晚期癌症緩和醫療臨床實務分享

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111年度癌症診療品質認證

【加分項目】基準 3.3	
癌症防治醫療機構應針對癌症病人建立緩和醫療之照護標準與流程。	
評分說明	符合項目： 1. 已建立癌症病人接受緩和醫療之照護標準與流程。 2. 在兩種癌別或兩個腫瘤相關病房（安寧病房除外）開始實行。
準備文件	1. 癌症病人接受緩和醫療之照護標準與流程。 2. 緩和照護團隊之成員名單。 3. 緩和照護之執行紀錄（例如：照護服務單紀錄或病歷紀錄）。 4. 緩和照護團隊教育訓練課程大綱。
重點	1. 照護標準與流程應包含啟動轉介緩和醫療之條件、轉介流程與照護服務內容等，並不限於晚期癌症。 2. 晚期癌症定義：癌症出現遠處轉移或復發，但透過治療仍可延長病人生命（生命預期存活期＞6 個月）。 3. 緩和照護團隊除需包含醫師（安寧專科醫師或腫瘤治療專科醫師）、護理師、社工師、心理師外；亦可自行增加其他相關人員（如靈性關懷人員等）。可由現有安寧緩和照護團隊或多專科團隊中成立功能小組負責辦理。 4. 緩和照護團隊成員應接受相關教育訓練，課程內容至少應涵蓋身心症狀處理、共同醫療決策、病人自主權利（AD）及照護者支持等面向。

111年度癌症診療品質認證基準及評分說明（曾通過認證醫院適用版）https://accredit.nhri.org.tw/download/step2/

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

Early Specialty Palliative Care — Translating Data in Oncology into Practice

Ravi B. Parikh, A.B., Rebecca A. Kirch, J.D., Thomas J. Smith, M.D., and Jennifer S. Temel, M.D.

N Engl J Med 369;24 December 12, 2013

Ref. Dr. 謝瑞坤's lecture slides

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

Ref. Dr. 謝瑞坤's lecture slides

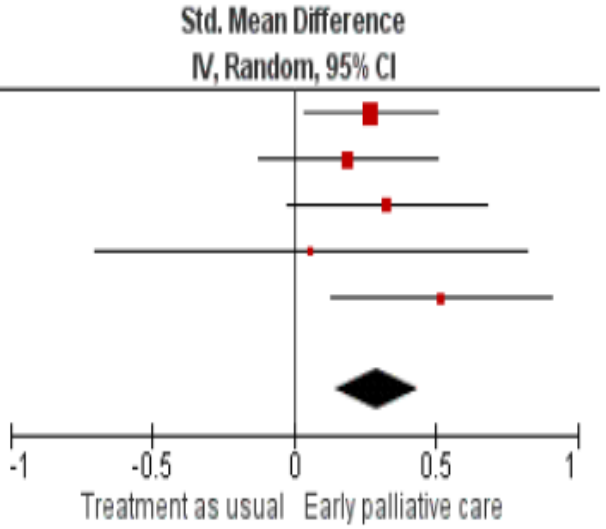
Quality of life is improved by early palliative care compared with standard care

Figure 8. Forest plot of comparison: 1 Early palliative care vs standard oncological care, outcome: 1.5 Health-related quality of life (sensitivity analysis for study design including RCTs only).

Study or Subgroup	Std. Mean Difference	SE	EPC Total	TAU Total	Weight	Std. Mean Difference IV, Random, 95% CI
Bakitas 2009	0.27	0.12	145	134	40.6%	0.27 [0.03, 0.51]
Bakitas 2015	0.19	0.16	72	83	22.9%	0.19 [-0.12, 0.50]
Maltoni 2016	0.33	0.18	64	65	18.1%	0.33 [-0.02, 0.68]
Tattersall 2014	0.06	0.39	13	13	3.8%	0.06 [-0.70, 0.82]
Temel 2010	0.52	0.2	60	47	14.6%	0.52 [0.13, 0.91]
Total (95% CI)			**354**	**342**	**100.0%**	**0.29 [0.14, 0.44]**

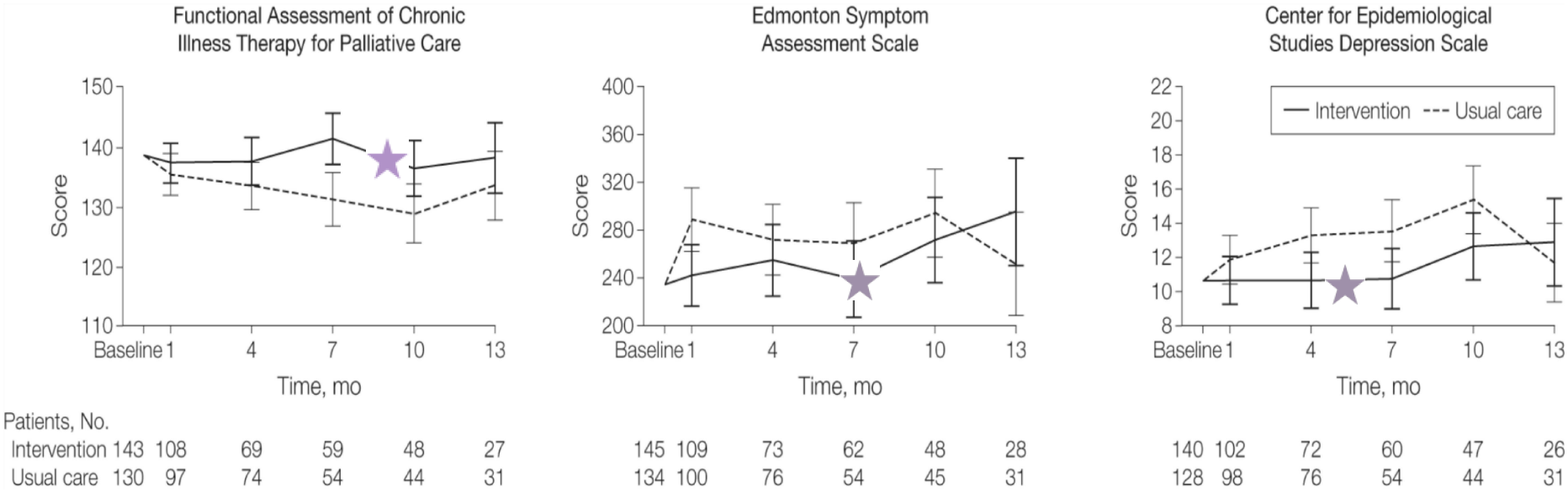
Heterogeneity: Tau² = 0.00; Chi² = 2.14, df = 4 (P = 0.71); I² = 0%

Test for overall effect: Z = 3.81 (P = 0.0001)



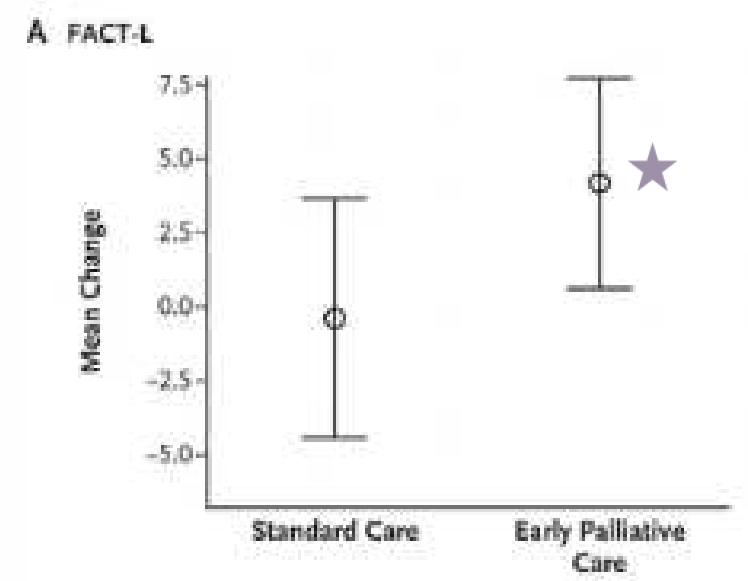
Cochrane Database Syst Rev. **2017** Jun 12;6:CD011129.

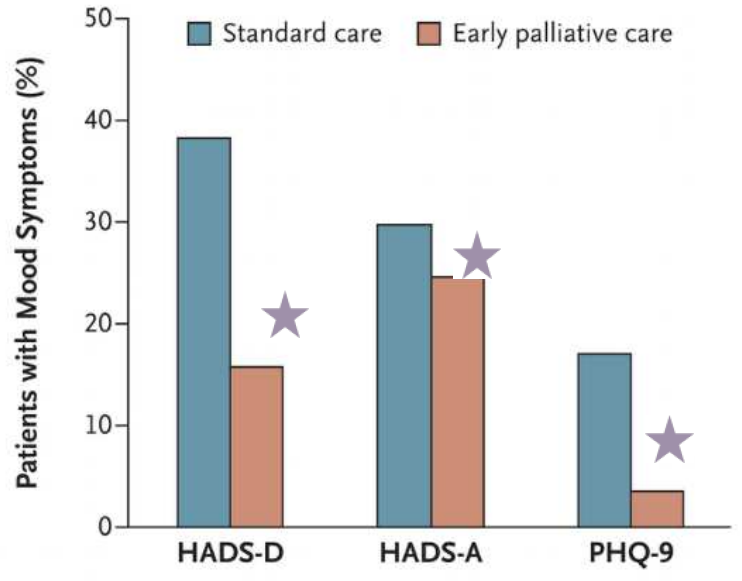
Palliative care nursing education in addition to usual oncology care – in RCT – allowed improved quality of life, fewer symptoms, and less depression. Bakitas M, et al. Project ENABLE. JAMA. 2009 Aug 19;302(7):741-9.



Palliative care in addition to usual oncology care 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





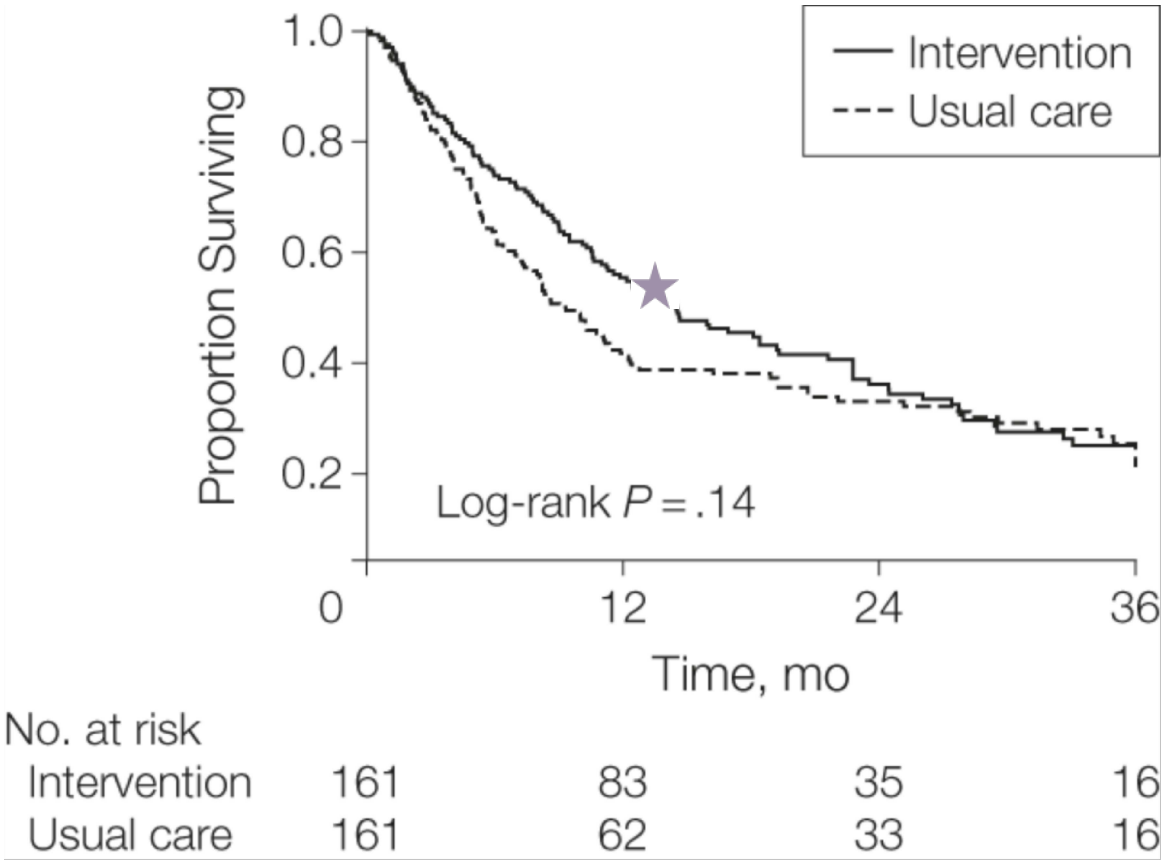
Quality of life Better

生活品質改善顯著

Mood Better, LESS depression

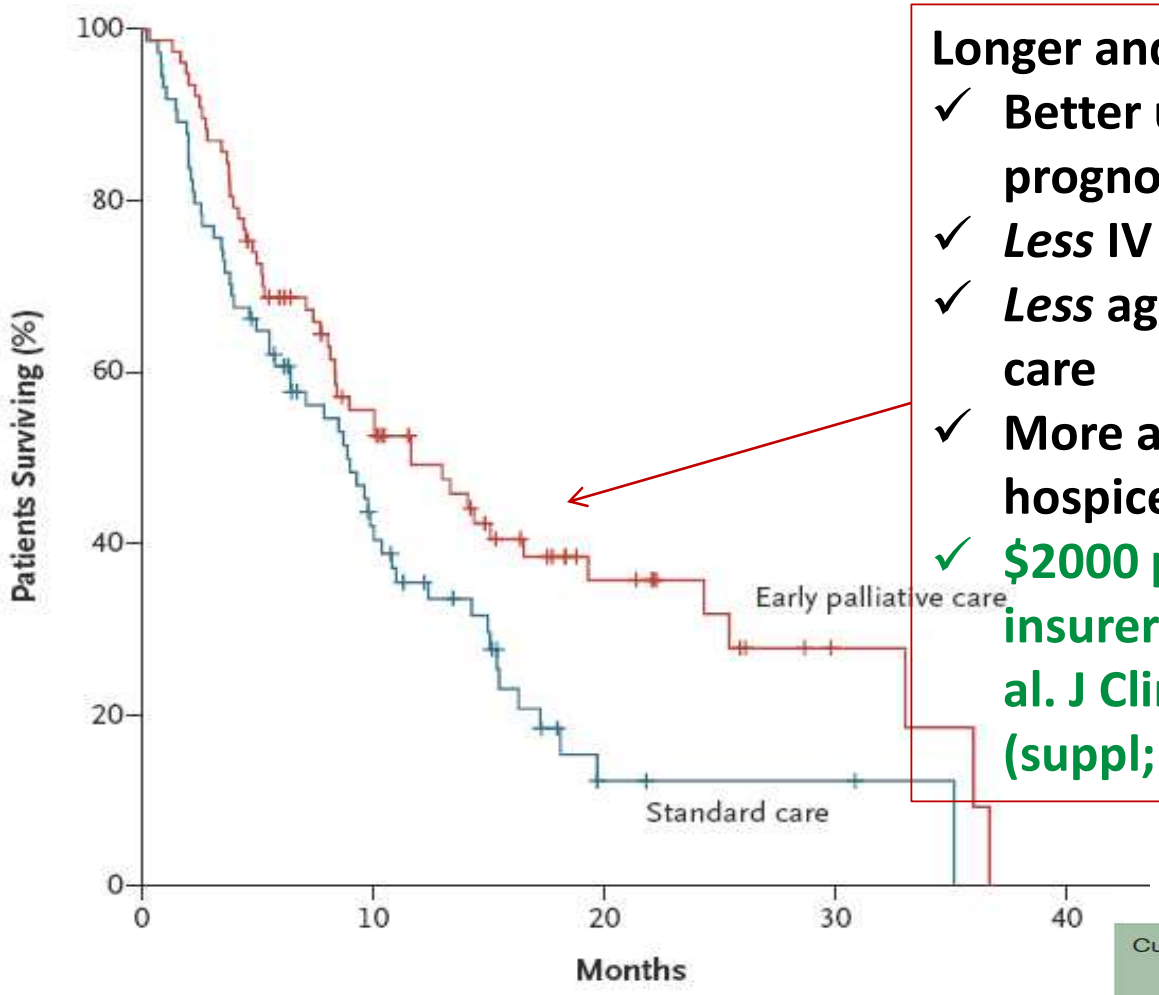
心情較佳 憂鬱較少

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.



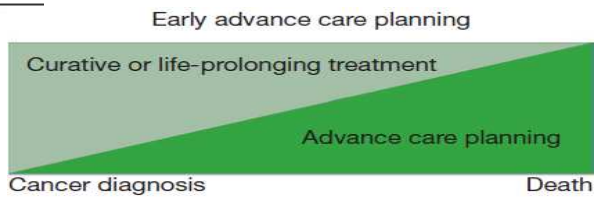
Palliative care in addition to usual oncology care allowed lung cancer patients to live almost 3 months longer than those who got usual oncology care.

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))**



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

- 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

The National Comprehensive Cancer Network (NCCN)

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

- 如何執行?

不施行心肺復甦術同意書, Do Not Resuscitate

預立安寧緩和醫療暨維生醫療抉擇意願書（參考範例）

本人＿＿＿＿＿＿＿＿(簽 名)若罹患嚴重傷病，經醫師診斷認為不可治癒，且有醫學上之證據，近期內病程進行至死亡已屬不可避免時，特依安寧緩和醫療條例第四條、第五條及第七條第一項第二款所賦予之權利，作以下之抉擇：(**請勾選 ■**)

☐**接受　安寧緩和醫療（指為減輕或免除末期病人之生理、心理及靈性痛苦，施予緩解性、支持性之醫療照護，以增進其生活品質）**

☐**接受　不施行心肺復甦術（指對臨終、瀕死或無生命徵象之病人，不施予氣管內插管、體外心臟按壓、急救藥物注射、心臟電擊、心臟人工調頻、人工呼吸等標準急救程序或其他緊急救治行為）**

☐**接受　不施行維生醫療(指末期病人不施行用以維持生命徵象及延長其瀕死過程的醫療措施）**

☐**同意　將上述意願加註於本人之全民健保憑證(健保 IC 卡)內**

簽署人：(簽 名)　　國民身分證統一編號：

住（居）所：　　電話：

- 住院醫師→ 學習，為了考試、安全下庄，避免被告
- 主治醫師→ 執業，盡力讓病人接受最好的治療
- 晚期緩和醫師→ 讓病患及家屬(包含醫師)信任/安心

- 病人來源 ？（住院會診、門診轉介）
- 決定轉介的那個key person ？（）
- 病人若出院或是再度入院，應繼續追蹤關懷
- 執行晚期緩和的團隊成員 ？
- 執行頻率 ？


TEAMWORK

為病患及家屬鋪一條路

- Independent、individual
- 聆聽、溝通
- 建立關係
- 處理的問題不設限(不侷限於病人，且盡量涵蓋身心社靈等等)
- 與原本團隊建立默契

- 把決策權交還給病人


伯朗大道

- 與安寧的差異?

倡議早期緩和介入

Ref. Dr. 黃姚儒's lecture slides


法務部矯正署綠島監獄
Green Island Agency of Corrections, Ministry of Justice
專責執行公益團體
綠島學分班

- 在積極治療持續下，盡量找回病人的信心與獲取其信任

cancers

MDPI

Article

Karnofsky Performance Status as A Predictive Factor for Cancer-Related Fatigue Treatment with Astragalus Polysaccharides (PG2) Injection—A Double Blind, Multi-Center, Randomized Phase IV Study

Cheng-Hsu Wang [1], Cheng-Yao Lin [2], Jen-Shi Chen [3,4], Ching-Liang Ho [5], Kun-Ming Rau [6,7,8], Jo-Ting Tsai [9,10], Cheng-Shyong Chang [11], Su-Peng Yeh [12], Chieh-Fang Cheng [13] and Yuen-Liang Lai [14,15,*]

Received: 22 October 2018; Accepted: 15 January 2019; Published: 22 January 2019

check for updates

Cancers **2019**, *11*, 128; doi:10.3390/cancers11020128

www.mdpi.com/journal/cancers

Cancers . 2019 Jan 22;11(2):128-140.

Summary of PG2® Phase IV Study

- **Fatigue improvement**

✓ PG2® treatment showed efficacy in relieving fatigue as early as the first week of treatment.

✓ Clinically meaningful fatigue improvement (≥ 10%) was observed in more than 65% of subjects receiving PG2® after the cycle 1 treatment when compared to baseline.

✓ Patients with higher KPS showed better chance to respond to PG2 treatment in BFI-T score.

J Clin Oncol 36, 2018 (suppl; abstr 10091); 2018 ASCO Annual Meeting, Poster Presentation Abstract #: 10091. Cancers. 2019 Jan 22;11(2): 128-140.

懷特血寶注射劑 (PG2® Injection)
臨床用藥資訊

- 機轉：增強免疫功能及刺激骨髓造血功能
- 適應症：適用於癌症末期因疾病進展所導致中重度疲勞症狀之改善
- 用法及用量：

  成人每次劑量 500 mg，以 2.5 - 3.5 小時點滴靜脈滴注。

  每週2 - 4次，使用2 - 4週。
- 靜脈滴注溶液製備:
  - ✓ 從500 mL注射用生理食鹽水點滴瓶中抽取10mL，注入本品藥瓶中，充分混合至完全溶解後，注射回原500 mL生理食鹽水點滴瓶中，混合均勻，即完成製備。。

- 安全性:

  依據上市後第四期臨床試驗，懷特血寶注射劑常見的不良反應(>2%)包括皮疹(9.21%)、發燒(7.24%)、感覺冷(5.26%)、寒顫(2.63%)及過敏(2.63%)。預防輸注反應可考慮事先給予抗組織胺，及/或以較慢輸住速率，延長輸注時間完成輸注療程