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I SIMPOSIO SEOM TOLEDO DE CUIDADOS CONTINUOS EN ONCOLOGÍA

30 de Septiembre · 1 de Octubre 2004

# The ESMO Continuing Care Initiative

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# Continuous Care: Oncologists View

1. Medical Oncologist should be the one who coordinates all aspects of management of cancer patient
2. There is no clear-cut line of separation between treatment for palliation and treatment for cure.



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## Continuous Care: Patient View

1. Symptoms are common throughout the cancer natural history, thus attention to palliation is needed from the beginning and not just when the patient is incurable.
2. Patients need and want a continuum of care.



# Definition of Terms

## ➤ Supportive Care

1. care that optimizes comfort, function and social support of patient (and family) at all stages of illness

## ➤ Palliative Care

1. care that optimizes comfort and function and social support of patient (and family) when cure is not possible

## ➤ End of Life Care

- palliative care when death is imminent



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Diagnosis

Potentially  
Curable

Non-Curable

Terminal

Supportive Care

Palliative Care

EoL Care



# Care Integration with Disease Evolution

Curable disease: Cured



Curable disease: Failed



Incurable disease





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# Supportive and Palliative Care Training for Medical Oncologists

- Medical Oncologists must be skilled in the supportive and palliative care of patients with advanced cancer.
- 9 core skills must be incorporated.



# 1. The oncologic management of advanced cancer

Medical oncologists must be expert in the appropriate use of anti tumor therapies as palliative techniques when cure is no longer possible.





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## 2. Communication with patients and family members

Medical oncologist must be skilled in effective and compassionate communication with cancer patients and their families.



### 3. The management of complications of cancer

Medical oncologists must be expert in the evaluation and management of complications of cancer including:

- Bone metastases
- CNS metastases
- Neurological dysfunction: tumoral, paraneoplastic and iatrogenic
- Liver metastases and biliary obstruction
- Malignant effusions
- Obstruction of hollow viscera
- Metabolic consequences of cancer
- Anorexia and cachexia
- Hematologic consequences
- Sexual dysfunction



## 4. Evaluation and management of physical symptoms of cancer and cancer treatment

Medical oncologists must be expert in the evaluation and management of the common physical symptoms of advanced cancer including:

- Pain
- Dyspnea and cough
- Fatigue
- Nausea and Vomiting
- Constipation
- Diarrhea
- Insomnia
- Itch



## 5. Evaluation and management of psychological and existential symptoms of cancer

Medical oncologists must be familiar with the evaluation and management of the common psychological and existential symptoms of cancer including:

- Anxiety
- Depression
- Delirium
- Suicidality and desire for death
- Death anxiety
- Anticipatory grief



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## 6. Interdisciplinary care

- Medical oncologists must be familiar with the roles of other professions in the care of patients with cancer and with community resources to support the care of these patients.



## 7. Palliative care research

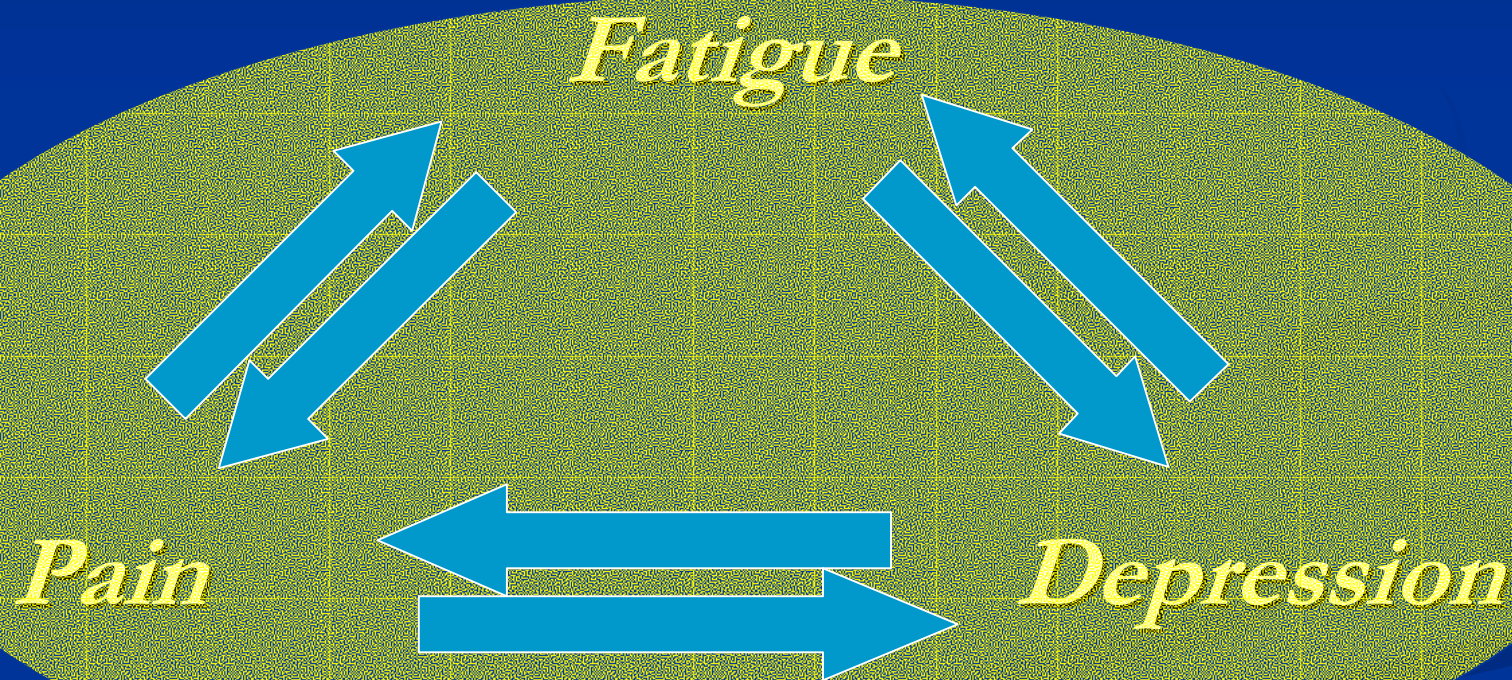
Medical oncologist must be familiar with research methodologies that are applicable to patients with cancer including:

- Quality of life research
- Validation of measurement tools (i.e. for pain, for fatigue)
- Phased incorporation of new agents
- The concept of “clusters”



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# Clusters





## 8. Ethical issues in the management of patients with cancer

MOs must be familiar with common ethical problems and ethical principles that assist in their resolution:

- Related to disclosure of diagnosis and prognosis
- In decision making: paternalism, autonomy, informed consent
- The right to adequate relief of physical and psychological symptoms and its implications
- Ethical issues at the end of life
  - Foregoing treatment
  - Euthanasia, assisted suicide





## 9. Preventing Burnout

- Medical oncologist must be familiar with the symptoms of burnout, the factors that contribute to burnout and strategies to prevent its development [for himself, as well as for the whole team and for all caregivers].



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➤ **BURNOUT** [original meaning]

“The cessation of operation of a rocket or jet engine because of fuel exhaustion...”



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## ➤ **BURNOUT in MEDICINE:**

“Emotional exhaustion that follows prolonged, unsuccessful attempts at coping with stress...”



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# ESMO Commitment for Training in Continuous Care

- Incorporation of palliative medicine in the curricular requirements for ESMO certification and accreditation.
- Inclusion in the ESMO examinations questions on all aspects of cancer palliation
- Special Advanced Training Fellowship Programs designed to focus on research and clinical application of palliative Care.

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## ESMO “Designated Centers” Program

Centers who optimally integrate palliative care  
with standard treatment

Those “designated centers” will be supported as foci of education and research and will be endorsed as centers of excellence in integrated care.



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# ESMO “Designated Centers” Program

<http://www.esmo.org/>

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# THANK YOU - GRACIAS

Raphael Catane

For the **ESMO Palliative Care Working Group**

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