

CoC Standard 4.7: Quality Study – 2017

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Stage IV NSCLC Patients with Early Introduction of Palliative Care

- ▶ There is evidence from multiple randomized trials that included cancer patients who showed an improvement in symptoms, including less anxiety and depression, higher satisfaction, less aggressive end-of-life care, and less caregiver distress when palliative care including Hospice care was incorporated in their care.
- ▶ A RCT showed improvement in OS in patients with stage IV NSCLC with early introduction of palliative care
- ▶ Palliative care has been integrated in NCCN guidelines especially in metastatic NSCLC patients.
- ▶ Palliative care can be provided by Oncology team or palliative care specialists

Methods:

- ▶ Retrospective chart review of all patients with stage IV NSCLC diagnosed from 1/1/2015 to 12/31/15 who came to Saint Francis Hospital for diagnosis, treatment or complications
- ▶ Total 67 charts were identified

- ▶ Patients were excluded if they had only diagnostic procedures, an initial consultation alone or if their entire treatment were carried out elsewhere.
- ▶ Total 31 charts were identified and reviewed

Criteria for Palliative care consultation as per NCCN

- Patient with life-limiting cancer diagnosis
- Limited anticancer treatment options due to:
 - ▶ Advanced disease process
 - ▶ Multiple and/or severe comorbid conditions
 - ▶ Rapidly progressive functional decline or persistently poor performance status
- Patient/family or provider dissatisfaction with the care plan
- Need for clarification of goals of care
- Resistance to engage in advance care planning
- High risk of poor pain management or pain that remains resistant to conventional interventions, eg:
 - ▶ Neuropathic pain
 - ▶ Incident or breakthrough pain
 - ▶ Pain with severe associated psychosocial and/or family distress
 - ▶ Rapid escalation of opioid dose
 - ▶ Multiple drug “allergies” or a history of multiple adverse reactions to pain and symptom management interventions
 - ▶ History of drug or alcohol abuse — see addiction specialist as needed
- High non-pain symptom burden, especially those resistant to conventional management ([See PAL-4](#) for symptoms)
- High distress score (>4) ([See NCCN Guidelines for Distress Management](#))
- Need for palliative stenting or venting gastrostomy
- Frequent ED visits or hospital admissions
- Need for ICU-level care (especially involving multi-organ system failure or prolonged mechanical support)
- Communication barriers
 - ▶ Language
 - ▶ Literacy
 - ▶ Physical barriers
 - ▶ Cognitive impairment
- Request for hastened death

Findings

- ▶ 22 patients out of 31 had documented palliative care consultation (71%). 4 out of these 22 patients palliative care consults were followed by Hospice placement
- ▶ 4 patients were referred to hospice without palliative care consultation (13%)

- ▶ 5 patients out of 31 had no documented palliative care consultation (16%)
- ▶ 3 out of these 5 patients had psychosocial support from social worker
- ▶ 2 patient had died unexpectedly

Recommendation: Maintain current standard.