



I criteri di selezione dei pazienti candidati alle cure palliative precoci e simultanee

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“Inpatients and outpatients with advanced cancer should receive dedicated palliative care services, early in the disease course, concurrent with active treatment”.

Ferrell BR et al. JCO 2017; 35 (1): 96-114

Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update

Betty R. Ferrell, Jennifer S. Temel, Sarah Temin, Erin R. Alesi, Tracy A. Balboni, Ethan M. Basch, Janice I. Firn, Judith A. Paice, Jeffrey M. Peppercorn, Tanyanika Phillips, Ellen L. Stovall,† Camilla Zimmermann, and Thomas J. Smith

“Patients with advanced cancer are defined as those with distant metastases, late-stage disease, cancer that is life limiting, and/or with prognosis of 6 to 24 months”.



Research Paper

Early Integration of Palliative Care in Oncology Practice: Results of the Italian Association of Medical Oncology (AIOM) Survey

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EDITORIAL

Position paper of the Italian Association of Medical Oncology on early palliative care in oncology practice (Simultaneous Care)

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AIOM Simultaneous & Continuous Care (SCC), Task Force: ESMO Italian DCs

In 2015 there were 17.5 million cancer cases worldwide and 8,7 million deaths. Between 2005 and 2015, cancer cases increase by 33% this increase was due to population aging 16%, population growth 13%, and changes in age-specific rates contributed 4%

Jama Oncol 2016 Dec 3. doi: 10.1001/jamaoncol.2016. 5688

Many of the 13 million patients with cancer in United States, have advanced/metastatic disease and require the assistance of family caregivers. It has been estimated that caregivers of patients with advanced cancer provide an average of 8 hours daily assistance.

Howlander N et al. SEER cancer Statistic Review, 1975-2010. 2013
Yabroff KR. Cancer 2009; 115: 4362-4373

There are evidences that early integration of palliative care in the treatment of cancer patients significantly improves quality of life and even survival in patients with metastatic cancer in addition it reduces costs and is beneficial also for family caregivers

Temel JS et al. N Engl J Med 2010; 363 (8): 733-742

Ramchandran K et al. Oncology 2013; 27 (1)

Dionne-Odom JN. JCO doi: 10.1200/JCO.2014.58.782

World Health Organization (WHO) estimates that, worldwide, about 20 million people need end-of-life palliative care services each year and since many people need palliative care in the year before death, the number of patient grows about 40 million people each year requiring palliative care.

Strengthening of palliative care as a component of integrated treatment throughout the life course. December 2013



DOCUMENTO AIOM-SICP

CURE PALLIATIVE PRECOCI E SIMULTANEE

In Italy, any day about 1,000 people are newly diagnosed with cancer and about 30-35% present with advanced/metastatic disease at diagnosis; every day, in Italy, about 480 people die as a result of the disease. The prevalence of patient living with cancer in Italy increases 3% per year, in 2016 there are 3.1 million patients living with cancer, 1.4 millions of men and 1.7 million of women.

Aiom-Airtum. I numeri del cancro in Italia 2017

In Italy each year, about 175,000 people (99,000 men and 77,000 women) die as a consequence of cancer, and since about 90% of patients dying with cancer needs palliative care during the trajectory of the end of life phase, it can be estimated that about 150,000 people needs palliative care each year in Italy. However as reported by WHO, many people needs palliative care also in the year before death, so the real number of cancer patients requiring palliative care, each year, in Italy will necessarily increases.

AIOM-SICP. Tumori submitted, 2017

From a practical point of view, to establish the real number of cancer patients requiring palliative care each year in Italy, we can distinguish two visions of palliative care providing: Vision A (old vision) referring to patients with advanced/metastatic cancer that have run out all the possible lines of anticancer treatment and are initiated in a palliative care program in the end-of-life phase. This is still the prevailing modality in our country and it is offered to about 150,000 people with cancer each year.

AIOM-SICP. Tumori submitted, 2017

Vision B: (modern vision), coherently with the provisional clinical opinion of ASCO (2012) and its update (2017) in which is recommended the combination of standard oncology care and palliative care early in the course of the disease for any patients with metastatic cancer and/or high burden symptoms. This is an innovative vision that determines an increase of patient's number to about 180,000 people for palliative care program each year in Italy.

AIOM-SICP. Tumori submitted, 2017

However, many oncologists offer the possibility of palliative care to their patients too late, in the terminal phase of the disease, this behavior based on recently evidences is incorrect, so going on step by step we can distinguish 3 different groups of patients with advanced/metastatic cancer needing palliative care, with different models of palliative care delivering

AIOM-SICP. Tumori submitted, 2017

Group 1. this group considers cancer patients with metastatic/advanced disease, sensitive to anticancer treatments, with performance status (PS) 0-1, without cancer symptoms or with only mild symptoms, life expectancy > 12 months, with good caregivers support, such as patients with cancer of breast (with the exclusion of triple negative metastatic cancer) colorectal, kidney, prostat, neuroendocrine, NSCLC with EGFR mutation, GIST.

AIOM-SICP. Tumori submitted, 2017

For this group of cancer patients the model of care can be identified with the model A, reported by Bruera and HUI in which the oncologist takes care of all the primary disease assessment and management as well as the supportive/palliative care needs.

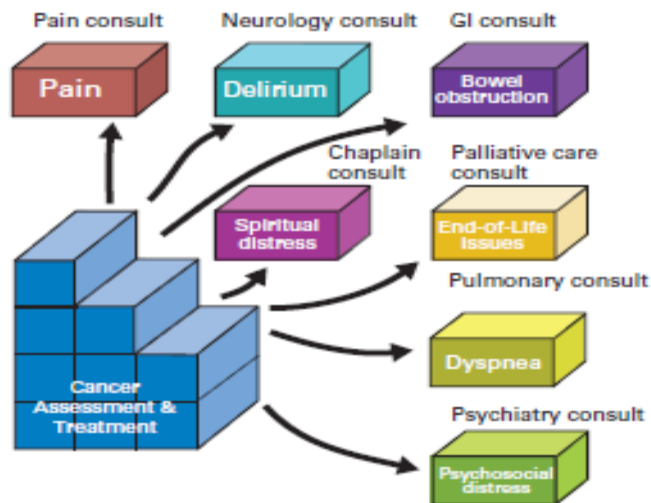
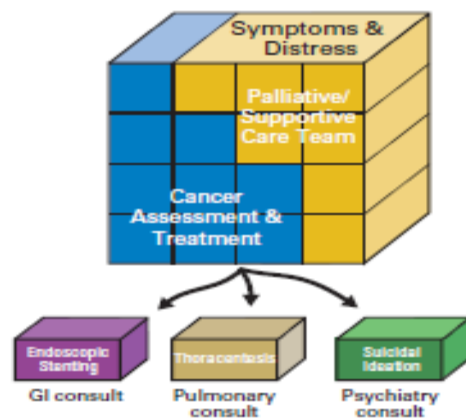
VOLUME 28 • NUMBER 25 • SEPTEMBER 1 2010

JOURNAL OF CLINICAL ONCOLOGY

THE ART OF ONCOLOGY

Integrating Supportive and Palliative Care in the Trajectory of Cancer: Establishing Goals and Models of Care

Eduardo Bruera and David Hui

A**Solo Practice Model****B****Congress Practice Model****C****Integrated Care Model**

Group 2: this group considered cancer patients with life expectancy <12 months, with low responsive disease, PS ≥ 2 , such as patients with cancer of oesophagus, stomach, pancreas, liver/bile ducts, NSCLC EGFR WT, melanoma unresponsive to biologic therapy, mesothelioma, breast, triple negative. For these patients it is recommended the early palliative care as reported by Bruera and HUI in the model C, with the integrated –care approach between the primary specialist and the supportive/palliative care team.

Group 3. Patients frail, with metastatic cancer, even responsive to the treatments but without, or fragmentary and poor caregivers support, or patients with poor income, or emigrants out of work. Also for this group, as for the second one, the model C appears the best model, in needs, this approach allows the oncologist to focus primarily on the management of the cancer, whereas the supportive care team address the most majority of physical and psychosocial concerns.

L'assistenza nel fine vita in oncologia

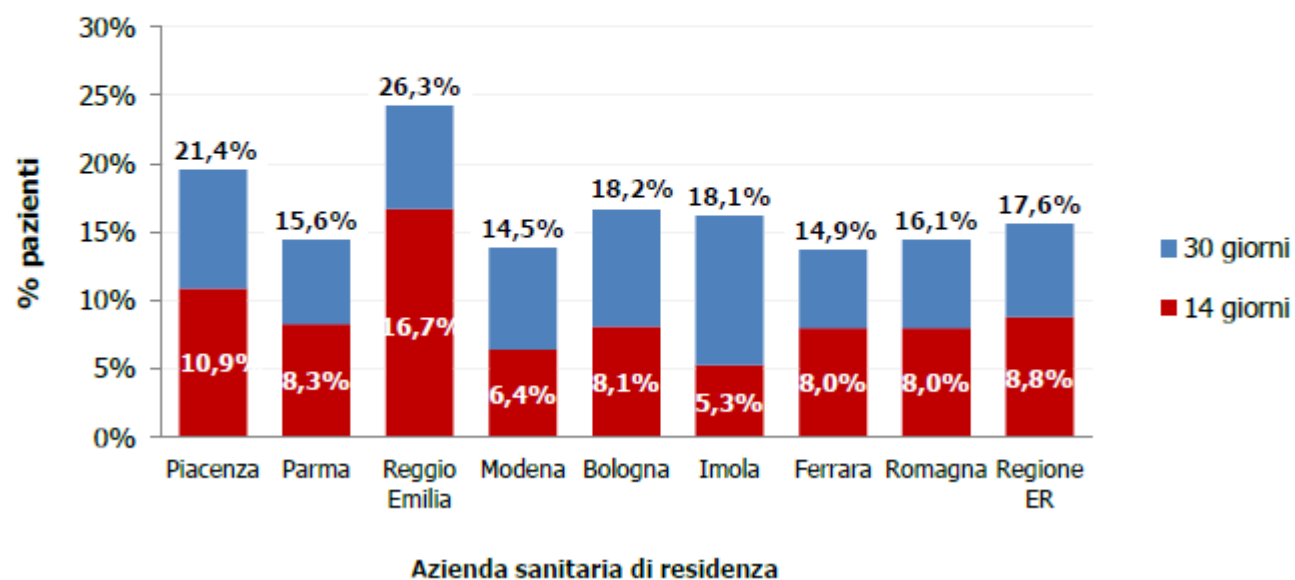
Valutazioni da dati amministrativi
in Emilia-Romagna



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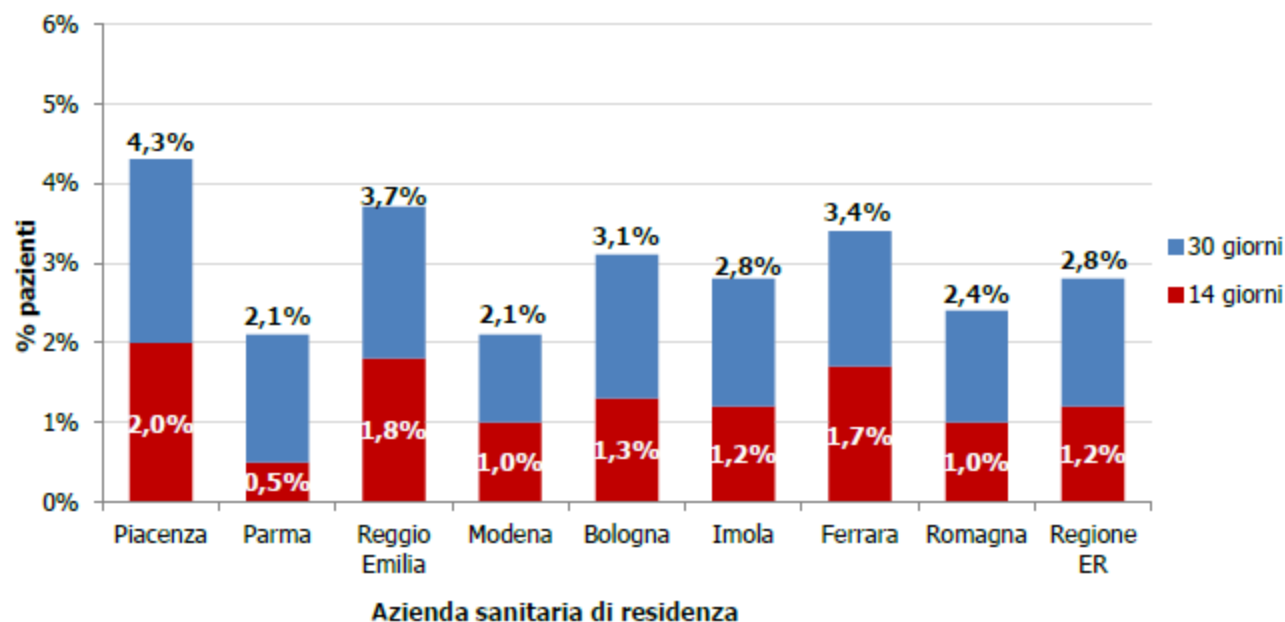
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Figura 4. Percentuale di pazienti sottoposti a regime chemioterapico negli ultimi 14/30 giorni di vita per Azienda USL di residenza, anno 2015



L'assistenza nel fine vita in oncologia. Valutazioni da dati amministrativi in Emilia-Romagna

Figura 8. Percentuale di pazienti sottoposti a nuovo regime chemioterapico negli ultimi 14/30 giorni di vita per Azienda USL di residenza, anno 2015



“To go fast, go alone. To go far, go together.”

«Se vuoi andare veloce, vai da solo. Se vuoi arrivare lontano, vai insieme»

African Proverb