



Rete Oncologica del Piemonte e della Valle d'Aosta

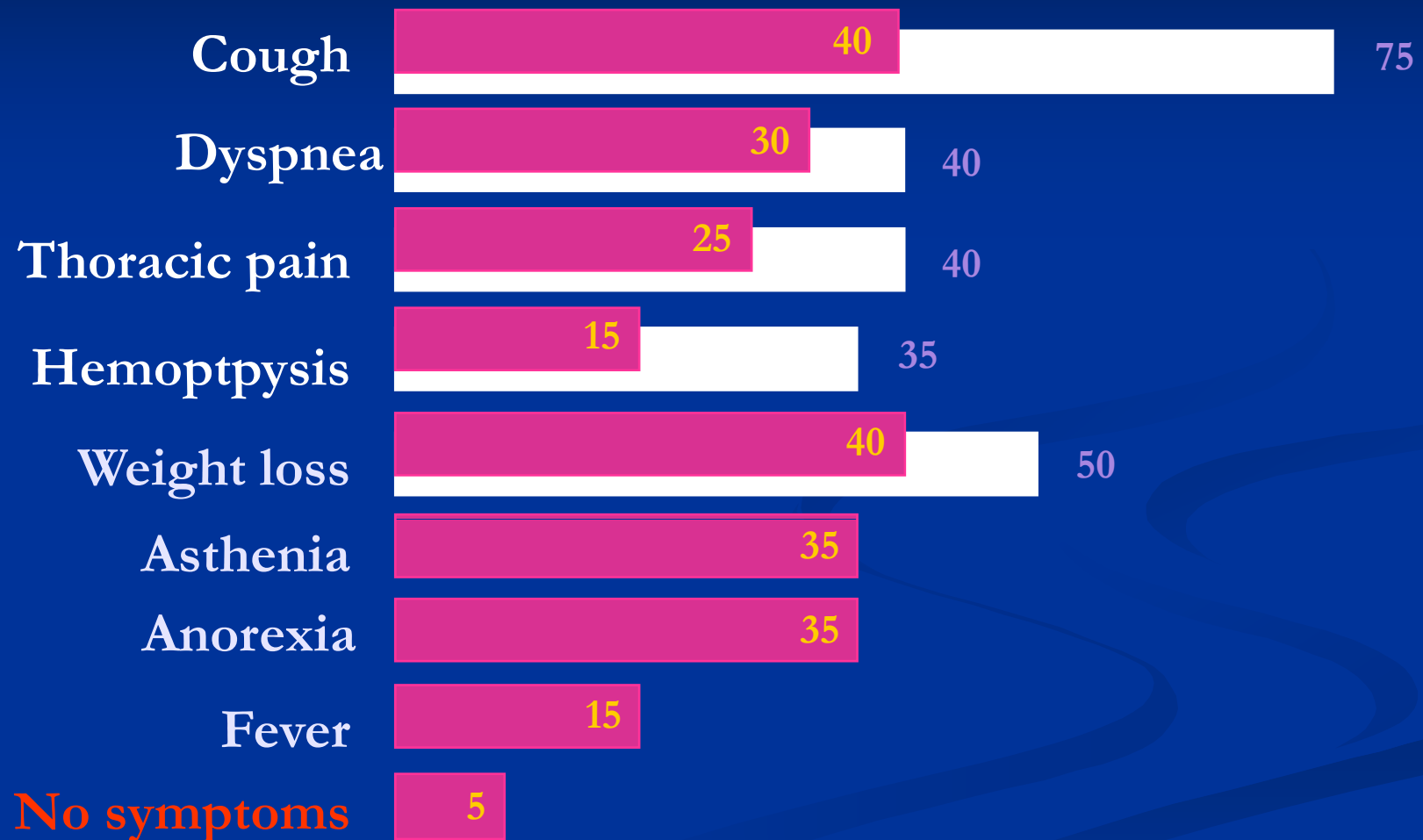
GIC “Neoplasie Toraco Polmonari”

Torino 10 Ottobre 2011

L'importanza della terapia di supporto nella gestione del paziente con neoplasie polmonari

Dr.^{ssa} Antonella Cristofano
Oncologia Medica, Ospedale “U. Parini” Aosta

Signs and symptoms of lung cancer at diagnosis

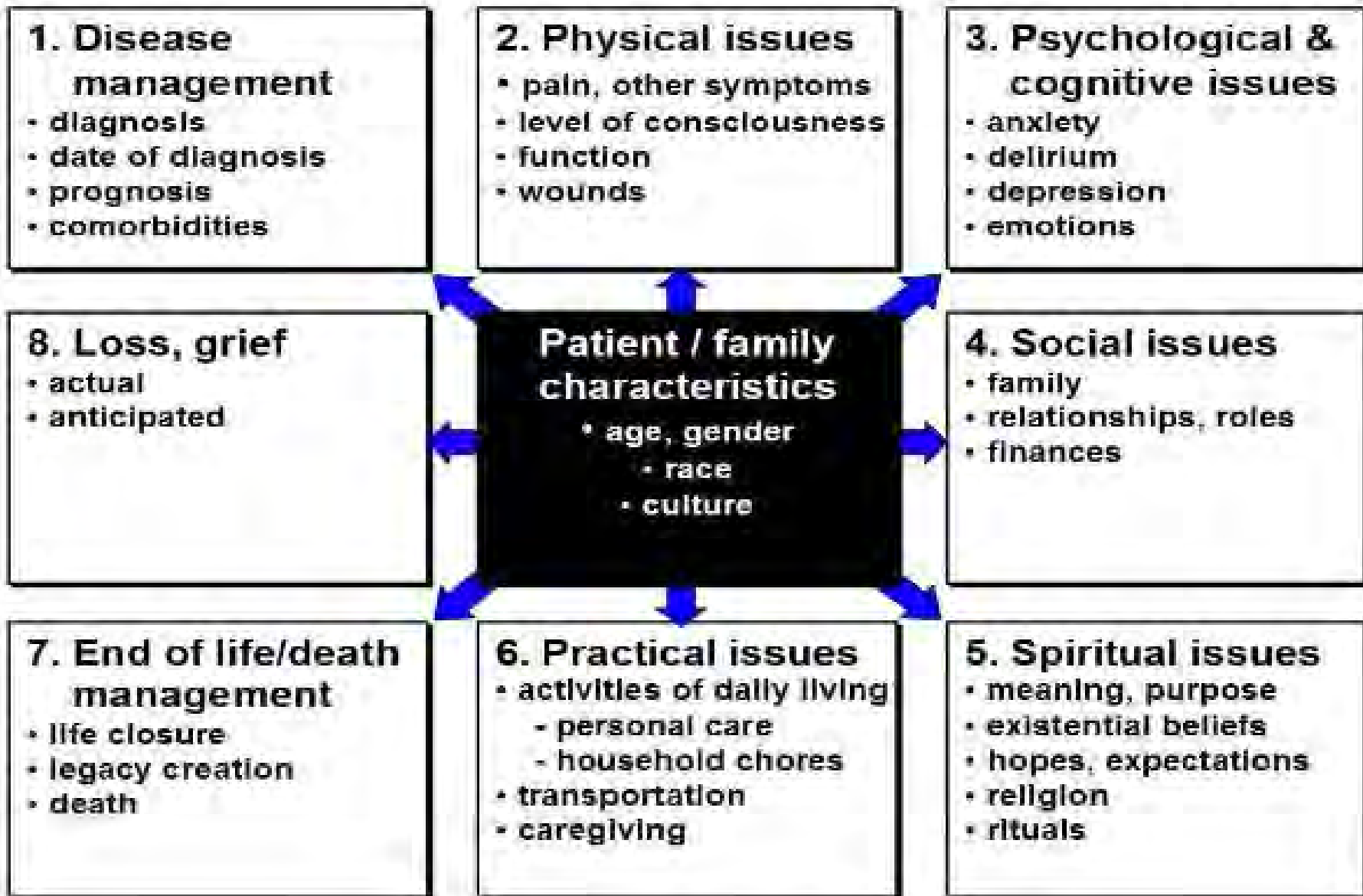


Signs and symptoms of lung cancer are usually grouped into the following categories.

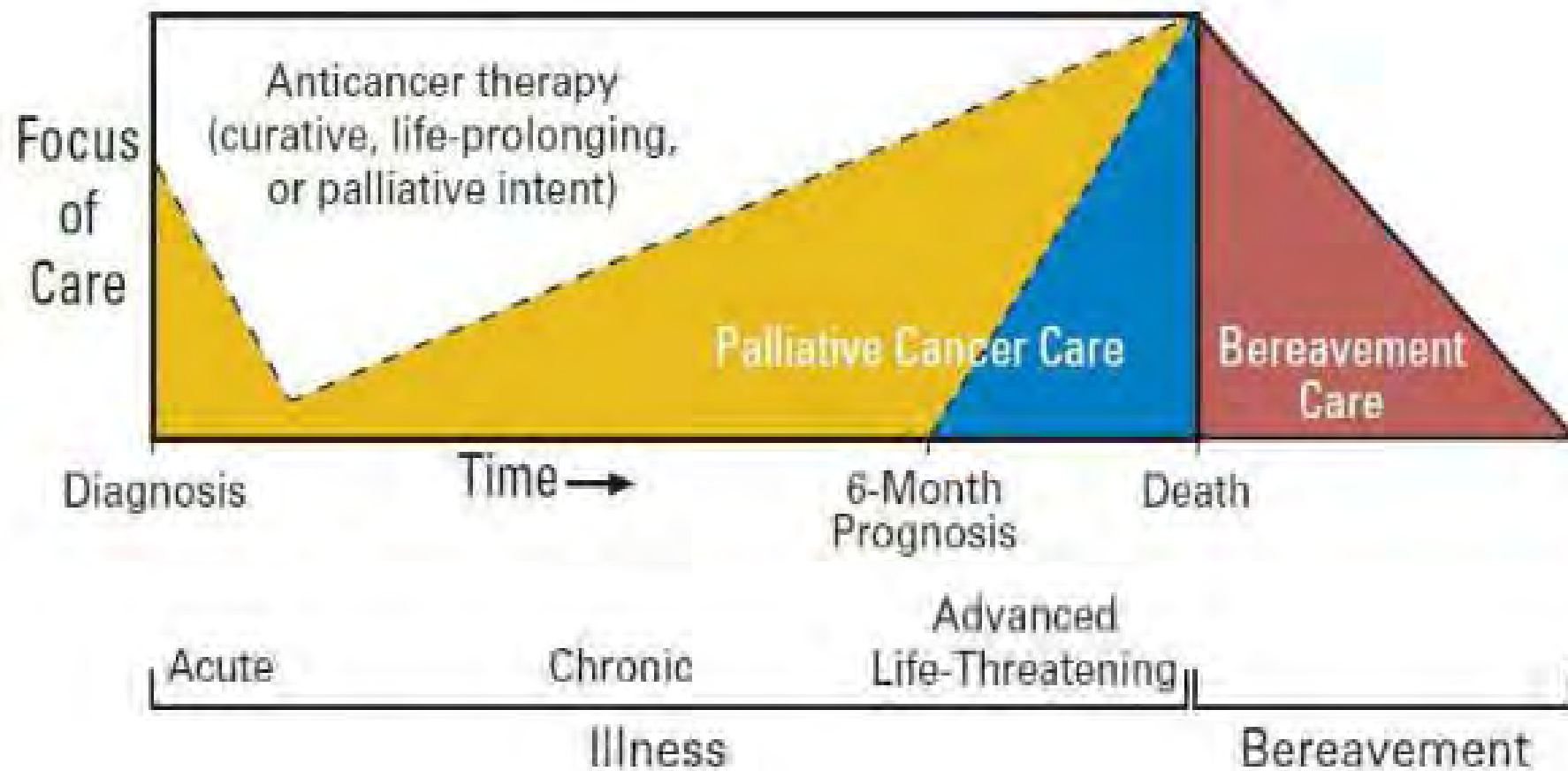
- those related to the primary tumor (*cough, dyspnea, weight loss*)
- those related to intrathoracic or local spread (*chest pain, dysphagia, change in voice, shoulder pain*)
- those related to distant metastasis (*abdominal pain, bone pain, CNS symptoms*)
- those related to paraneoplastic syndromes (*Cushing Syndrome, digital clubbing and Hypertrophic Osteoarthropathy, Hypelcacemia, Neurologic Syndromes, SIADH*)
- those related to disease and treatments (*Anemia, blood clots, constipation, depression and anxiety, fatigue*)

the goals of supportive care are to maximize
comfort and eliminate suffering.

Comprehensive assessment in PC&SC



Model of palliative cancer care



Ideal therapy in advanced lung cancer

- Improve overall survival
- Improve quality of life
- No or minimal toxicity



Nearly all of the **recommendations** in this guideline are based on clinical trials that demonstrate **improvements in OS** using chemotherapy, with **improvement (or lack of detriment) in QOL**.

Azzoli, CG, Baker S, Jr, Temin, S, et al. ASCO Clinical Practice Guideline update on chemotherapy for stage IV NSCLC. JClinOncol 2009; 27:6251.

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

Temel JS, Greer JA, Gallagher E, Admane S, Pirl WF, Jackson VA, Dahlin C, Muzikansky A, Jacobsen J, Lynch TJ

THE NEW ENGLAND JOURNAL OF MEDICINE

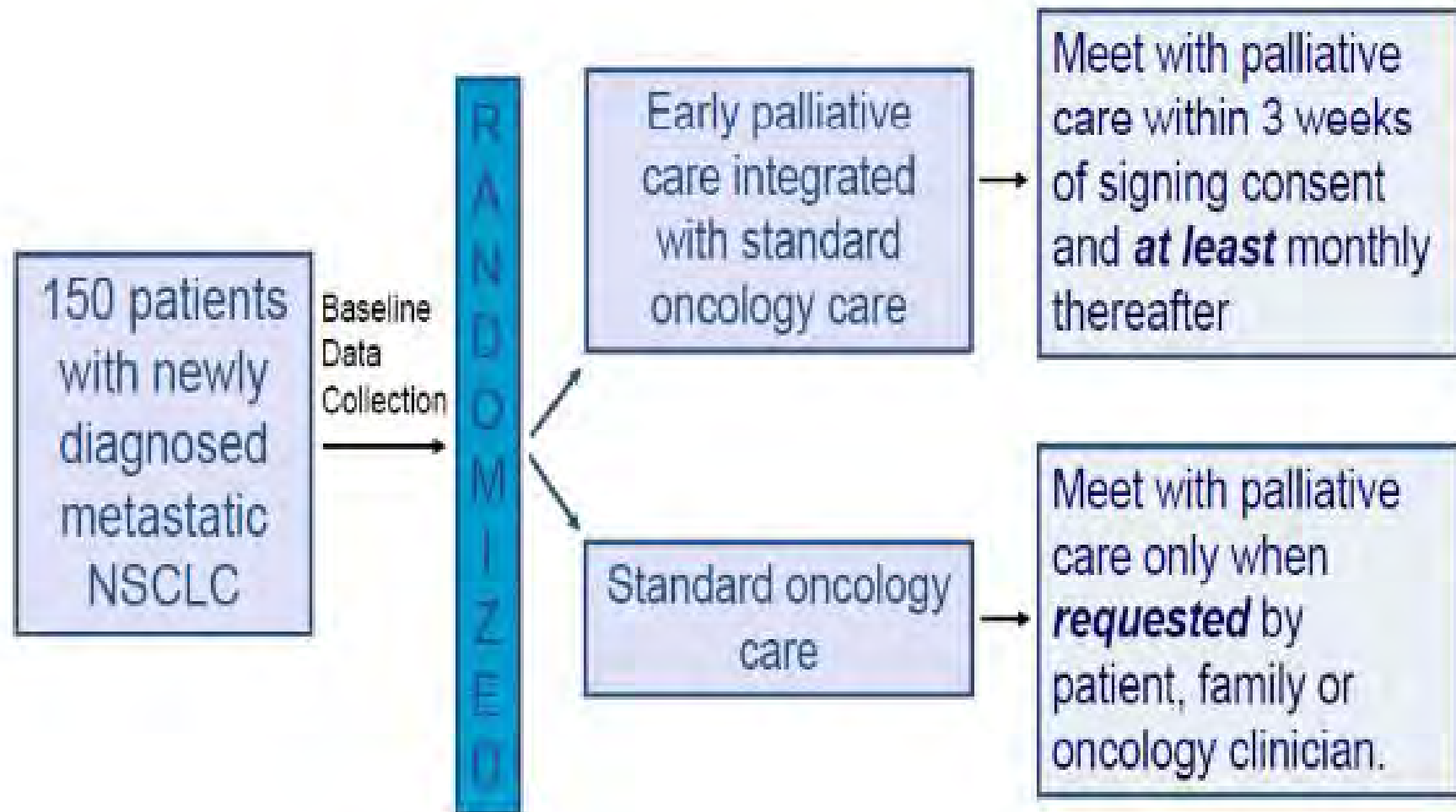
ORIGINAL ARTICLE

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

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constante M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

ABSTRACT

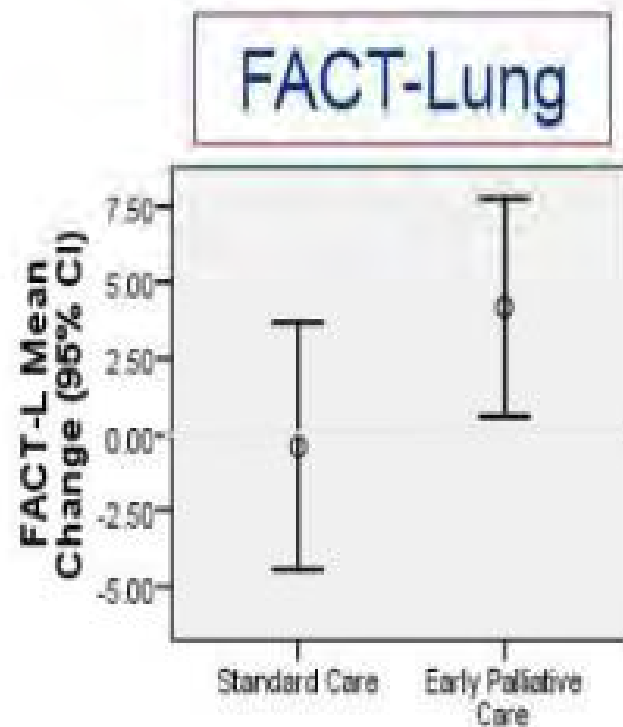
Study Design



Study objectives

- Primary objective: change from baseline to 12 weeks in the score on the trial Outcome Index (TOI), which is the sum of the scores on the lung cancer subscale (LCS) for 7 cardinal symptoms and the physical well-being and functional well-being subscales of the FACT-L QoL scale.
- Secondary objectives:
 - a) Mood change from baseline to 12 weeks in the score on Hospital Anxiety and Depression Scale (HADS) and the Patient Health Questionnaire 9 (PHQ-9)
 - b) Percentage of patients receiving aggressive end-of-life care (chemotherapy within 14 days before death, no hospice care, or admission to hospice 3 days or less before death)
 - c) Overall survival

Change in QOL from Baseline to 12 Weeks

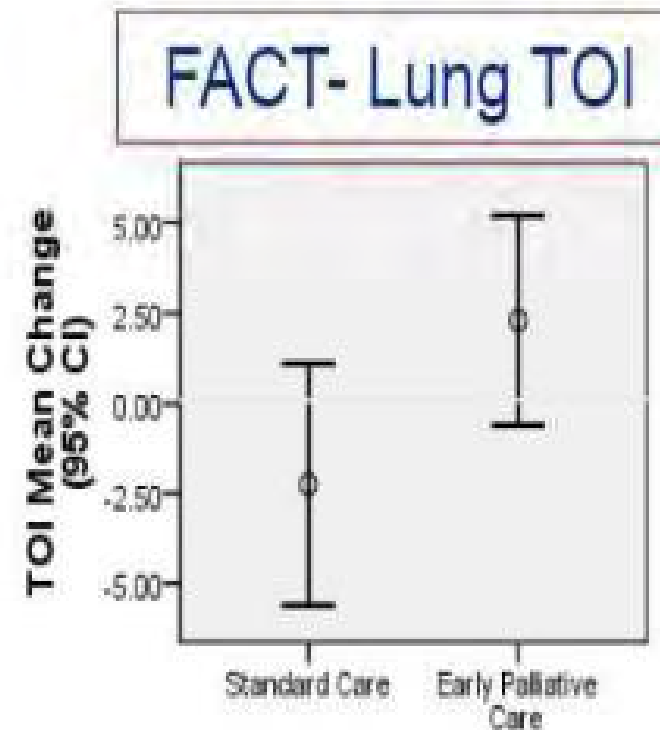


Study Arm

Mean change Early Palliative Care = + 4.2

Mean change Standard Care = - 0.4

$p=0.09$



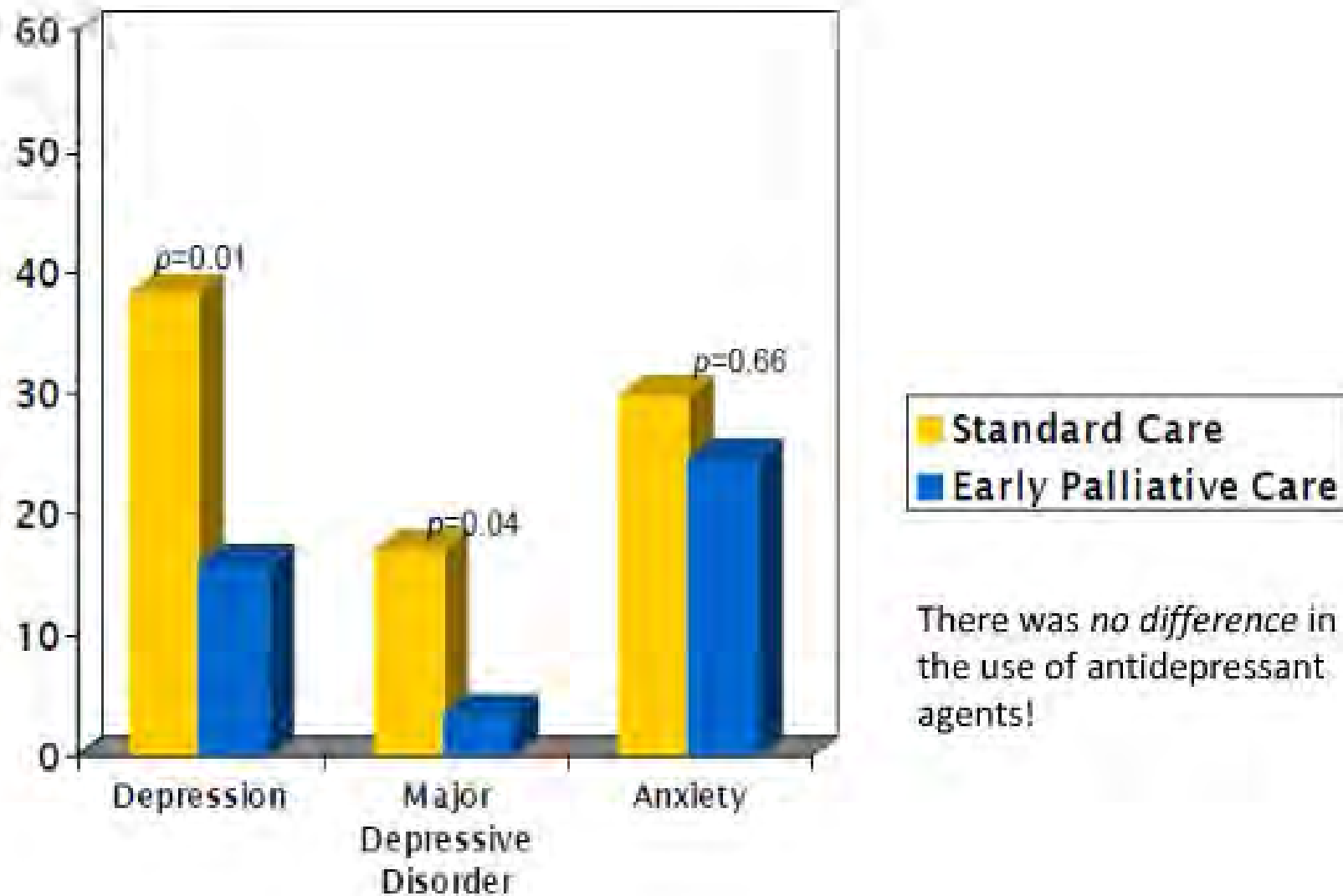
Study Arm

Mean change Early Palliative Care = + 2.3

Mean change Standard Care = - 2.3

$p=0.04$

Effect of Early PC on 12-week Psychological Distress



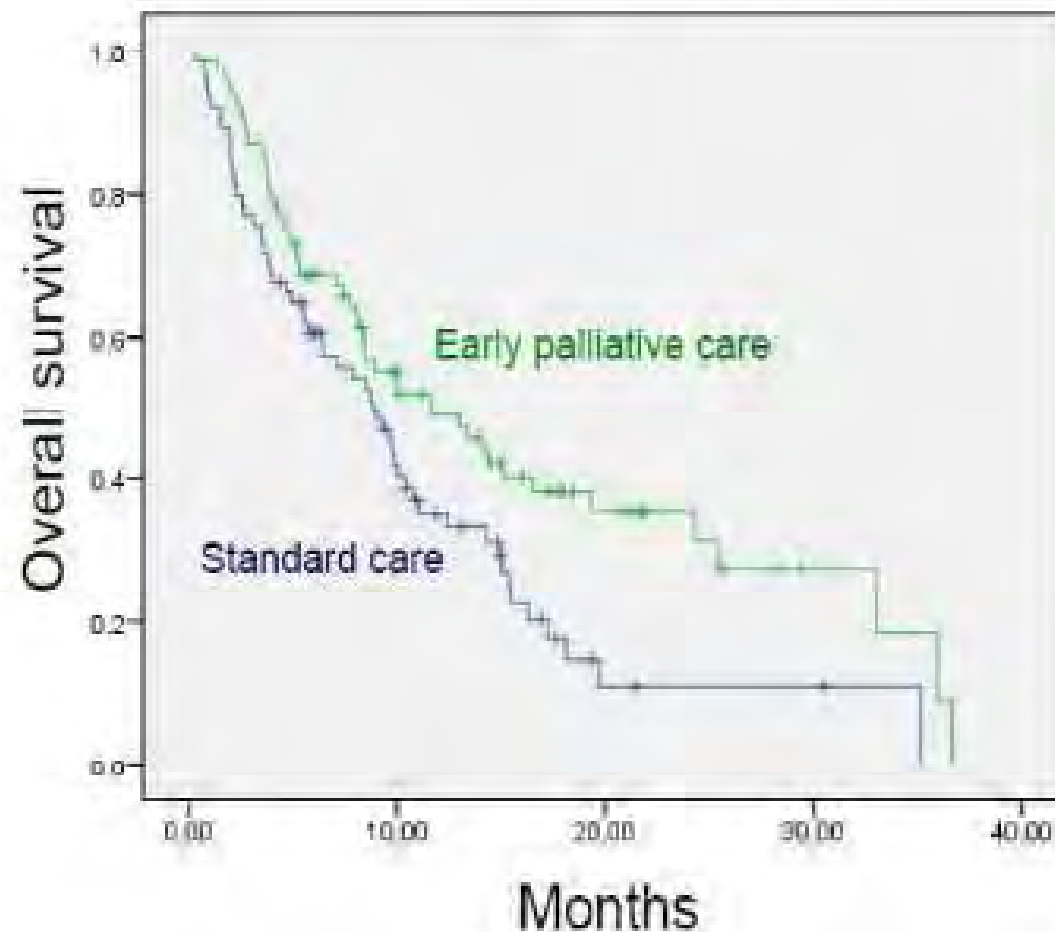
Effects on end-of-life care

Fewer patients in the PC vs standard care group received aggressive end-of-life care 33% vs 54% p 0.05

Less aggressive end-of-life care

- More resuscitation directives in advance (54% vs 33%, p.0.05)
- Early referral to hospice (median duration of hospice care, 11 vs 4 days, p 0.09)
- Fewer chemotherapy within 14 days before death BUT less aggressive end-of-life did not adversely affect survival!

Survival Analysis



Median Survival
Early palliative care 11.6 mo
Standard care 8.9 mo
 $p=0.02$

Controlling for age, gender and PS, adjusted HR=0.59 (0.40-0.88), $p=0.01$

Conclusions

- Early integration of palliative care for patients with metastatic lung cancer led to significant improvements in both quality of life and mood
- Patients received early palliative care had less aggressive care at the end of life, but longer survival

Study limitation

- Small study
- One Center
- Some patients in the non-palliative care group received “palliative therapies” (but this eventually reduced the magnitude of the observed benefit!)

Early PC in advanced lung cancer

- Improved overall survival ✓
- Improved quality of life ✓
- No toxicity ✓



American Society of Clinical Oncology

Making a world of difference in cancer care

Clinical Practice Guideline
Update on Chemotherapy for
Stage IV Non-Small Cell Lung
Cancer

**IN ADDITION TO
STANDARD
CHEMOTHERAPY!**

Open Questions

