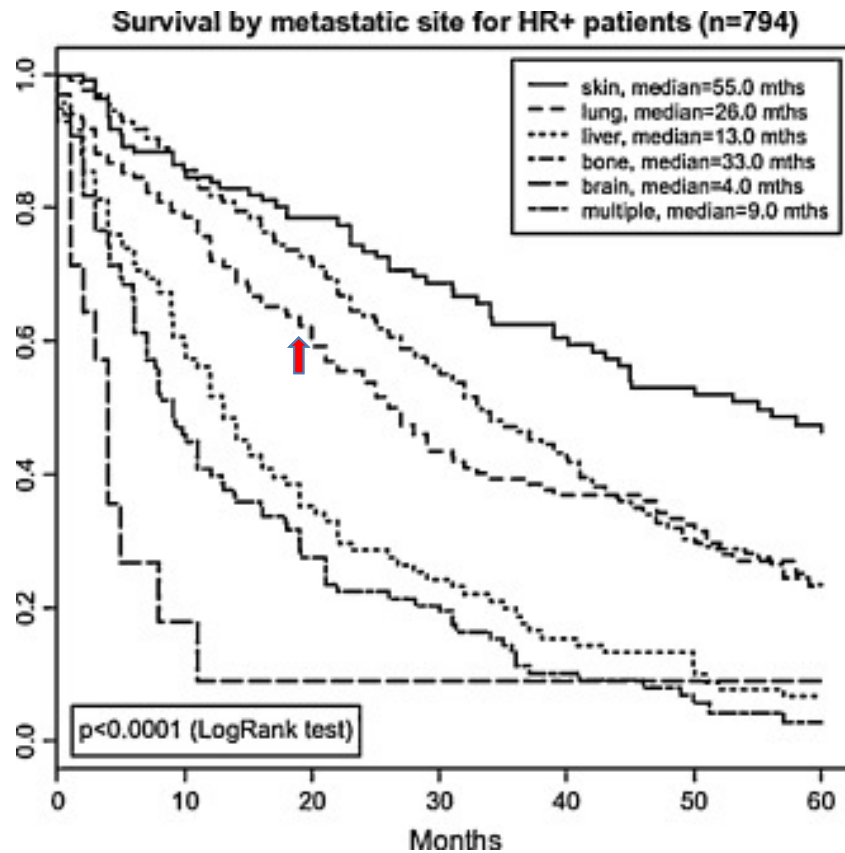
謝瑞坤醫師

台灣癌症全人關懷基金會
永長欣 精準醫療診所

42歲女性 乳癌合併肺轉移

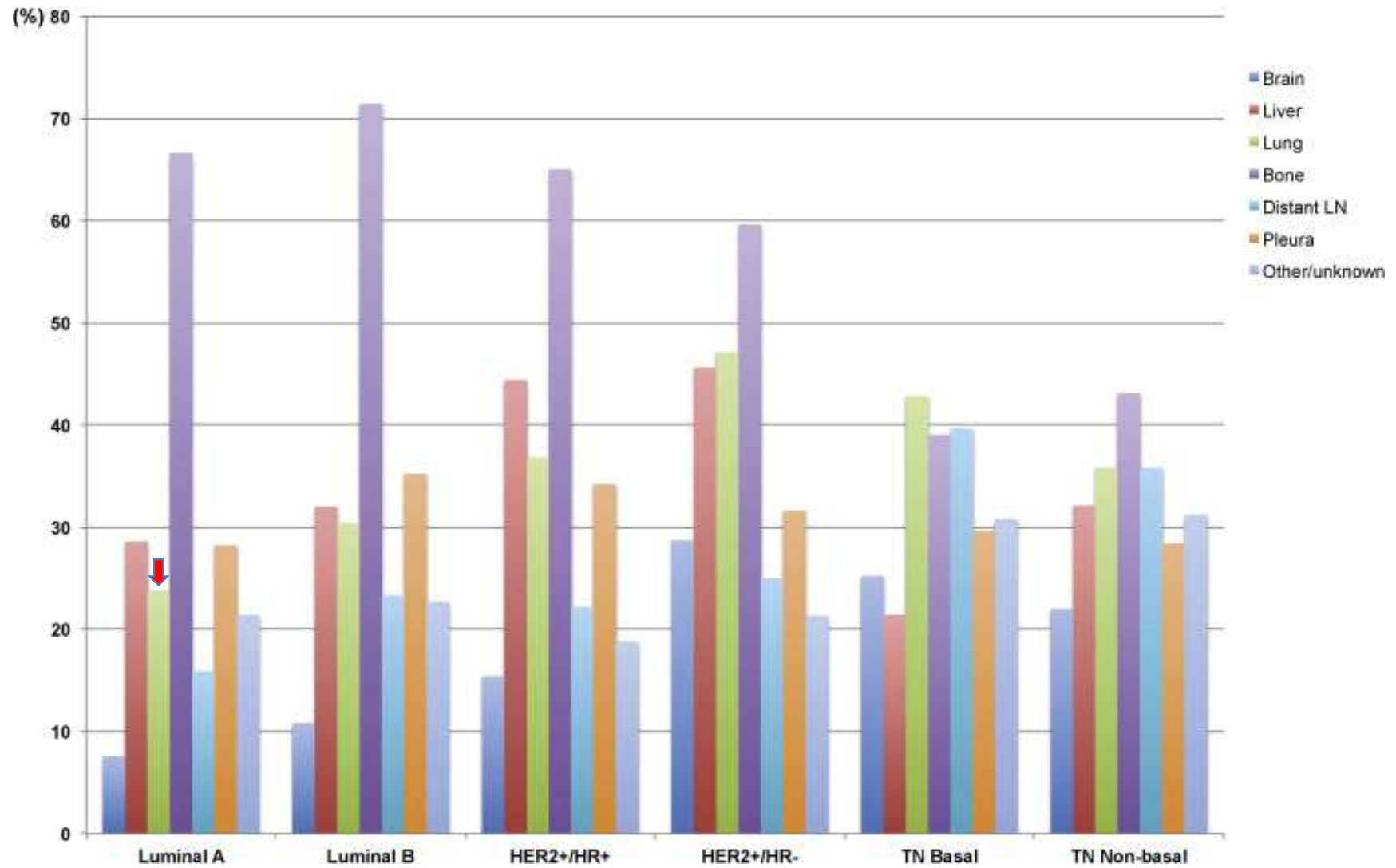
- 右側乳房腫塊就診
- 切片檢查證實為乳癌
- 病理 Infiltrating ductal carcinoma
- grade III , estrogen receptor (ER)+ 20%
progesterone receptor (PR)+ 10%
- 無HER2基因變異，細胞增生指數Ki67: 30%
- 分期檢查發現單一肺部轉移腫瘤。
- **ECOG PS=0**

晚期乳癌的存活與轉移部位相關



肺臟轉移平均存活 26 months

晚期乳癌的存活與轉移部位相關



賀爾蒙接受器陽性的肺臟轉移存活並不會比較好

現代醫學控制乳癌的方法

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

患者的醫療還包含多種層面

Nutrition **Anaemia** **Diarrhoe/Obstipation** **Pulmonary Tox.**
Cardiotoxicity **Neutropenia** **Infections**
Fertility **Antiemesis** **Paravasation**
Neurotoxicity **Fatigue** **Tumorlysis** **Pain**
Psychological support **Thrombocytopenia**
Renal toxicity **Supportive measures in radiation therapy**
Bone complications **Lymphedema**
New Toxicities (Targeted drugs) **Venous Thromboembolism**

全人醫療 Holistic medicine

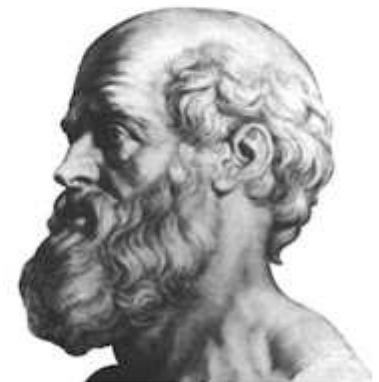
- A form of healing that considers the whole person -- **body, mind, spirit, and emotions** -- in the quest for optimal health and wellness.

“

*The object of medical care should **not** be the disease
but the person who should be treated
as a whole and not as an organ
in which the disorder appears.*

”

Hippocrates



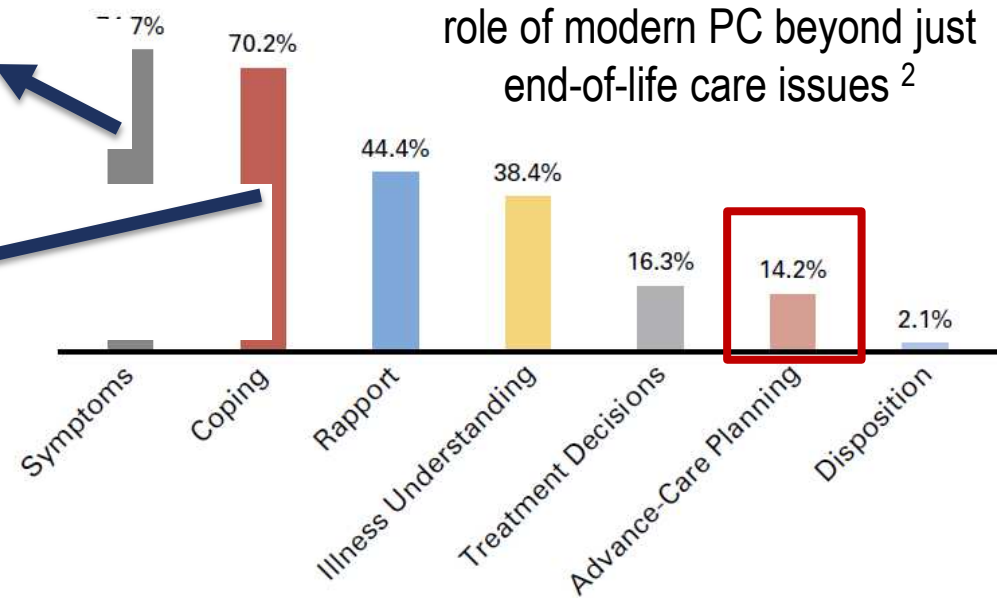
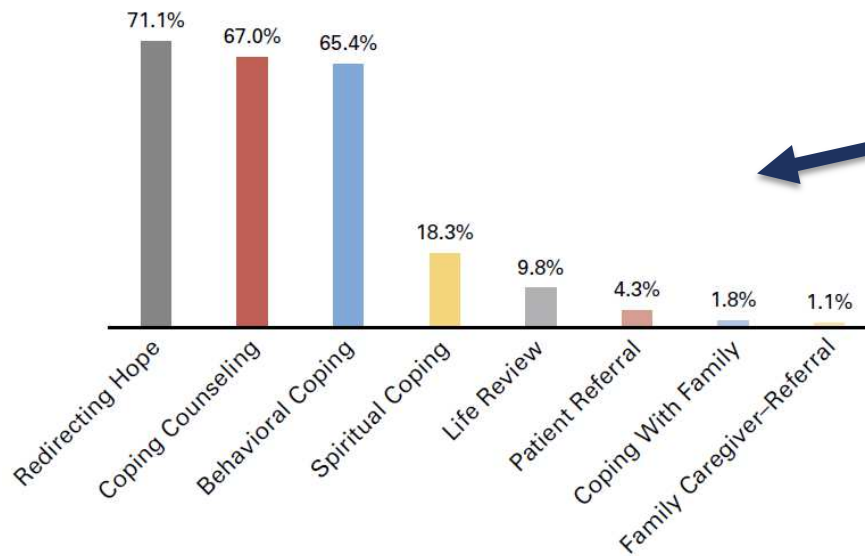
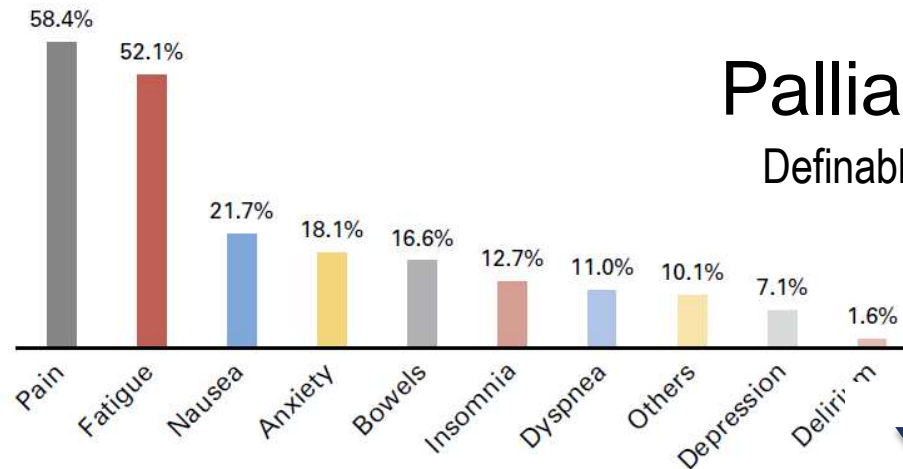
面對癌症患者的生理 病理以及心理層面

Palliative Care Interventions (PCIs)

Definable interventions as part of the specialist PC «package»

From the US Mass General RCT: documented PCIs¹

Few AdvCarePlan: expanded role of modern PC beyond just end-of-life care issues²



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

2: Roeland EJ JCO 2017;1-3

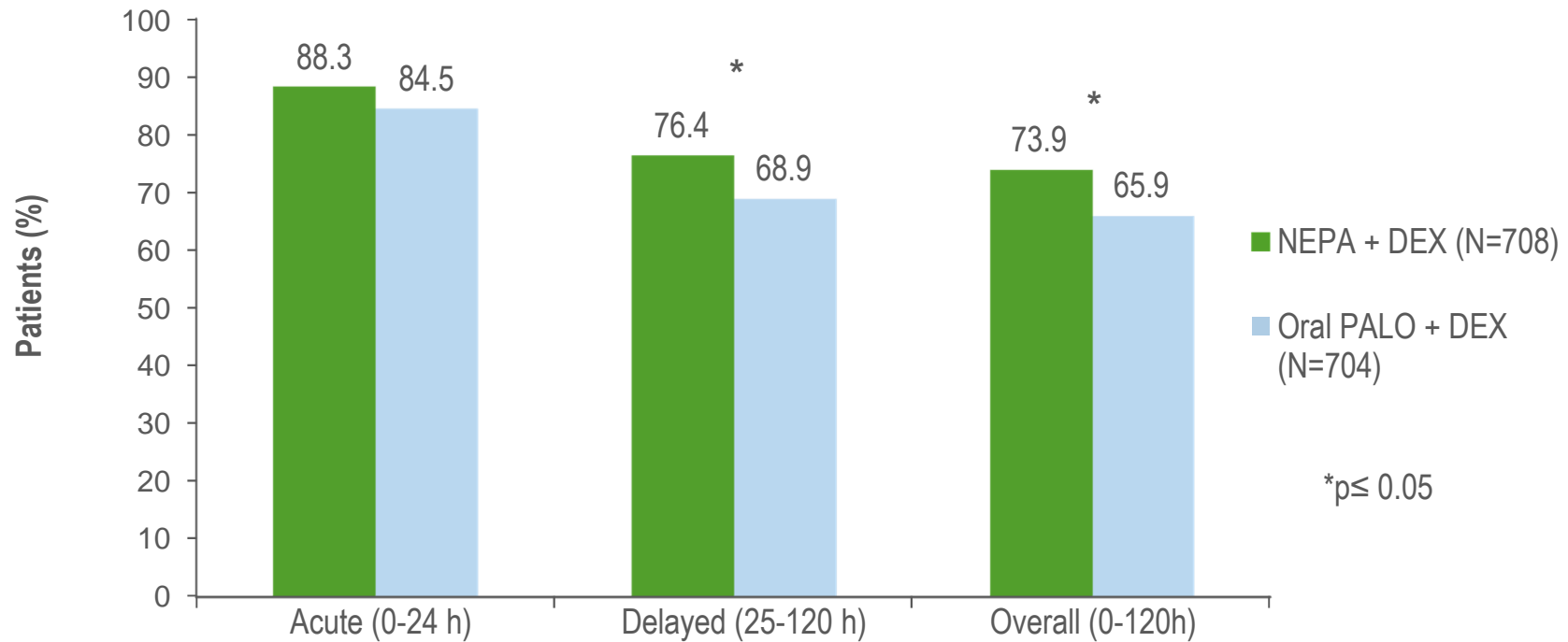


- 了解即將面對的
- 尋求協助
- 與治療團隊維持溝通
- 運動
- 持續享受人生



乳癌化療引致嘔吐的控制

Complete Response Rates in AC (cycle 1)



首次化療就要使用最好的組合來預防嘔吐

個人化的醫療

- 符合個人需求而且可為個人接受的治療
- 治療的是患病的人而不是疾病
- 患者的選擇權利會受到最大尊重
- 患者為有詳細被告知才有能力做對其最適當的可以接受的治療選擇
- 幾乎永遠會有其他的選擇

A woman with long, wavy brown hair and glasses is shown in profile, looking out a window. She is wearing a thick, white, fuzzy sweater. The window glass is covered in condensation, and the background outside is blurred. The text "Living with the Fear of Cancer Recurrence" is overlaid on the left side of the image.

Living with the
Fear of
Cancer
Recurrence

我們要教病人主動去認知

- 復發的可能機會
- 使用的藥物有多大的療效來降低復發機會
- 設定持續追蹤的計畫
- 如何改變生活型態來降低復發可能機會

Singletary et al.
Median survival 42-79 months
5 year survival 35-80%
10 year survival 8-60%

癌症的復發

三年後醫師發現X小姐腫瘤復發併肝臟轉移：此時切片檢查發現腫瘤 ER、PR、HER2均為陰性

1. 三陰性 死定了
2. 現在媒體常報導的免疫治療、細胞治療，對我有幫助嗎？
2. 接下來治療的副作用會不會越來越大？還有誰可以幫助我？

控制乳癌的方法

手術切除



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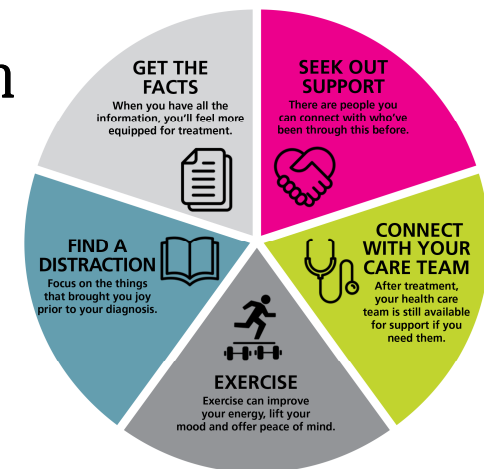
免疫治療



利用免疫系統的調控來控制癌症細胞

要如何自處

1. 認知與接受 Acknowledge feelings.
2. 改變目標 Change perspective.
3. 主動爭取 Stay proactive.
4. 把握時間 Always find time to do things that you enjoy or help you relax
5. 尋求第二意見 Get a second opin



The 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

The NCCN

- **All cancer patients** should be repeatedly screened for palliative care needs, beginning with their initial diagnosis and thereafter at intervals as clinically indicated

Integrating Palliative Care Into Oncology: A Way Forward

Simutaneous

Palliative care and Acute Oncology Care

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

Patient-reported Outcomes

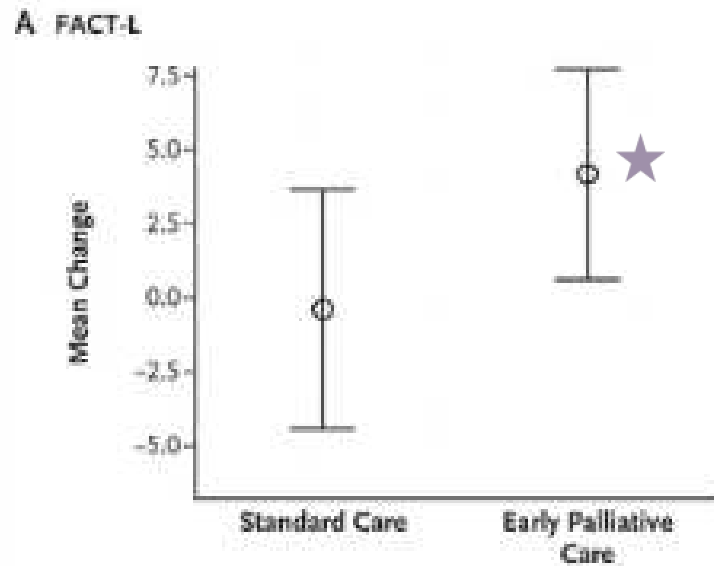
1. FACT Lung
2. HADS (mood)
3. PHQ-9 (depression)
4. Prognostic awareness

Health Service Utilization

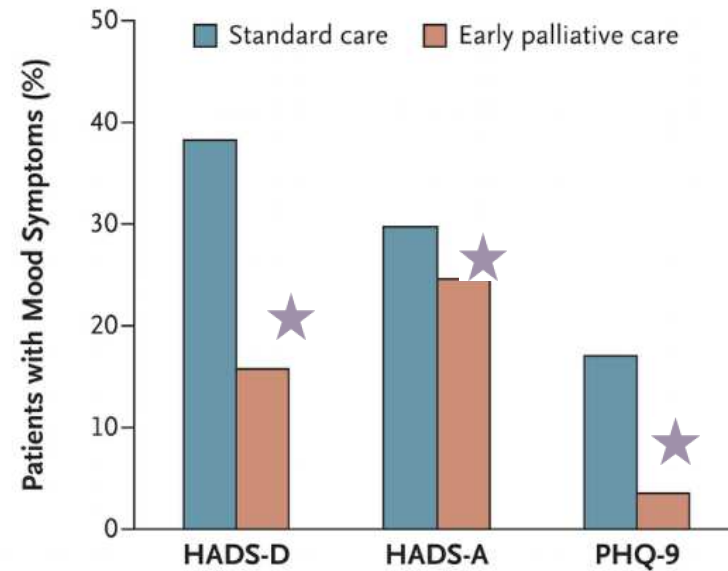
1. Hospice referrals
2. Chemotherapy administration
3. Documentation of resuscitation preferences

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



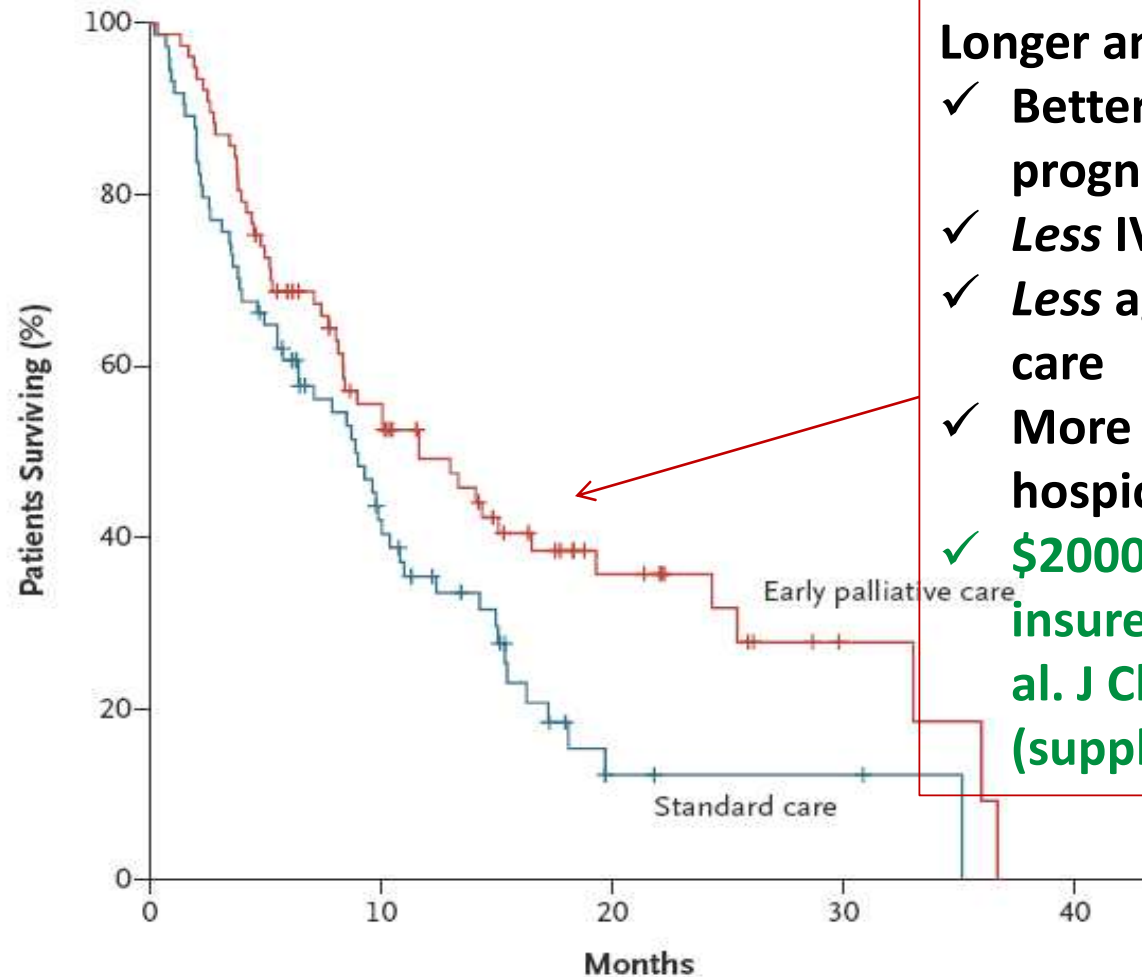
Quality of life Better



Mood Better, LESS depression

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

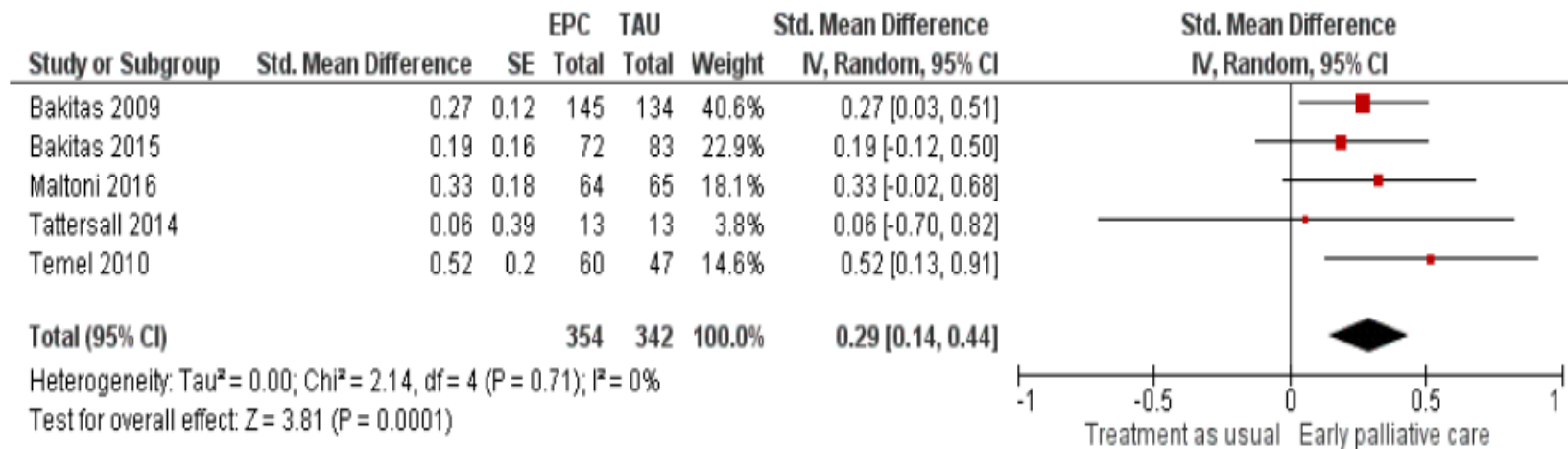


Longer and better survival

- ✓ **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))**

Quality of life is improved by early palliative care compared with standard care

Figure 8. Forest plot of comparison: I Early palliative care vs standard oncological care, outcome: I.5 Health-related quality of life (sensitivity analysis for study design including RCTs only).



全人醫療:

早期緩和醫療

Early Palliative care

Improve(maintain) QOL and Save Life

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

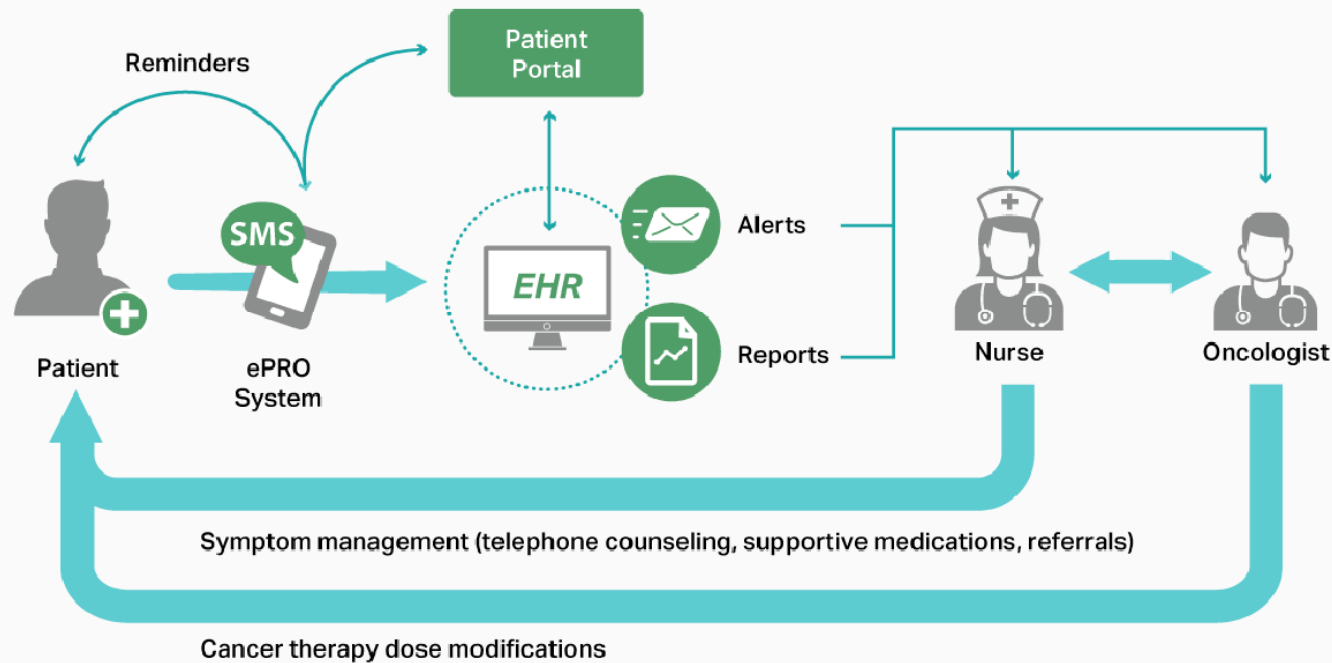
- Considering the combination of palliative care with standard oncology care early in the course of treatment for patients with metastatic cancer and/or a high symptom burden

The National Comprehensive Cancer Network (NCCN)

- All cancer patients should be repeatedly screened for palliative care needs, beginning with their initial diagnosis and thereafter at intervals as clinically indicated
- Palliative care should be initiated by the primary oncology team and then augmented by collaboration with palliative care experts

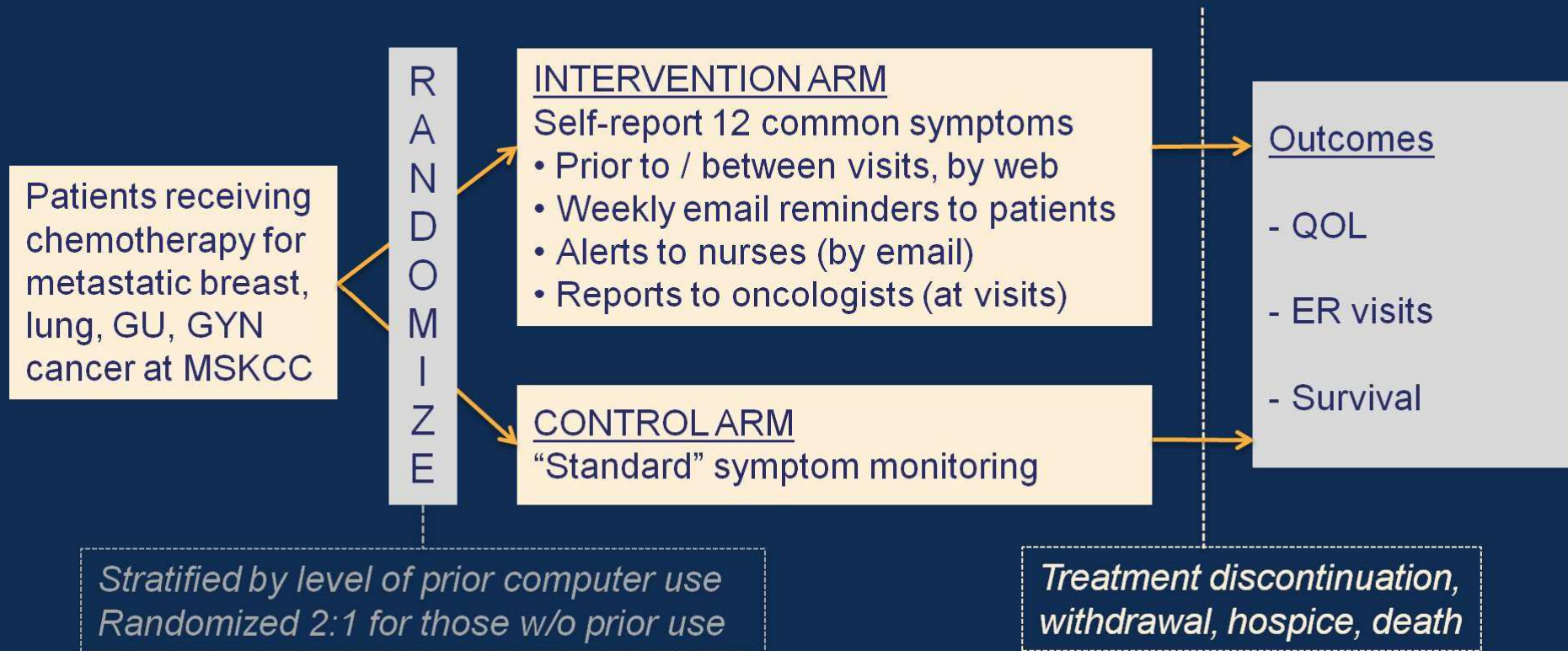
現代的科技進步使得我們有機會能照顧好患者

Workflow model for bringing electronic patient-reported outcomes into oncology practice for patient monitoring



Source: Dr. Ethan Basch.

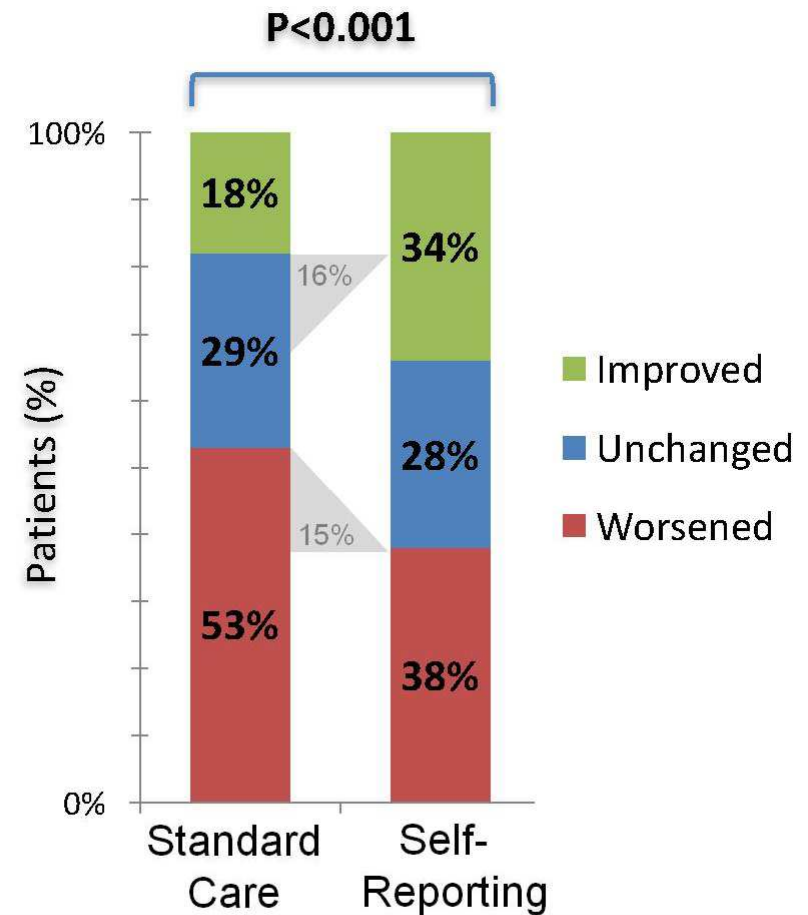
Study Design



Quality of Life

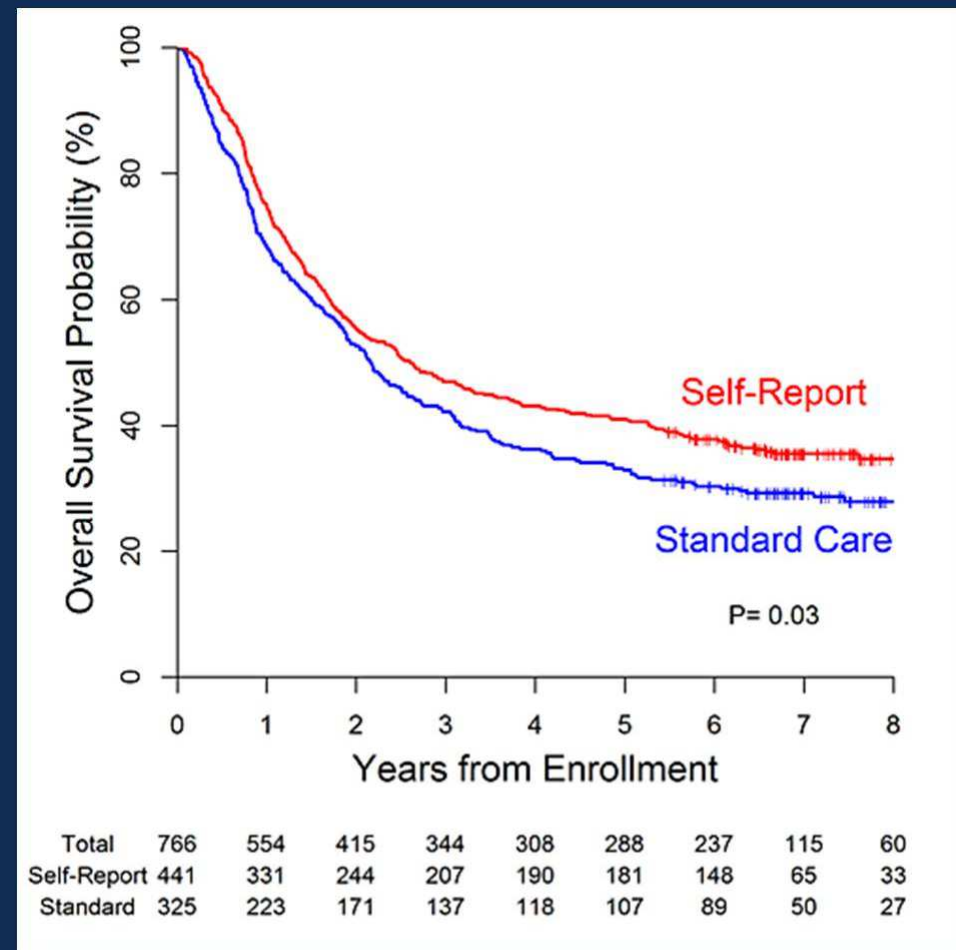
- Assessed at 6 months, compared to baseline
- Compared to standard care, 31% more patients in the self-reporting arm experienced QOL benefits ($P < 0.001$)

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



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)



早期緩和醫療

- 實證 Excellent, evidence-based
- 全程照顧
Vigorous care of pain and symptoms **throughout illness**
- 及時照顧
Care that patients want **at the same time** as efforts to cure or prolong life

The NCCN

- **All health care professionals** should receive education and training to develop palliative care knowledge, skills, and attitudes



**"to cure
sometimes, to
relieve often,
to comfort
always"**

Dr. Edward Livingston Trudeau

Physician & Founder of
Adirondack Cottage Sanitarium for Tuberculosis

“

**“THE GOOD PHYSICIAN
TREATS THE DISEASE;
THE GREAT PHYSICIAN
TREATS THE PATIENT
WHO HAS THE DISEASE.”**

SIR WILLIAM OSLER

大家說,我的恢復是個奇蹟,
我更是深刻感恩的此。

因為我有一位會治病,也會醫心的醫生,
在治療的過程中願意給我一個
大的空間,這個空間,是恢復的
過程中最大的一股助力,這個空間
讓我經過正常的生活,讓我体会到
什麼是平凡的快樂與滿足。

我想,我的身体也感受到这股善舉
的力量,所以也很努力的要恢復
健康。

感謝主任排我遇到您,
祝您端午節快樂。

李
嘉
2017

一個大的空間

這個空間是恢復的過程
中很大的一股助力

這個空間讓我能過
正常的生活