



KNIGHT
CANCER
Institute

Palliative Care and the Importance of Advance Care Planning

Sarah Lowry, DNP, ACNP-BC, AOCNP, ACHPN

Assistant Professor

Knight Cancer Institute

Oregon Health & Science University



Photo by Thomas Shahan

I'm not scared...are you?



Why Do We Treat Patients With Incurable Malignancies?

Stunning Progress Achieved in Lung Cancer Treatment Over the Last Decade

EVOLVING STANDARDS OF CARE | APR 15, 2020

News > Medscape Medical News > Oncology News

'Truly Amazing': Huge Change in Melanoma Prognosis

Roxanne Nelson, RN, BSN
October 24, 2019

Trastuzumab

Go to:

For nearly 10 years, the use of trastuzumab has been firmly established in Her2-positive breast cancer. The drug has dramatically changed response rate and progression-free survival in metastatic disease. More importantly even, disease-free survival and overall survival in the adjuvant setting were improved.

- Marvel et al (1999)
 - Mostly primary care
 - Solicited concerns 75%
 - Time to interruption 23.1 sec
- Ospina et al (2018)
 - 36% elicited patients agenda
 - 20% specialists
 - Time to interruption 11 sec

What is the Benefit?

- May 2020 – Trigo et al.
 - Lurbinectedin gets FDA accelerated approval June 2020
 - 35% ORR
 - MDR 5.3 mo
 - MPFS 3.5 mo

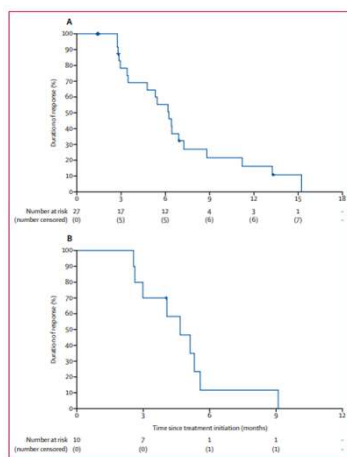
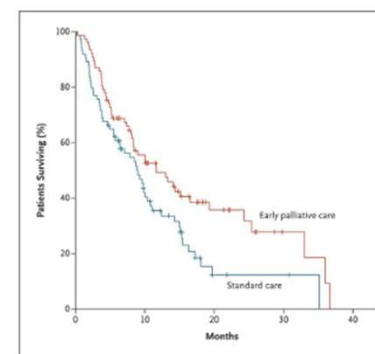


Figure 2: Duration of response (A) Patients with sensitive disease (chemotherapy-free interval ≤ 90 days), (B) Patients with resistant disease (chemotherapy-free interval > 90 days).

- August 2010 – Temel et al.
 - Median survival
 - 8.9 mo standard of care arm
 - 11.6 mo early pall care

Figure 3.

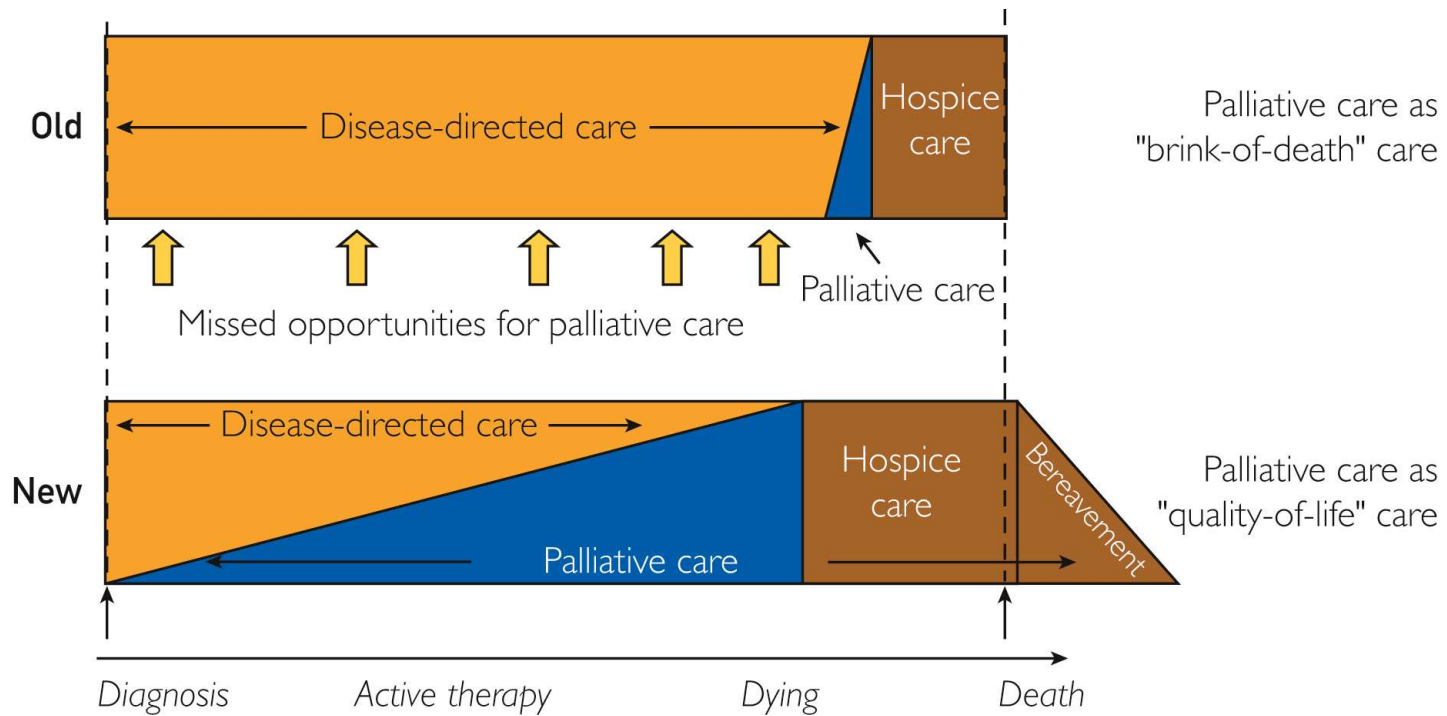


Kaplan–Meier Estimates of Survival According to Study Group.

Trigo 2020; Temel et al. 2010

Palliative Care

Helping Your Patients Feel as Well as They Can for As Long as They're Here



Buss, Rock & McCarthy, 2017



Integration of Palliative Care

ASCO, NCCN, ONS, CoC

- Guaranteed access to specialty palliative care for cancer patients
- Triage referrals to specialty pall care
- Support for informal caregivers
- Multi-disciplinary teams

Kamal et al. 2020

Primary Palliative Care

- Routine discussions GOC and Code Status
- Basic symptom management
- Transition to hospice
- Know your resources
 - OncoTalk/Vital Talk





Advance Care Planning



Opening the Door to ACP and GOC Convos

How do you spend your time when you aren't here?

What was life like before your cancer diagnosis and treatment?

How is it different now?

What do you worry about for your future?

What is your understanding of your diagnosis and goals of treatment?

Which Document and When?

Advance Directive (AD)

- Every Adult
- Hypothetical orders for future treatment
- Can be completed without the assistance of a health care provider
- Not used to direct patient care in emergency situations

POLST

- Any person* with a life limiting illness and limited life expectancy who *desires* to have their wishes documented and honored
- Active medical orders for treatment right now
- Used to direct patient care in emergency situations

Advance Directives

- Language and acceptable document varies by state
- Five Wishes (accepted in LA, MS, AL, GA and FL, but not Tx)
- 6 states require government approved form



ACP Resources

- Prepare For Your Care
- The Conversation Starter Kit
- Less formal, but normalizing
 - Local death cafes
- Heart 2 Heart
- My Gift of Grace (Hello)







National POLST Paradigm

www.polst.org

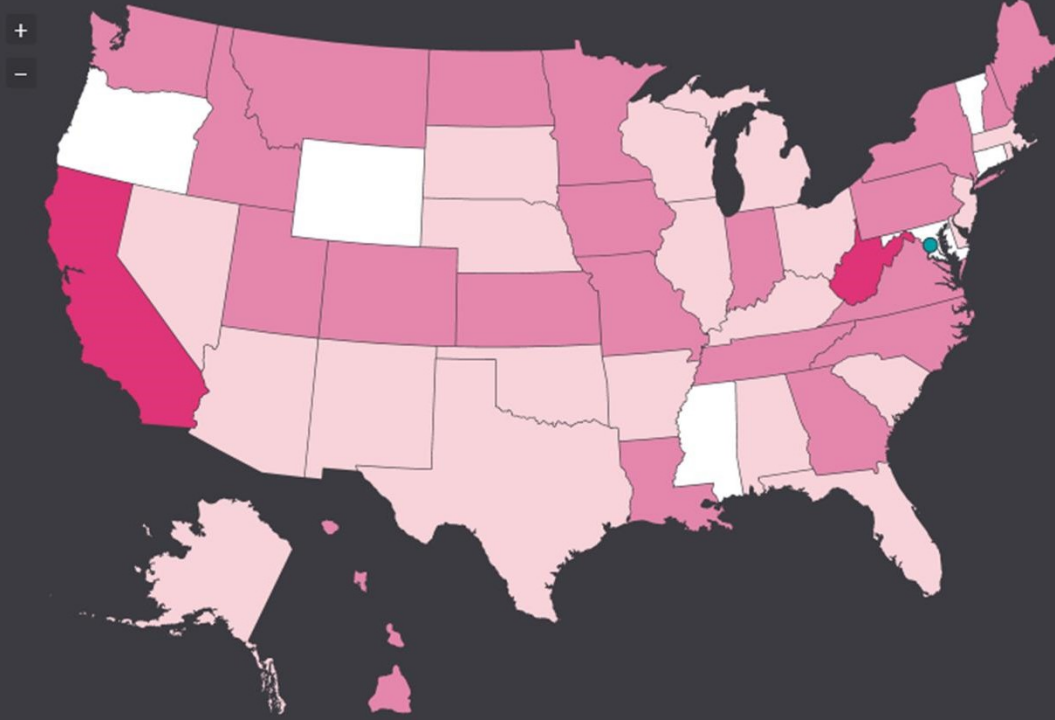
National POLST Paradigm Program Designations

Click a state for more information

- 2 mature
- 23 endorsed
- 22 active
- 6 unaffiliated

Only active programs are eligible for endorsed status; unaffiliated status does not reflect program development. Mature programs also endorsed and counted in both the mature and endorsed program totals. Totals include Washington DC.

[LEARN MORE](#) in the text below the map



Contents of “POLST” vary by state

LaPOST

- CPR
- Medical Interventions
- Abx
- AAN
- Other
- Summary

Florida

- CPR
- Medical Interventions
- AAN
- Hospice or Palliative Care
- Review POLST form

	Name of Document	Who Can Sign	Patient Sig Required	Maturity
Texas	MOST	MD/DO	No	Pilot Program or Limited use
Louisiana	LaPOST	MD/DO	Yes	Working Towards Statewide Use
Mississippi	POST	MD/DO	Yes	Not Yet Available
Alabama*				Pilot Program or Limited use
Georgia	POLST	MD/DO	Yes	Working Towards Statewide Use
Florida	POLST	MD/DO	Yes	Pilot Program or Limited use

MOST: Medical Orders for Scope of Treatment

POST: Physicians Orders for Sustaining Treatment

LaPOST: Louisiana Physician Orders for Scope of Treatment

POLST: Physicians Orders for Life Sustaining Treatment

*Alabama Portable Physician Do Not Attempt Resuscitation Order No CPR/Allow Natural Death

“Do You Want CPR?”



- Public perception CPR survival > 70%*
- CPR survival rates on TV 70%
- 2018 study: 28.5% survival rate in hospital CPR
- Metastatic disease “success” rates 9.5%

Ramenofsky & Weissman (2015). CPR Survival in the Hospital Setting. My PC Now Fast Facts

Impact of Cardiopulmonary Resuscitation on Survival in Cancer Patients

Dana E. Giza, Jordan Graham, Teodora Donisan, Dinu V. Balanescu, John Crommet, Gregory Botz, Cristina Gutierrez, Mariberta Vidal, Rodrigo Mejia, Cezar Iliescu

J Am Coll Cardiol CardioOnc. 2020 Jun, 2 (2) 359-362.

[https://www.ajemjournal.com/article/S0735-6757\(18\)30117-7/fulltext](https://www.ajemjournal.com/article/S0735-6757(18)30117-7/fulltext)

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST™

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient Last Name:	Suffix:	Patient First Name:	Patient Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)

Address: (street / city / state zip): _____

A **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*
Check One
 Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR
If patient not in cardiopulmonary arrest, follow orders in B.

B **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*
Check One
 Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Provide treatments for comfort through symptom management.**
 Limited Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.**
 Full Treatment. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: All treatments including breathing machine.**
Additional Orders: _____

C **DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION** *See reverse side for add'l info.*
Check All That Apply
 Patient Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side)
 Parent of minor
 Person appointed on advance directive Relative or friend (without written appointment)
 Court-appointed guardian
Discussed with (list all names and relationship): _____

D **PATIENT OR SURROGATE SIGNATURE**
Signature: *recommended* Name (print): Relationship (write "self" if patient):
This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box

E **ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)**
Must Print Name, Sign &
By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.
Print Signing MD / DO / NP / PA / ND Name: *required* Signer Phone Number: Signer License Number: (optional)

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

Physician Orders for Life-Sustaining Treatment (POLST)-Florida

Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written.

Patient Last Name	Patient First Name	Middle Int.
Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Last 4 SSN: ____

Address: (street/ city/ state/ zip) _____

A **CARDIOPULMONARY RESUSCITATION(CPR):** Patient has no pulse and/or is not breathing
Check One
 Attempt Resuscitation/CPR
 Do Not Attempt Resuscitation/DNR
When not in cardiopulmonary arrest, follow orders in B and C.

B **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*
Check One
 Comfort Measures Only (Allow Natural Death) Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Consider hospice referral if appropriate. Treatment Plan: Maximize comfort through symptom management.**
 Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.**
 Full Treatment In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. **Transfer to hospital and /or intensive care unit if indicated. Treatment Plan: Full treatment including life support measures in the intensive care unit.**
Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food by mouth if feasible.
Check One
 No artificial nutrition by tube. Additional Orders: _____
 Defined trial period of artificial nutrition by tube. _____
 Long-term artificial nutrition by tube. _____

D **HOSPICE or PALLIATIVE CARE (complete if applicable) - consider referral as appropriate**
Check One
 Patient/Resident Currently enrolled in Hospice Care Contact: _____
 Patient/Resident Currently enrolled in Palliative Care Contact: _____
 Not indicated or refused

E **Basis for The Orders is: (Check all that apply)**
 Life Limiting Advanced Illness
 Advanced Frailty Patient's preferences

Print Physician Name	MD/DO License #	Phone Number
Physician Signature (mandatory)	Date	
Print Patient/Resident or Surrogate/Proxy Name	Relationship (write "self" if patient)	
Patient or Surrogate Signature (mandatory)	Date	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

7/23/19/16 If original form is strongly encouraged. Photocopies and facsimiles of completed POLST forms are legal and valid.

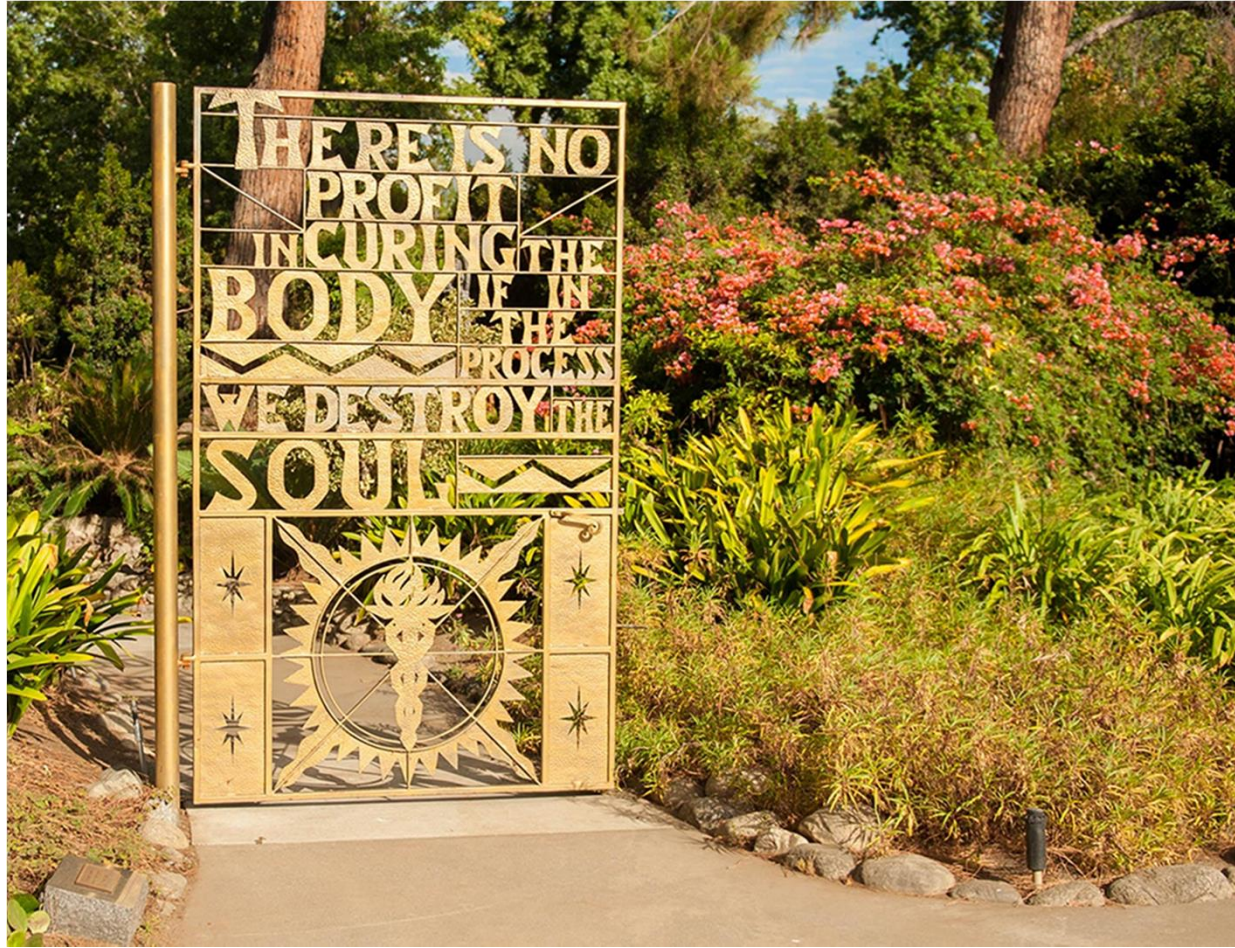
ER

The Take Away

- Palliative care is not synonymous with hospice, don't be scared
- AD are for all adults, POLST are for terminally ill (adult or ped)
- You can...and do...already provide primary palliative care
- There is ALWAYS something more to offer



THANK YOU



References

- Buss MK, Rock LK, Mccarthy EP. Understanding Palliative Care and Hospice. *Mayo Clinic Proceedings*. 2017;92(2):280-286. doi:10.1016/j.mayocp.2016.11.007
- Craft PS, Burns CM, Smith WT, Broom DH. Knowledge of treatment intent among patients with advanced cancer: a longitudinal study. *Eur J Cancer Care (Engl)*. 2005 Dec;14(5):417-25. doi: 10.1111/j.1365-2354.2005.00601.x. PMID: 16274462.
- George LS, Prigerson HG, Epstein AS, Richards KL, Shen MJ, Derry HM, Reyna VF, Shah MA, Maciejewski PK. Palliative Chemotherapy or Radiation and Prognostic Understanding among Advanced Cancer Patients: The Role of Perceived Treatment Intent. *J Palliat Med*. 2020 Jan;23(1):33-39. doi: 10.1089/jpm.2018.0651. Epub 2019 Oct 8. PMID: 31580753; PMCID: PMC6931912.
- Giza DE, Graham J, Donisan T, Balanescu DV, Crommet J, Botz G, Gutierrez C, Vidal M, Mejia R, Iliescu C. Impact of Cardiopulmonary Resuscitation on Survival in Cancer Patients. *J Am Coll Cardiol CardioOnc*. 2020 Jun, 2 (2) 359-362.
- Kamal AH, Bausewein C, Casarett DJ, Currow DC, Dudgeon DJ, Higginson IJ. Standards, Guidelines, and Quality Measures for Successful Specialty Palliative Care Integration Into Oncology: Current Approaches and Future Directions. *J Clin Oncol*. 2020 Mar 20;38(9):987-994. doi: 10.1200/JCO.18.02440. Epub 2020 Feb 5. PMID: 32023165; PMCID: PMC7082154.
- Marvel MK, Epstein RM, Flowers K, Beckman HB. Soliciting the patient's agenda: have we improved? *JAMA*. 1999 Jan 20;281(3):283-7. doi: 10.1001/jama.281.3.283. PMID: 9918487.
- Nyberg K. International Association for the Study of Lung Cancer. Stunning Progress Achieved in Lung Cancer Treatment Over the Last Decade. <https://www.iaslc.org/iaslc-news/ilcn/stunning-progress-achieved-lung-cancer-treatment-over-last-decade> accessed November 6, 2020
- Ouellette L, Puro A, Weatherhead J, Shaheen M, Chassee T, Whalen D, Jones J. Public knowledge and perceptions about cardiopulmonary resuscitation (CPR): Results of a multicenter survey. *The American Journal of Emergency Medicine*. 2018; 36(10): 1900-1902. doi: 10.1016/j.ajem.2018.01.103
- Portable medical orders for seriously ill or frail individuals. POLST. <https://polst.org/>. Published October 14, 2020. Accessed November 7, 2020.
- Prepare for your care. The Regents of the University of California. <https://prepareforyourcare.org/welcome>. Accessed November 6, 2020.
- Ramenofsky DH, Weissman DE. CPR Survival in the Hospital Setting. PC Fast Facts. <https://www.mypcnow.org/fast-fact/cpr-survival-in-the-hospital-setting/>. Published February 12, 2019. Accessed November 7, 2020.
- Singh Ospina N, Phillips KA, Rodriguez-Gutierrez R, Castaneda-Guarderas A, Gionfriddo MR, Branda ME, Montori VM. Eliciting the Patient's Agenda- Secondary Analysis of Recorded Clinical Encounters. *J Gen Intern Med*. 2019 Jan;34(1):36-40. doi: 10.1007/s11606-018-4540-5. Epub 2018 Jul 2. PMID: 29968051; PMCID: PMC6318197.
- Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, Dahlin CM, Blinderman CD, Jacobsen J, Pirl WF, Billings JA, Lynch TJ. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010 Aug 19;363(8):733-42. doi: 10.1056/NEJMoa1000678. PMID: 20818875.
- The Conversation Project. Institute for Healthcare Improvement. <https://theconversationproject.org/starter-kits/> Accessed November 6, 2020.
- Trigo J, Subbiah V, Besse B, Moreno V, López R, Sala MA, Peters S, Ponce S, Fernández C, Alfaro V, Gómez J, Kahatt C, Zeaiter A, Zaman K, Boni V, Arrondeau J, Martínez M, Delord JP, Awada A, Kristeleit R, Olmedo ME, Wannesson L, Valdivia J, Rubio MJ, Anton A, Sarantopoulos J, Chawla SP, Mosquera-Martinez J, D'Arcangelo M, Santoro A, Villalobos VM, Sands J, Paz-Ares L. Lurbinectedin as second-line treatment for patients with small-cell lung cancer: a single-arm, open-label, phase 2 basket trial. *Lancet Oncol*. 2020 May 21;21(5):645-654. doi: 10.1016/S1470-2045(20)30068-1. Epub 2020 Mar 27. PMID: 32224306.