

Palliative Care for Patients with Advanced Colo-rectal Cancer and the Colo-rectal MDT

Dr. Lisa Boulstridge

Consultant in Palliative Medicine

Burton Hospitals Foundation Trust

PELICAN IMPACT | IMPROVING MANAGEMENT FOR PATIENTS
WITH ADVANCED COLORECTAL TUMOURS

PELICAN
cancer foundation

Why is Palliative Care important?

1. Significant numbers of patients will have a reduced life expectancy

- Overall 33% of patients die within 2 years of diagnosis
- If no major resection – 65% die within 2 years of diagnosis
- No major resection & advanced disease – 35% die within 90 days
- No major resection & too frail – 30% die within 90 days

National Bowel Cancer Audit Report 2015 HQIP

Why is Palliative Care important?

2. Significant numbers of patients will have problematic symptoms

“No Differences in Symptom Burden Between Colorectal Cancer Patients Receiving Curative Versus Palliative Chemotherapy”

Rohrl K, et al. J Pain Symptom Manage 2016;52:539

- *Symptoms assessed before chemotherapy commenced*
- *Both groups have significant numbers and severity of symptoms:*
 - *Mean number of symptoms 8.2 (curative chemotherapy), 10.3 (palliative chemo)*
 - *Worrying 65%*
 - *Lack of energy 59%*
 - *Drowsiness 54%*
 - *Bloated 53%*
 - *Pain 51%*
 - *Insomnia 50%*
- *Most severe symptoms = problems with sexual interest & loss of appetite*
- *Most distressing symptom = problems with sexual interest*

Why is Palliative Care important?

3. Patients perceive that they have unmet needs

“Supportive care needs and psychological distress and / or quality of life in ambulatory advanced colorectal cancer patients receiving chemotherapy”

Sakamoto N, et al. Jpn J Clin Oncol 2017; 47:1157-1161

- *Patients with metastatic CRC receiving palliative chemotherapy*
- *Patients' needs graded according to their perception of how well the needs were met*
- *Of the 10 most common perceived unmet needs:*
 - *8 were psychological: fear of spread; worry about family; lack of control; anxiety; uncertainty; death & dying; depression; keeping positive*
 - *Over 50% had at least one psychological need*
 - *Association between perceived need psychological distress & QoL*

When to refer?

Early Palliative Care / Enhanced Supportive Care

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

Jennifer S. Temel et. al. N Engl J Med 2010;363:8

- Early palliative care group
 - Higher QoL at 14 weeks
 - Less depression
 - More had documented DNAR order
 - Less late (within 14 days of death) chemotherapy
 - **Significantly longer median survival (2.7 months)**
- “Role of Patient Coping Strategies in Understanding the effects of Early Palliative Care on Quality of Life and Mood”

Greer JA, et al. J Clin Onc 2018;36:53-64
- Incurable lung or GI cancer (non-CRC)
- Early palliative care group reported higher QoL and reduced depressive symptoms

Palliative Care in the colorectal cancer MDT

Things to think about

- What is “Best Supportive Care” ?
- What is the Best Supportive Care offered by your MDT?
- How do you view Palliative Care / Supportive Care ?

- Do you have a Palliative Care clinician in your MDT?
- Do you have a hospital-based Palliative Medicine clinic?
- Do you know the referral pathways for community palliative care?

- Do you routinely ask patients about:
 - physical symptoms?
 - psychological concerns?