



# Tidlig specialiseret palliativ indsats

- internationale anbefalinger og  
dansk virkelighed – og hvor står  
DMCG-PAL?

Mogens Grønvold

Sted og dato (Indsæt --> Diasnummer)  
Dias 1



# ASCO 2012

## American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology Care

### Recent Data

Seven published RCTs form the basis of this PCO.

### Provisional Clinical Opinion

*Based on strong evidence from a phase III RCT, patients with metastatic non-small-cell lung cancer should be offered concurrent palliative care and standard oncologic care at initial diagnosis. While a survival benefit from early involvement of palliative care has not yet been demonstrated in other oncology settings, substantial evidence demonstrates that palliative care—when combined with standard cancer care or as the main focus of care—leads to better patient and caregiver outcomes. These include improvement in symptoms, QOL, and patient satisfaction, with reduced caregiver burden. Earlier involvement of palliative care also leads to more appropriate referral to and use of hospice, and reduced use of futile intensive care. While evidence clarifying optimal delivery of palliative care to improve patient outcomes is evolving, no trials to date have demonstrated harm to patients and caregivers, or excessive costs, from early involvement of palliative care. Therefore, it is the Panel's expert consensus that combined standard oncology care and palliative care should be considered early in the course of illness for any patient with metastatic cancer and/or high symptom burden. Strategies to optimize concurrent palliative care and standard oncology care, with evaluation of its impact on important patient and caregiver outcomes (eg, QOL, survival, health care services utilization, and costs) and on society, should be an area of intense research.*

# ASCO 2012

American Society of Clinical  
Opinion: The International Panel  
Oncology

Published Ahead of Print on March 23, 2015 as 10.1200/JCO.2014.60.5386  
The latest version is at <http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2014.60.5386>

JOURNAL OF CLINICAL ONCOLOGY

EDITORIAL

Palliative Care: If It Makes a Difference, Why Wait?  
Barbara Gomes, King's College London, Cicely Saunders Institute, London, United Kingdom  
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# ASCO 2017

## 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. Firl, Judith A. Paice, Jeffrey M. Peppercorn, Tanyanika Phillips, Ellen L. Stovall,† Camilla Zimmermann, and Thomas J. Smith

### A B S T R A C T

#### Purpose

To provide evidence-based recommendations to oncology clinicians, patients, family and friend caregivers, and palliative care specialists to update the 2012 American Society of Clinical Oncology (ASCO) provisional clinical opinion (PCO) on the integration of palliative care into standard oncology care for all patients diagnosed with cancer.

#### Methods

ASCO convened an Expert Panel of members of the ASCO Ad Hoc Palliative Care Expert Panel to develop an update. The 2012 PCO was based on a review of a randomized controlled trial (RCT) by the National Cancer Institute Physicians Data Query and additional trials. The panel conducted an updated systematic review seeking randomized clinical trials, systematic reviews, and meta-analyses, as well as secondary analyses of RCTs in the 2012 PCO, published from March 2010 to

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## JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

## 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. Fife, Judith A. Paice, Jeffrey M. Peppercorn, Tanyanika Phillips, Ellen L. Stovall,† Camilla Zimmermann, and Thomas J. Smith

Author affiliations appear at the end of this article.

†Deceased.

Published at [ascopubs.org/journal/jco](http://ascopubs.org/journal/jco) on October 31, 2016

Clinical Practice Guideline Committee approved: August 15, 2016.

### ABSTRACT

#### Purpose

To provide evidence-based recommendations to oncology clinicians, patients, family and friend caregivers, and palliative care specialists to update the 2012 American Society of Clinical Oncology (ASCO) provisional clinical opinion (PCO) on the integration of palliative care into standard oncology care for all patients diagnosed with cancer.

## Recommendations

Inpatients and outpatients with advanced cancer should receive dedicated palliative care services, early in the disease course, concurrent with active treatment. Referral of patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer family and friend caregivers of patients with early or advanced cancer to palliative care services.

[www.asco.org/guidelineswiki](http://www.asco.org/guidelineswiki).

Reprint requests: 2318 Mill Rd, Suite 800, Alexandria, VA 22314; e-mail: [guidelines@asco.org](mailto:guidelines@asco.org).

Corresponding author: American Society of Clinical Oncology, 2318 Mill Rd, Suite 800, Alexandria, VA 22314; e-mail: [guidelines@asco.org](mailto:guidelines@asco.org).

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Quotations from other trials, after they were initially analyzed from the 2012 PCO on providing palliative care services to patients with cancer and/or their caregivers, including family caregivers, were found to inform the update.

#### Recommendations

Inpatients and outpatients with advanced cancer should receive dedicated palliative care services, early in the disease course, concurrent with active treatment. Referral of patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer family and friend caregivers of patients with early or advanced cancer to palliative care services.

*J Clin Oncol* 35:96-112. © 2016 by American Society of Clinical Oncology

# ASCO Guideline Update 2017

## Who should deliver palliative care?

### ***CLINICAL QUESTION 2***

What are the most practical models of palliative care? Who should deliver palliative care (external consultation, internal consultations with palliative care practitioners in the oncology practice, or performed by the oncologist him- or herself)?

### ***Recommendation 2***

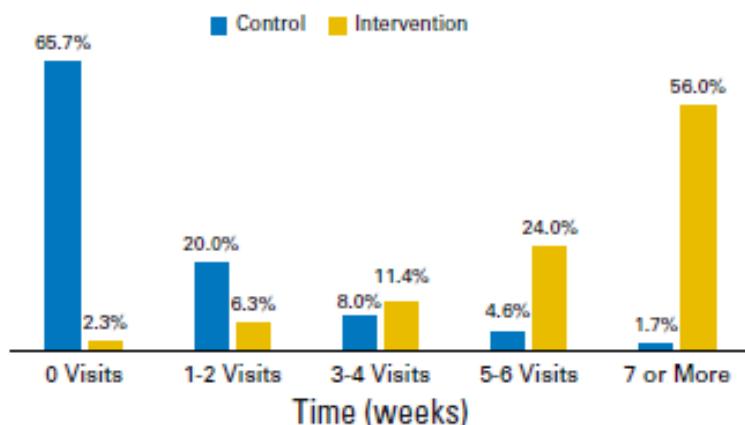
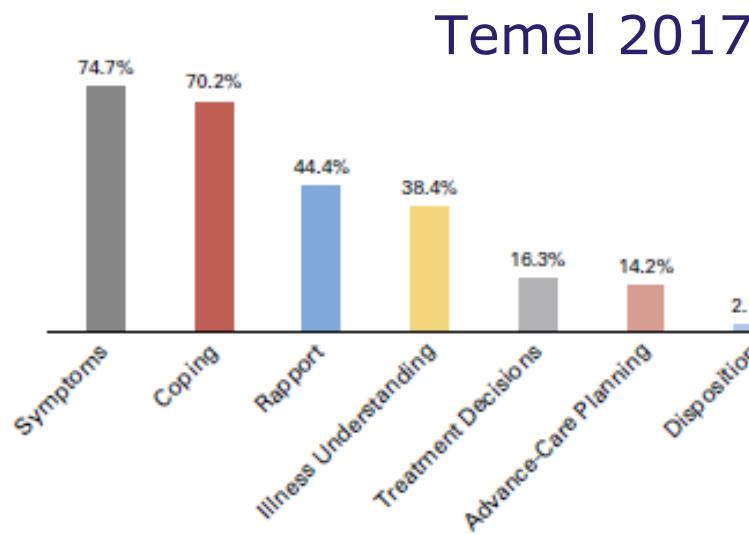
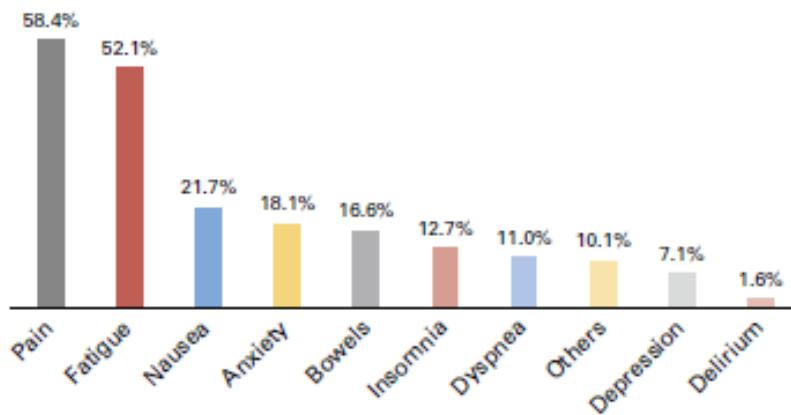
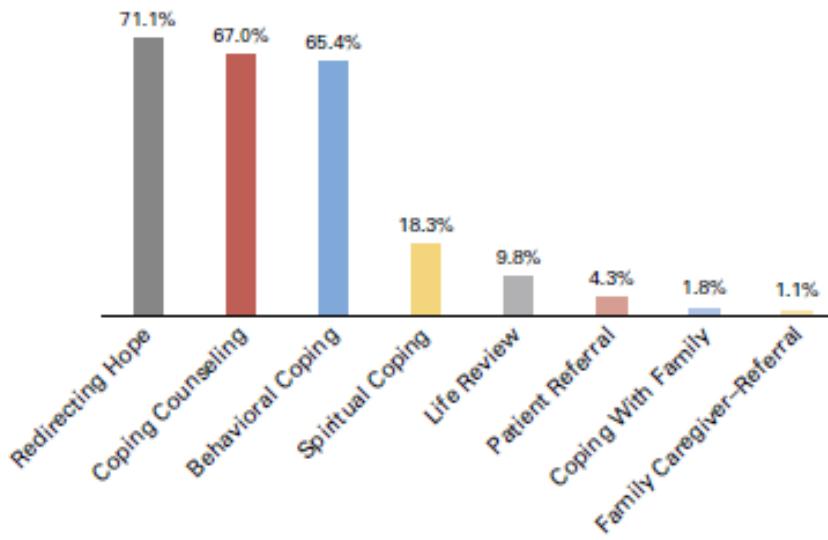
Palliative care for patients with advanced cancer should be delivered through interdisciplinary palliative care teams, with consultation available in both outpatient and inpatient settings (type: evidence based, benefits outweigh harms; evidence quality: intermediate; strength of recommendation: moderate).

# Content of palliative care

## ASCO (2017) recommendations

- Rapport and relationship building with patients and family caregivers
- Symptom, distress, and functional status management (eg, pain, dyspnea, fatigue, sleep disturbance, mood, nausea, or constipation)
- Exploration of understanding and education about illness and prognosis
- Clarification of treatment goals
- Assessment and support of coping needs (eg, provision of dignity therapy)
- Assistance with medical decision making
- Coordination with other care providers
- Provision of referrals to other care providers as indicated



**A****B****C****D**

Temel 2017

**Fig 1.** Frequency and content of palliative care (PC) visits. (A) Number of PC visits by study group. Bars represent the percentage of PC visits for all study patients within 24 weeks. Four intervention patients withdrew from the study before their first scheduled PC visit. (B) Content areas of PC visits with intervention patients per PC clinician documentation. PC clinicians used a standardized template to electronically document the focus of their intervention visits after each encounter. Bars represent the proportion of PC visits that focused on each content area within 24 weeks. (C) Bars represent the proportion of visits that each symptom was addressed when PC noted symptoms as a visit focus. (D) Bars represent the proportion of visits that each topic was addressed when PC noted coping as a visit focus.

# Content of palliative care

## ASCO (2017) recommendations

- Rapport and relationship building with patients and family caregivers
- Symptom, distress, and functional status management (eg, pain, dyspnea, fatigue, sleep disturbance, mood, nausea, or constipation)
- **Exploration of understanding and education about illness and prognosis**
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# DMCG-PAL



Adgang til specialiseret palliativ indsats (SPI) for kræftpatienter, fordelt på antal dage patienten havde kontakt med SPI (forskel mellem første kontakttidspunkt og dødsdato)

	<b>Antal dødsfald</b>	<b>&gt;0 dage %</b>
<b>Danmark</b>	14.906	<b>53</b>
<b>Region H</b>	4.255	50
<b>Sjælland</b>	2.587	57
<b>Syd</b>	3.476	49
<b>Midt</b>	3.332	48
<b>Nord</b>	1.641	78



# DMCG-PAL



Adgang til specialiseret palliativ indsats (SPI) for kræftpatienter, fordelt på antal dage patienten havde kontakt med SPI (forskel mellem første kontakttidspunkt og dødsdato)

	<b>Antal dødsfald</b>	<b>&gt;0 dage %</b>	<b>&gt;90 dage %</b>
<b>Danmark</b>	14.906	53	17
<b>Region H</b>	4.255	50	15
<b>Sjælland</b>	2.587	57	17
<b>Syd</b>	3.476	49	16
<b>Midt</b>	3.332	48	14
<b>Nord</b>	1.641	78	23



# DMCG-PAL

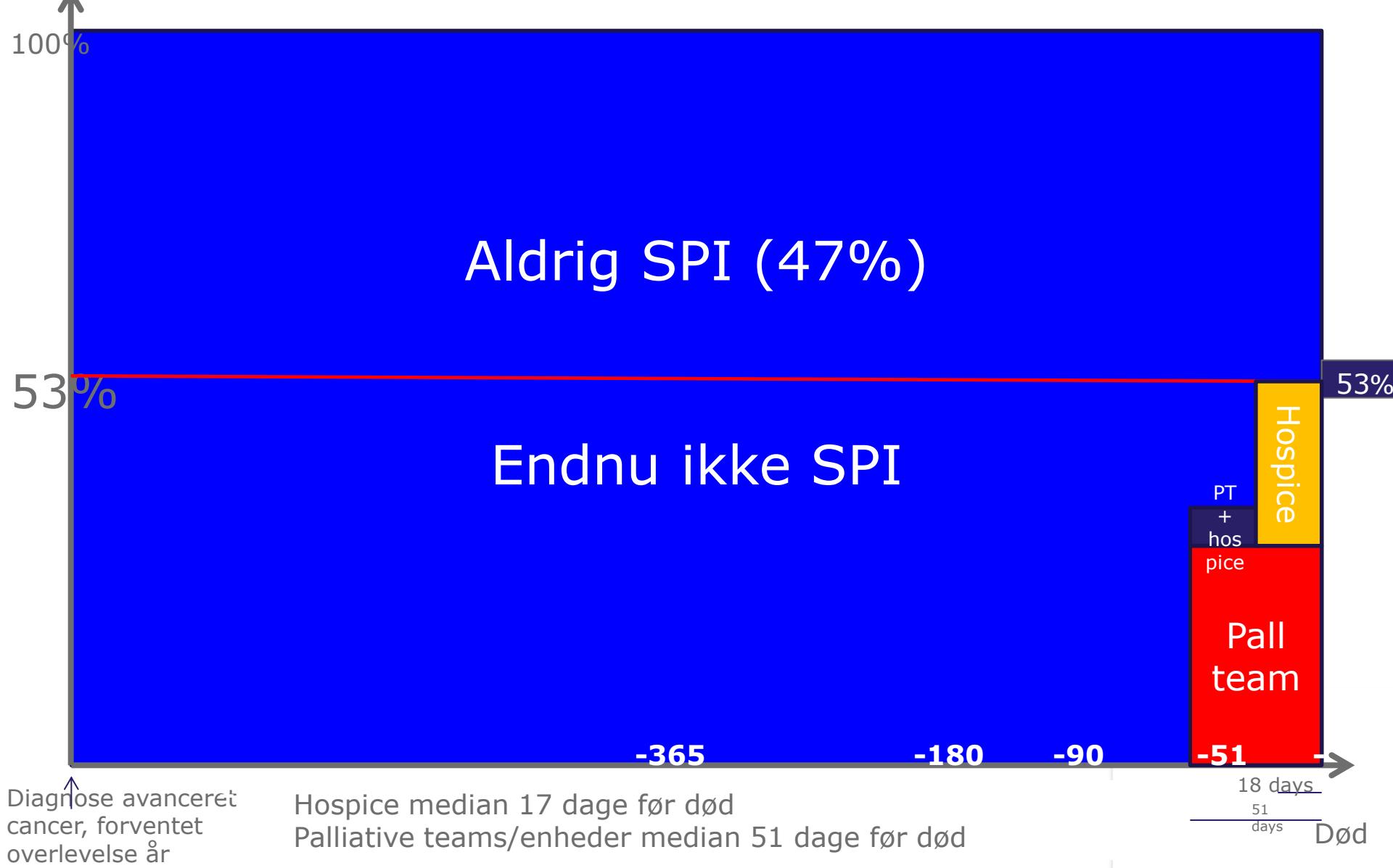


Adgang til specialiseret palliativ indsats (SPI) for kræftpatienter, fordelt på antal dage patienten havde kontakt med SPI (forskel mellem første kontakttidspunkt og dødsdato)

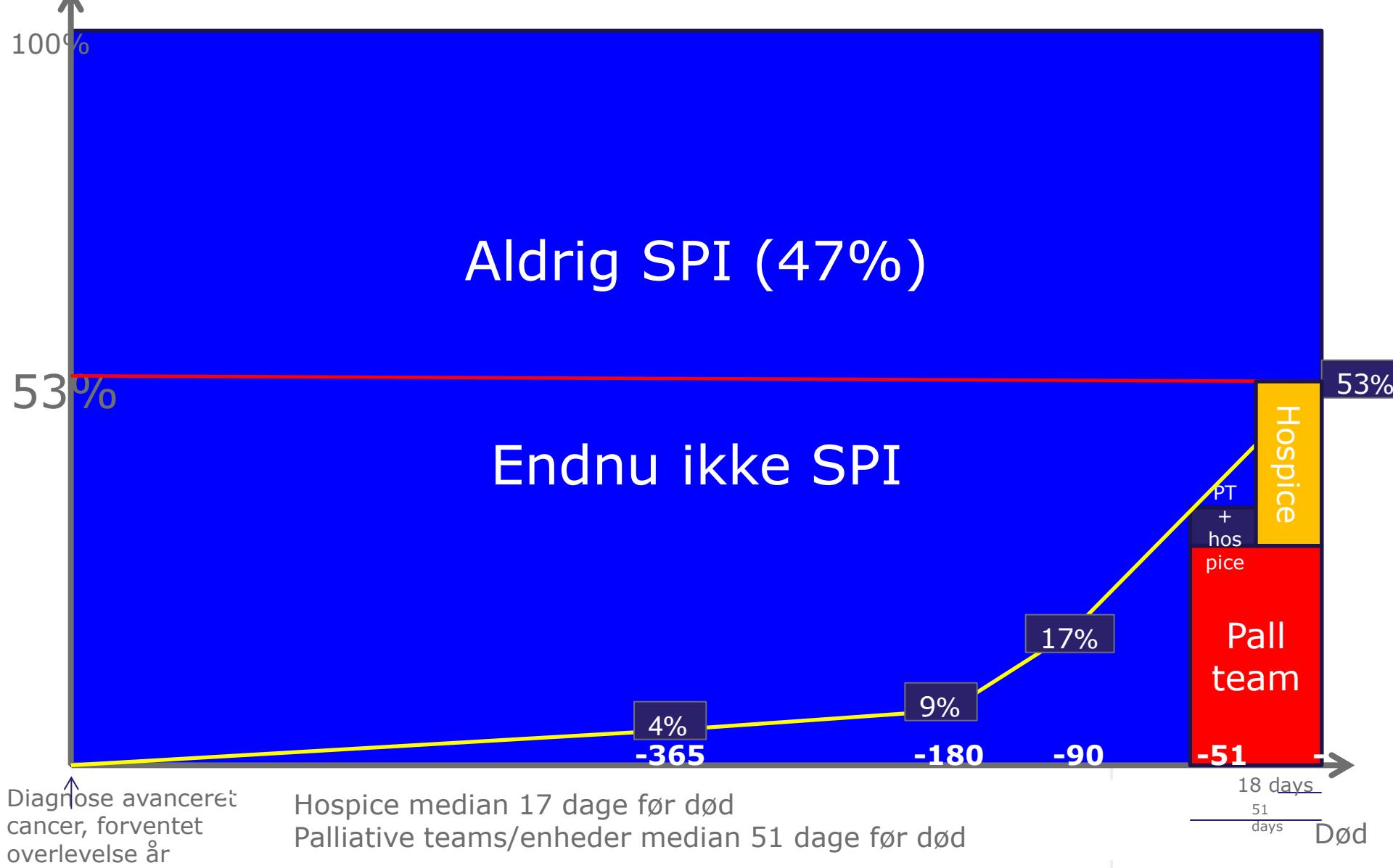
	<b>Antal dødsfald</b>	<b>&gt;0 dage %</b>	<b>&gt;90 dage %</b>	<b>&gt;180 dage %</b>	<b>&gt;365 dage %</b>
<b>Danmark</b>	14.906	53	17	9	4
<b>Region H</b>	4.255	50	15	9	5
<b>Sjælland</b>	2.587	57	17	9	4
<b>Syd</b>	3.476	49	16	9	4
<b>Midt</b>	3.332	48	14	8	3
<b>Nord</b>	1.641	78	23	12	5



# Specialiseret palliativ indsats (SPI) for kræftpatienter (Dansk Palliativ Database 2016)



# Specialiseret palliativ indsats (SPI) for kræftpatienter (Dansk Palliativ Database 2016)



# Forskelle mellem ASCO guideline og dansk virkelighed

## Antalsmæssigt:

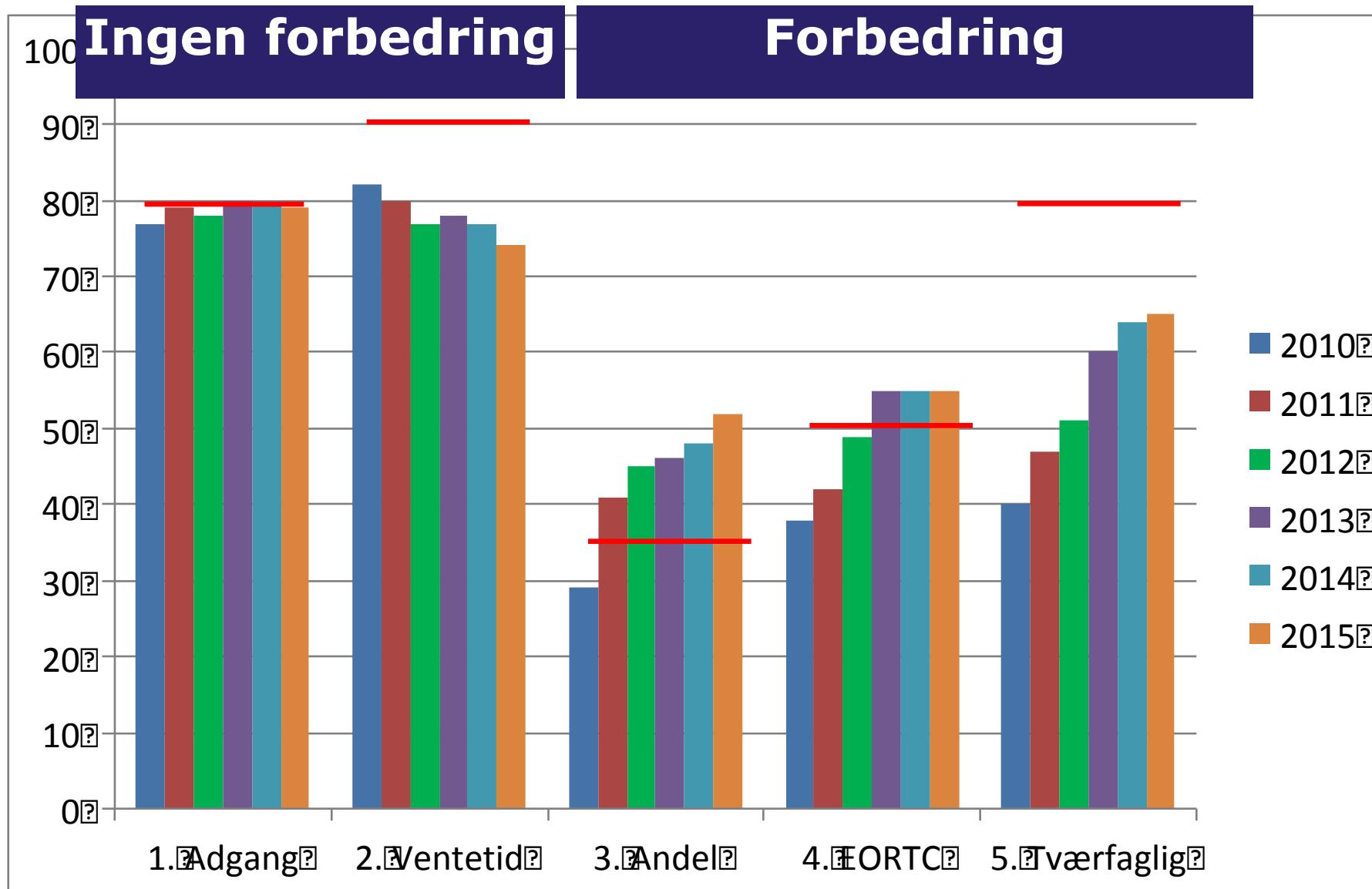
Hvis målet er 100% af patienter med avanceret kræft i de sidste 12 måneder (nogle har behov længere), så er vi

foreløbig på **4%**

- Men nogle af disse får muligvis tilstrækkelig god palliativ indsats fra ikke specialiseret PI. Det har vi ingen tal for



# DPD indikator resultater 2010-2015



# Forskelle mellem ASCO guideline og dansk virkelighed

## Indholdsmæssigt:

Vi kender ikke indholdet af hverken den tidlige SPI (til meget få patienter) eller den sene (men LKT skaber lidt af denne viden)



# Sammenfattende

- Hvis vi antager, at ASCO har ret, er der noget at gøre...
- Vi har **ikke** tidlig SPI i DK (4% ved 12 måneder før død)
- Ved har ingen tal vedr. tidlig PI på basalt niveau
- Vi **ved ikke om, indholdet** i tidlig SPI svarer til ASCO's anbefalinger
- Vi **ved intet om**, hvor vidt **indholdet** i tidlig basal PI svarer til ASCO's anbefalinger



# Store udfordringer

- Etablere tidlig SPI?
- Dokumentere basal palliativ indsats (sen og tidlig)
- Indholdssikre/udvikle begge dele – hvis nødvendigt



# Store udfordringer

- Etablere tidlig SPI?
  - Dokumentere basal palliativ indsats (sen og tidlig)
  - Indholdssikre/udvikle begge dele – hvis nødvendigt
- 
- **Har DMCG-PAL nogen rolle i dette?**
  - **I så fald brug for nye initiativer...**



The background of the image shows a paved road curving through a dry, yellowish-brown landscape, possibly a steppe or coastal area. The road has a solid yellow center line and dashed yellow lines on the edges. The sky above is a clear blue with scattered white clouds.

**DMCG-PAL**

# Mini-opdatering fra DPD

- Årsrapport 2017 under udarbejdelse i samarbejde med enhederne
  - Det går meget lettere i år – takket være tidstro registrering
  - Mathilde Adsersen forsvarer den første Ph.d.-afhandling ud fra DPD 22.marts, Bispebjerg Hospital
  - Maiken Bange Hansen netop retur fra barsel
- 
- **I samarbejde med LKT Palliation:**
    - Resultater for de resterende indikatorer vil komme ud i de administrative systemer 'snart' (Forsinkelse skyldes problemer hos RKKP)
    - En opdatering af KMS (med nyt KMS skema) er på vej – vil tilføre beskrivelse af indholdet af de pakker, hvor det p.t. mangler

