The Integration of Palliative Care in Stem Cell Transplantation: A New Language for Palliative Care

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DISCLOSURE
Speaker (Dr. J.J.Strand)

Relevant Financial Relationship(s)
None related to this talk
Objectives

- Define key concepts of the palliative care philosophy
- Employ expanded definitions of palliative care in conversations with your patients & colleagues
- How palliative care can improve the quality of care to patients with stem cell transplantations.

CASE: SW

- 48yoF w/AML, continued relapse despite induction, 2 rounds of consolidation, salvage chemotherapy.

  - Facing decision about intensive chemotherapy with goal of transplant vs. "chemo-lite" vs. “doing nothing”
SW Had Heard of Palliative Care on NPR

- Significant rectal pain & mucositis with last round of salvage therapy.

- Significant anxiety, insomnia, anticipatory nausea.

- Four children from a blended marriage. “I am really not sure how to talk to my kids”

My Initial Consultation with SW

- Symptom Assessment:
  - Severe fatigue
  - Anxiety & associated insomnia

- Coping, Illness Understanding, Goals:
  - “I am not sure I am ready to give up yet”
  - Goals focused living her life & being with her family.
What Did I Need to Know Before This Visit with S.W.?

What Patients Want When Facing a Serious/Life Threatening Illness

- Pain and symptom control
- Control
- Strengthening of relationships
- Relief of family burden
- Not to linger

Singer et al. JAMA 1999; 281 (2) 163-168
Quality of Life at the End of Life for Patients with Hematologic Malignancies

• When compared with solid tumors in the last 30 days of life:
  • More likely to:
    • Visit the emergency room
    • Be admitted to the hospital
    • Experience prolonged hospital stay
    • Chemotherapy in last 14d of life
    • Die in the ICU

Family & Caregivers Suffer a Cost as Well

• When a patient dies in the ICU, bereaved caregivers suffer:
  • 11 times higher rates of PTSD
  • 9 times higher rates of GAD

• When a patient dies in the hospital, bereaved caregivers suffer:
  • 10 times higher rates of prolonged grief disorder

• When a patient dies at home with hospice, caregivers report:
  • Higher satisfaction with care
Turn to your neighbor

(please)
Official Definition: Part 1

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Official Definition: Part 2

Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.
Why Language Matters

• Goal is to improve care for all patients with a serious illness.

• Many patients who benefit from palliative care not dying, and may be cured.

• No one wants to die & few (especially us) are able to be at peace with this label until the very end.

Why Language Matters

“Aggressive Treatment”

“Do Everything”

“You have failed multiple rounds of chemo”

“Nothing More We Can Do”
Source: "Data from a Public Opinion Strategies national survey of 800 adults age 18+ conducted June 5-8, 2011.
Center to Advance Palliative Care, 2011

Old

Medicare Hospice Benefit

Life Prolonging Care

New

Disease-Directed Therapies

Diagnosis Palliative Care Death and Bereavement
Early Integration of Palliative Care Is Becoming the New Standard of Care for Patients with Advanced Cancer


Original Article

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

• Didn’t Die Earlier
• Improvement in QOL measures
• Decreased depressive symptoms
It Is Not Giving Up To Plan For All Scenarios

• Palliative Care:
  • Clarify goals of care with patients & families
  • Identify those treatments and settings that help patients meet their goals at each stage of illness.
  • Talking/planning does **not** compromise hope
  • Patients with poorer prognoses make different choices about their care.


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

• Focus is on developing longer-term relationships with patients and families
• More time to address difficult topics & promote adaptive coping strategies
• Focus on quality of life throughout the course of the illness
• Care is highly collaborative with referring team

Value = Quality / Cost

Palliative Care Enhances Health Care Value

Care, Not Cure
Average cost for terminally ill patients in palliative and nonpalliative programs during their final five days at one hospital.

<table>
<thead>
<tr>
<th></th>
<th>Non-PCU</th>
<th>PCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs and chemotherapy</td>
<td>$2,297</td>
<td>$1,111</td>
</tr>
<tr>
<td>Lab</td>
<td>1,134</td>
<td>56</td>
</tr>
<tr>
<td>Diagnostic imaging</td>
<td>615</td>
<td>29</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>1,821</td>
<td>731</td>
</tr>
<tr>
<td>Room, Samp, nursing</td>
<td>4,399</td>
<td>3,708</td>
</tr>
<tr>
<td>Other</td>
<td>2,152</td>
<td>278</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,319</strong></td>
<td><strong>$6,313</strong></td>
</tr>
</tbody>
</table>

Note: PCU stands for palliative care unit. Each figure represents average cost of last five days for a cancer patient aged 65+ who, prior to in-hospital death. Figures are for 2001 and 2002.

Source: Virginia Commonwealth University Medical Center

Morrison et al., Arch Intern Med. 2008 Sep 8;168(16):1783-90
Palliative Care Is Quality Care

1. Beneficial
2. Patient centered
3. Efficient
4. Timely
5. Safe
6. Equitable

Palliative care and BMT together? Really?

- Improvements in high-dose therapies, and increasing success rate
- Better supportive care → Better Outcomes
- Though mortality improved, risk still exists
  - Impacted by age, comorbidities, disease genetics
- QOL remains a consideration regardless of outcomes

Trends in Transplants by Type and Recipient Age*

One-year Survival by Year of Transplant, Donor and Age, Worldwide

*Transplants for AML, ALL, NHL, Hodgkin Disease, Multiple Myeloma

Acute Leukemia, CML or MDS early disease status.
Commonly encountered PC issues in BMT

- Symptom assessment and management
  - Pain control (40-50% of patients)
    - Mucositis
  - Fatigue, nausea, and diarrhea

- Need for honest communication about medical prognosis

- Goals of care delineation

QOL trajectory in LVAD-DT patients—a useful paradigm comparing post-transplant outcomes?
Why engage palliative care earlier?

- Patients may opt to decline more aggressive stem cell transplant path.
- Patients who choose transplant may benefit from a "preparedness plan"
  - Aggressive trial of therapy now, with emphasis on palliation later
- Treat symptoms including those associated with adverse events; pain

SW & Her Preparedness Plan

- Trial of S-HAM, goal to get to transplant
- Plans for new treatment strategies for mucositis
- Discussed her prognosis with her hematologist and her family on several occasions.
  - “I am not going to die in the hospital.”
- Changed code status to DNR/DNI

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**TABLE 2.** Consult characteristics of patients referred for palliative care consultations

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. of consultations (%)&lt;sup&gt;x&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
<td></td>
</tr>
<tr>
<td>Leukemia</td>
<td>196 (50)</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>101 (26)</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>51 (13)</td>
</tr>
<tr>
<td>MDS</td>
<td>20 (5.1)</td>
</tr>
<tr>
<td>Treatment status</td>
<td></td>
</tr>
<tr>
<td>Post transplant</td>
<td>161 (41)</td>
</tr>
<tr>
<td>Reason for consult</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>278 (71)</td>
</tr>
<tr>
<td>Goals of care</td>
<td>172 (44)</td>
</tr>
</tbody>
</table>

<sup>x</sup>N = 392. Patients could be referred to the palliative care team for multiple reasons, leading to summative percentages greater than 100%. 
**FIGURE 1** Pain management consults with unacceptable pain (n = 194)

- Pain resolved within 48 hours, n = 129
- Pain resolved within 96 hours, n = 39
- Pain not resolved in 96 hours, n = 26

**FIGURE 2** DNI/DNR status of consults referred for goals of care conversations (n = 172)

- DNI/DNR not entered, n = 68
- DNI/DNR entered, n = 104

DNI, do not intubate; DNR, do not resuscitate.
Hospice Has Significant Benefits for Patients and Families.

- Does Not Specifically Exclude Therapies That Can Help With Quality of Life:
  - Can provide antibiotics
  - Can provide transfusions
  - Higher rating of quality of life and quality of death
  - Improved caregiver quality of life at follow-up

Teno et al., J Am Geriatr Soc. 2011 Aug;59(8):1531-6
Connor et al., J Pain Symptom Manage. 2007 Mar;33(3):238-46
Palliative Care & Hospice

Palliative Care Is:

✓ Excellent, evidence-based treatment

✓ Care of pain and symptoms throughout illness:
  ✓ “Any age, any stage”

✓ Care that patients want at the same time as efforts to cure/prolong life

Palliative Care Is NOT:

✗ Not “giving up” on a patient

✗ Not in place of curative or life-prolonging care

✗ Not the same as hospice or “comfort care”
Palliative Care Benefits Clinicians

- **Can help offload** by assisting with repeated, intensive patient-family communications & coordination of care in multiple settings

- **Supports the primary team** with hands-on management of complex pain and symptom distress 24/7

- **Highly collaborative** nature can improve patient and family satisfaction with the primary clinician care plan.
Take Home

• Be an active participant in removing barriers to palliative care:
  • “Added layer of support”
  • “Alongside curative/life prolonging treatment”
  • “Relieve the pain, symptoms and stress of a serious illness”

• Get involved in the unique opportunities offered by collaboration with palliative care

Questions & Discussion

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“To cure sometimes, relieve often, comfort always.”
Dr. Edward Trudeau