



The Oncology Institute of Hope & Innovation

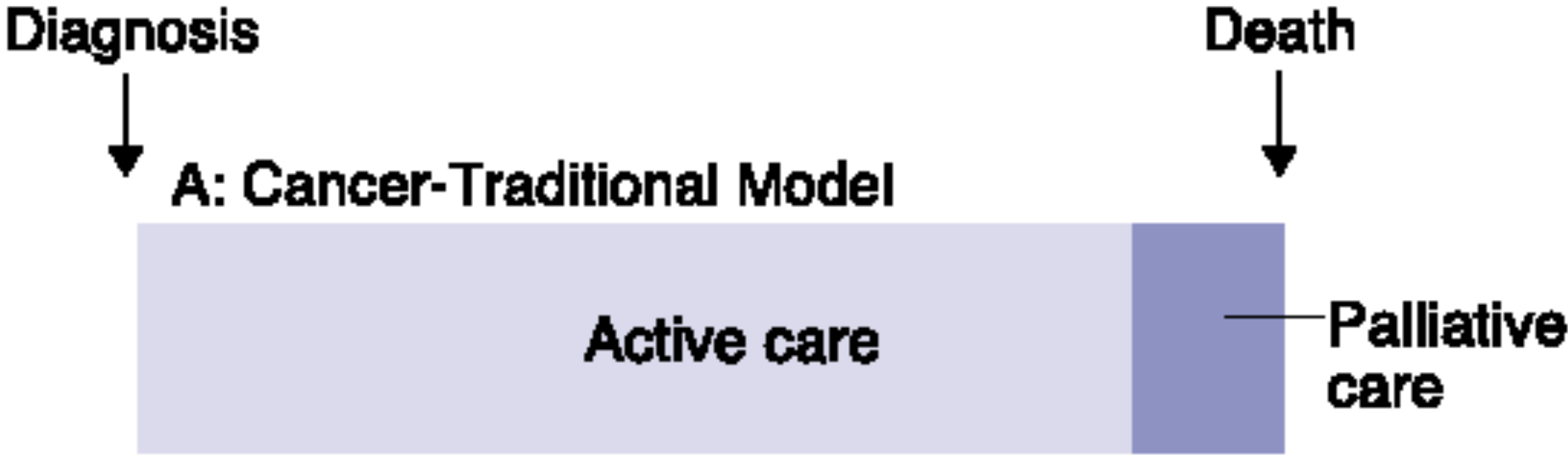
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Hematology/Oncology



End of Life Management: An Oncologist' perspective



EOL Care in Oncology







Thanks to Greg Ballos

02-27-2006

WHY ARE YOU SO SPECIAL THAT YOU AND
ONLY YOU KNOW WHEN THE END IS NEAR,
UH?



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Admissions in advanced cancer and prognosis

No of –unplanned--admits	Median survival
One	6 months
Two	76 days (60-110)
Three	50 days (35 – 99)

•[Thomas J Roberts et al.](#) Mortality among oncology patients with multiple unplanned hospital admissions.. *JCO* **41**, 6578-6578(2023).

Trends in Cancer Care EOL

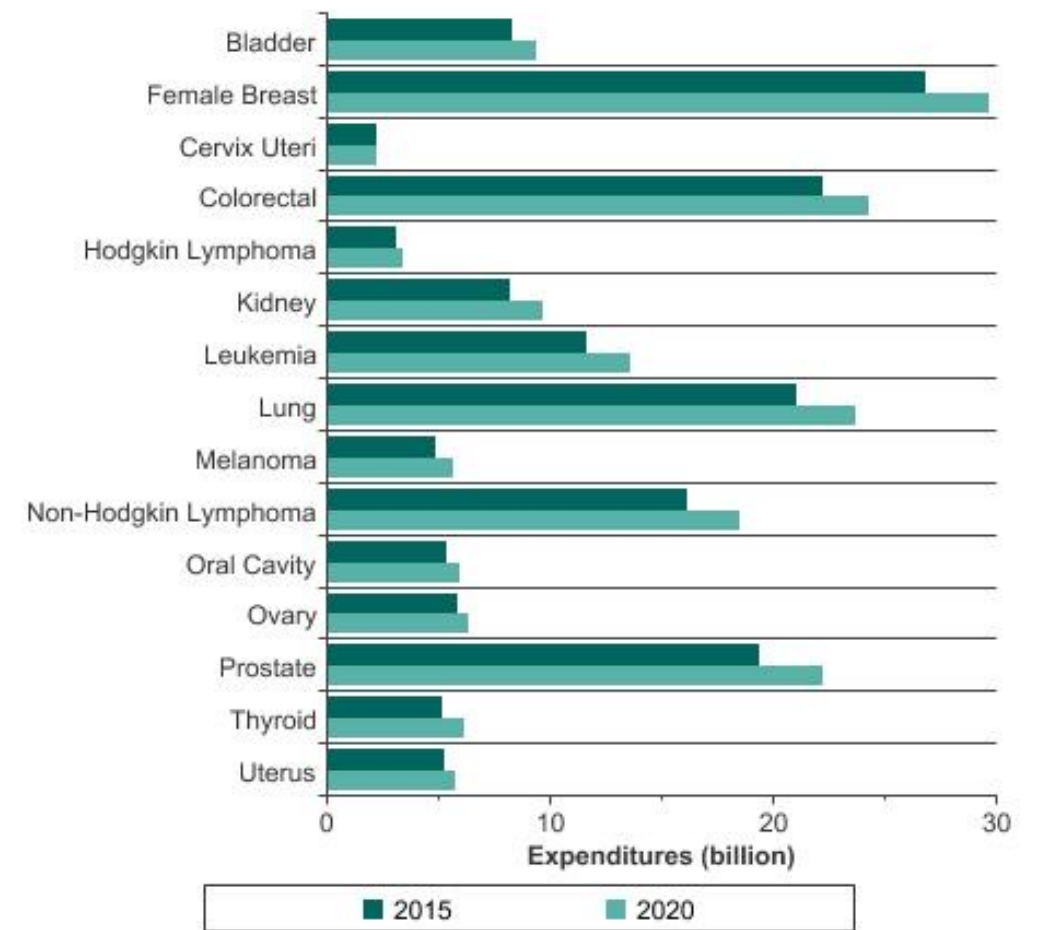
- 25% pts died in hospital
- 60% enrolled in hospice last month of life
 - Average Hospice LOS: 9 days
- ICU admissions last month of life: 28%

Goodman DC, Morden NE, Chang CH: Trends in Cancer Care Near the End of Life: A Dartmouth Atlas of Health Care Brief.
Dartmouth Institute for Health Policy & Clinical Practice, 2013

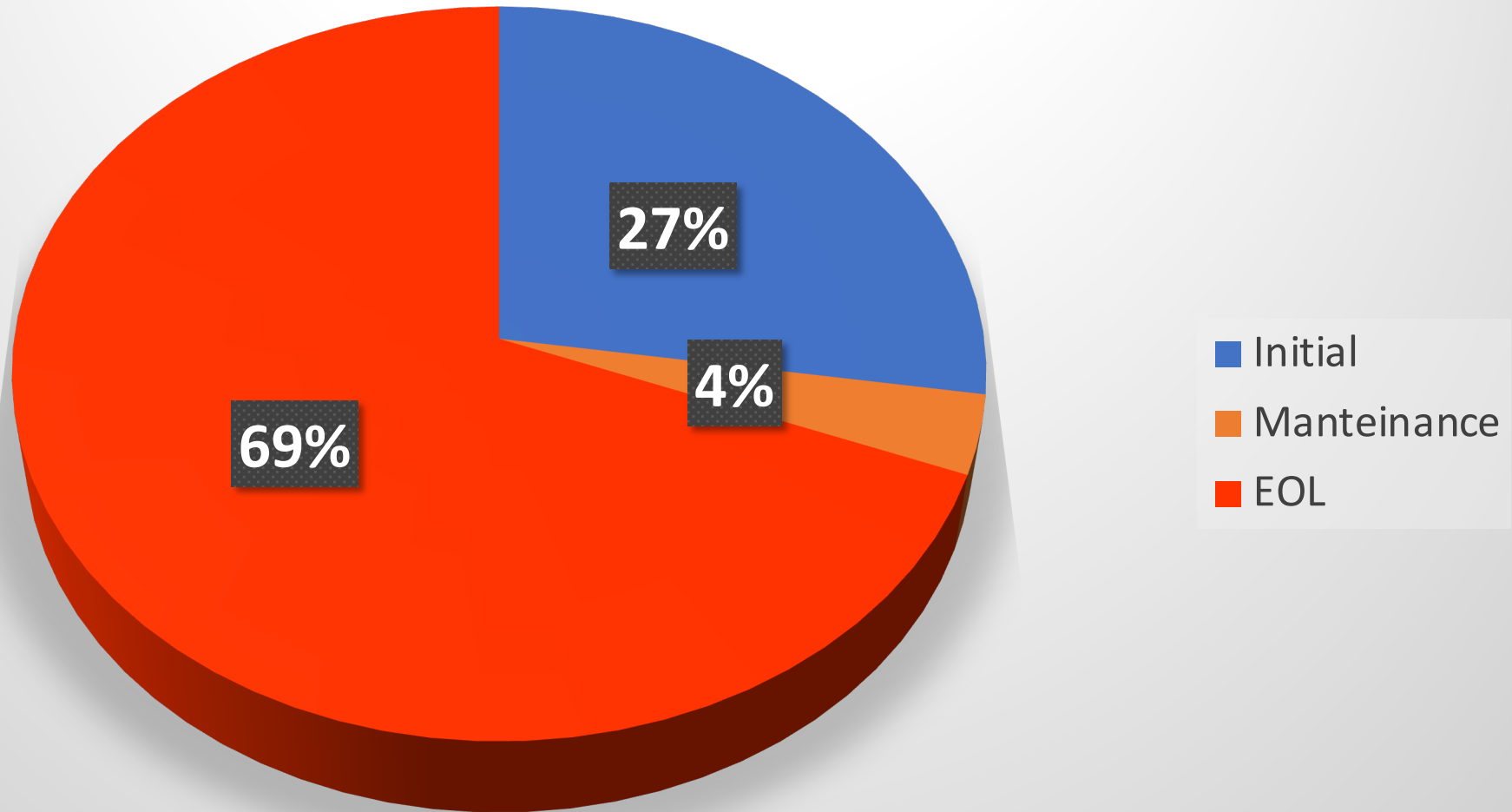
Trends in Cancer Care Costs-US

- \$209 Billion in 2020

Estimates of national expenditures for cancer care (in billions of dollars) by cancer site and year



Cancer Expenditures by Phase of care



Role of Oncologist's in EOL care?

Oncologist's survival estimates

- Highly variable :

1 yr prediction/actual: 30-60%

- Better if:
 - Poor baseline performance status
 - Patient chose not to pursue treatment
 - Advanced age
- Worse if:
 - Younger age (<50)
 - Females

[Curr Oncol.](#) 2014 Apr; 21(2): 84–90.
[J Palliat Med.](#) 2016 Dec;19(12):1296-1303

Main goals interventions patients with incurable cancer

1. Prolonging life
2. Symptom control
3. Avoid Futile care:
 1. Interventions that do not
 1. Improve QOL
 2. Extend life



Patient education

1. No cure available—or small odds (i.e. 10 chances of long term control)

1. Idea of timeframe with/without treatment—

1. What we now: averages, % survival at X timeframe
2. What we don't know: individual prediction “you have 6 months...”

2. Cost of those treatments

1. Side effects
2. Financial toxicity



Spikes: Breaking Bad news

Walter F. Baile, Robert Buckman, Renato Lenzi, Gary Glober, Estela A. Beale, Andrzej P. Kudelka, SPIKES—A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer, *The Oncologist*, Volume 5, Issue 4, August 2000, Pages 302–311



S

Setting

Choose a private, comfortable, non-threatening setting



P

Perception

Uncover what patient & family think is happening



I

Invitation

Ask patient what they would like to know



K

Knowledge

Explain disease and care options in plain language



E

Emotion

Respect feelings, respond with empathy



S

Summarize

Recap and decide what's next



Symptom Management

- Edmonton Symptom Scale
- 0 -10
 - Pain
 - Nausea
 - Fatigue
 - Depression
 - Anxiety
 - Drowsiness
 - Appetite
 - Shortness of breath
 - General wellbeing

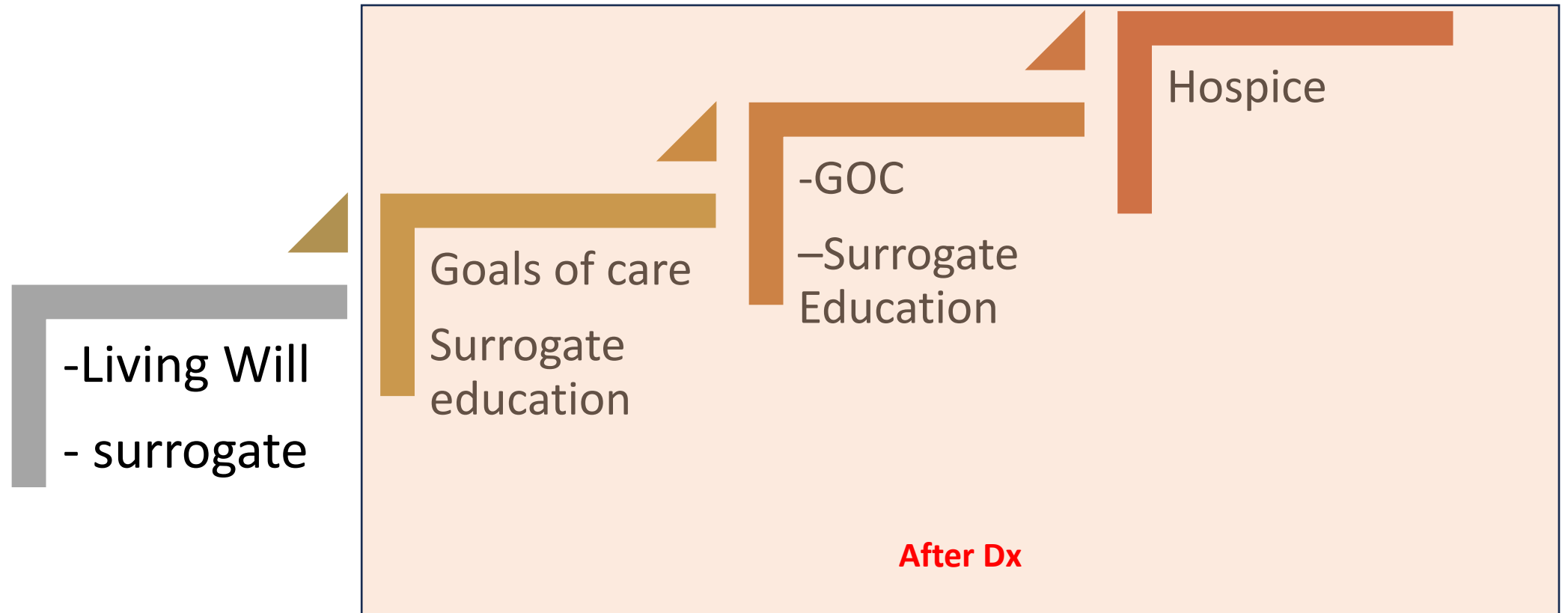


Advance Care Planning: a Big Umbrella

- Living Will
- Surrogate
- Advance Directives
 - DNR
 - DNI
 - Feeding
 - Dialysis
 - Etc



Steps approach to ACP



Tools to support Oncologists provide *direct* Pall care

- Symptom management pathways
- Care navigation
- Frailty Monitoring
- Patient education



Early palliative care improves survival

- Pall care + Standard Onco care

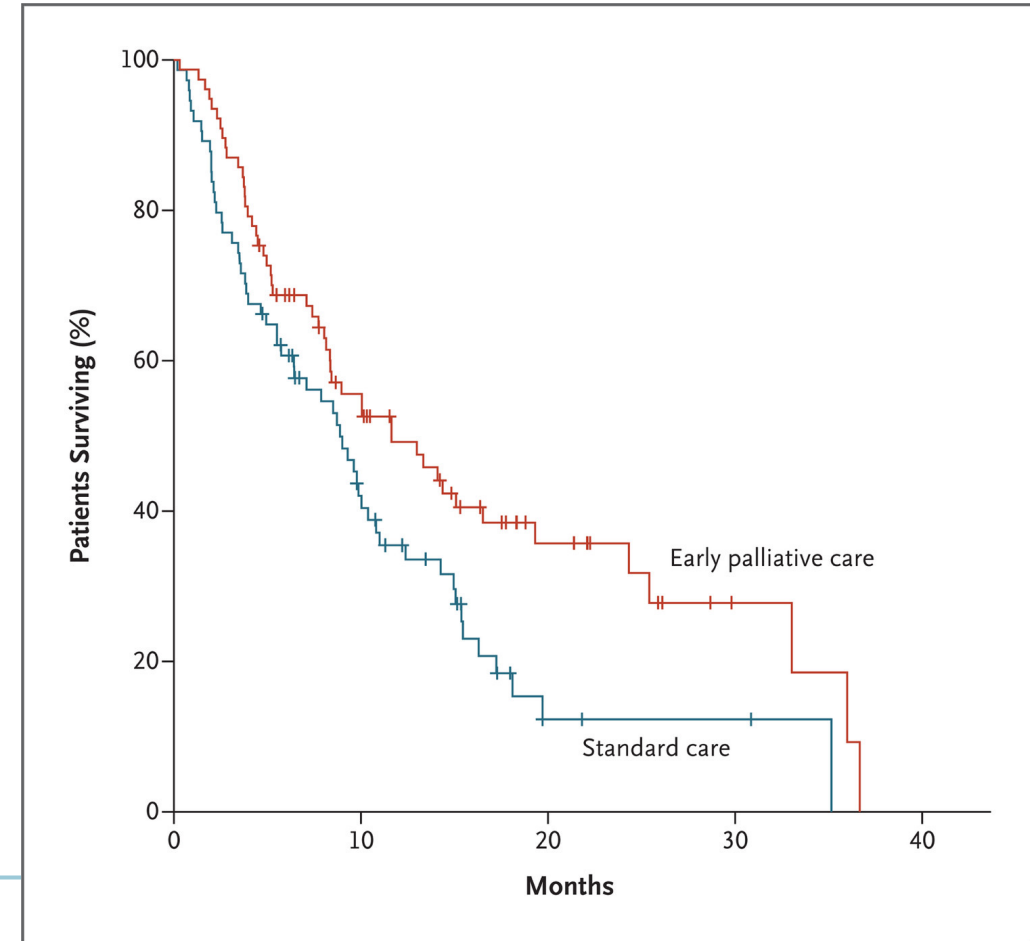
Vs

Onco care alone

OS 11.6 mo vs 8.9 mo

Published August 19, 2010

N Engl J Med 2010;363:733-742





Top oncologists say everyone with advanced cancer needs early palliative care. Here are 6 things to know

By 2025, 693,000 Americans will have several forms of advanced cancer.

By [Dr. Lindsey Ulin](#)

June 20, 2024, 5:05 AM



- This year, the American Society of Clinical Oncology -- the world's leading oncology organization -- [recommended](#) palliative care for everyone with advanced cancer at the time of diagnosis and while receiving treatment.

End of life Management: Multidisciplinary effort

1. Primary Care
2. Oncologists
3. Palliative Care

B: Cancer-Alternative Model



Value Based medicine

- Framework integrating PCPs into Oncology Care
 - Incentive to help prevent admissions
 - PCPs collaboration with oncologists
 - Symptom management
 - Transition to hospice discussions
 - Family engagement
- PCPs quality metrics
 - Multiple, disease specific
 - i.e. % pts A1c < 8
 - BB use post MI
 - Med adherence

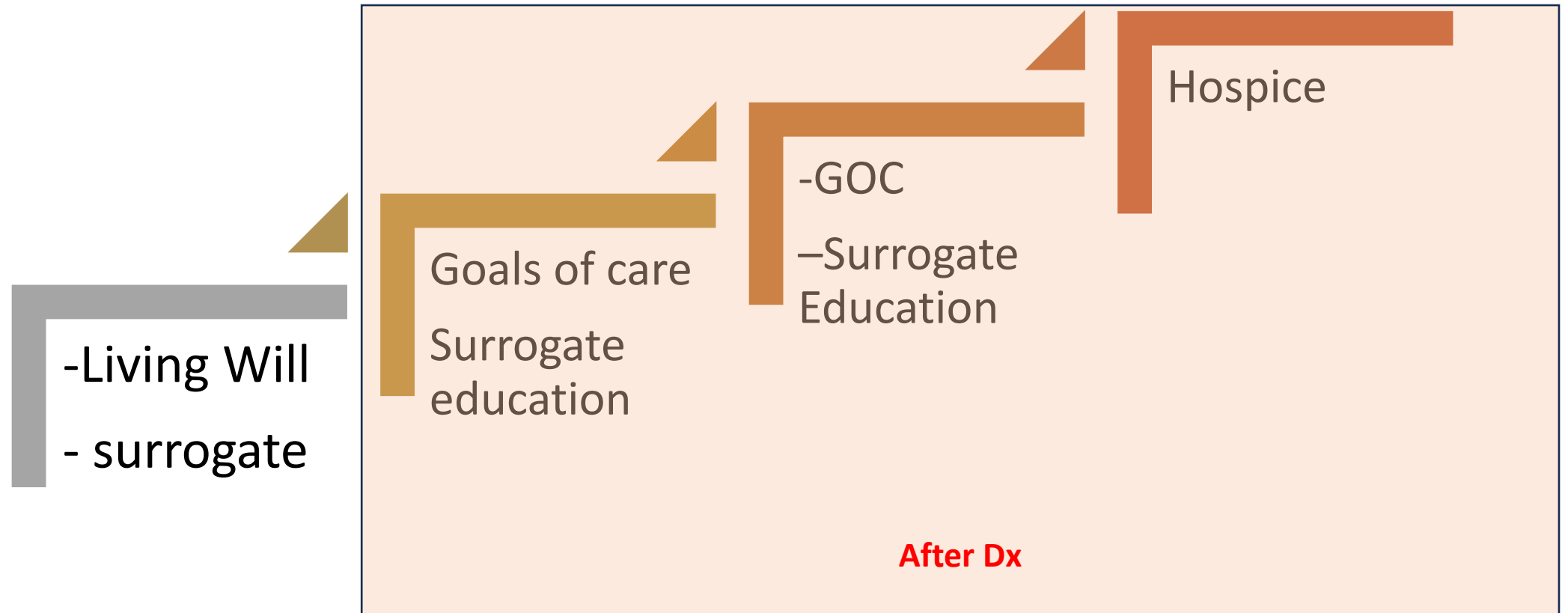


Key Quality Metrics in Oncology

- Chemo use last 14 days of life
- ICU admissions last 30 days of life
- Lack of hospice enrollment last 30 days of life
- Hospice length of stay < 3 days



Steps approach to ACP



Leveraging tech to improve EOL: ECOG monitoring

- EMR triggers identifying Metastatic Cancer in Problem list
- ECOG Assessment by PCP/team
 - If ECOG 2+ → Automatic recommendation to refer to palliative care
- Results
 - 49% reduction in admissions
 - 85% reduction in costs

• [Roberto Enrique Ochoa et al.](#) Systematic performance status assessment by primary care providers in patients with advanced cancer and its impact on referral to palliative care and cost in a value-based practice.. *JCO* **40**, 6595-6595(2022)

Summary

1. Defining curative vs non curative options
2. GOC discussions
 1. Side effects of treatments
3. Integrating Pall Care early
 1. Tech leverage to identify frailty
4. Co-Management of Symptoms
5. Collaborate with PCPs



Thank you



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