

ESMO Palliative Care Fellowship (Oct 2017)

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FINAL REPORT

Home Institute: Hematology Center after R. H. Yeolyan
Host Institute: Ospedale San Giovanni (IOSI)
Mentor: Dr. Piero Sanna

Palliative Care is a developing field of medicine, that must be integrated into every country healthcare practice in order to reduce suffering of patients with life threatening diseases and manage diseases related symptoms. In the context of nowadays cancer statistics the existence of palliative care service becomes more obvious. It is calculated that in 2022 cancer cases will raise to 22 million which means that 22 million of world population will need cancer related symptom control in some stage of their disease. Palliative care demonstrates its justified efficacy in patients holistic care. It means that every patient in the world has right to receive palliative care.

1st-week- I started my observership at 8:00 and I met my mentor Dr Piero Sanna who provided me with educational materials on palliative care (books, patient evaluating tools, scales (ESAS, IADL, PPS, PaP, Barthel) and guidelines), a website where I could find all the materials and schedule of my activities.

Dr Sanna presented myself to the palliative care team members Dr Roberto Luraghi, Elisabetha Acerbis, spiritual care specialist, psychologist, social worker, psychotherapist, nurses and explained to me the Swiss model of palliative care service.

From 9:00 to 12:00 I participated in a clinical ground tour, during which I was introduced to the patients who were managed in inpatient department, their clinical condition, laboratory results, prescriptions list and prognosis. Also, I was introduced to the hospital building structure, departments location, palliative care department equipment, medication store / prepare room, documentation and the list of medications, such as Hydromorphone, Targin, Laxoberon, Paragol, Valverde, Dormicum, medications that are absent in my country.

During my first day I participated in clinical daily activities, saw patients with metastatic lung cancer, with dyspnea, metastatic prostate cancer with thrombocytopenia and fever, tongue based cancer with pain and had detailed discussions on patient management with Elisabetha Acerbis. I learned about morphine prescription models in case of pain, morphine titration rules in breakthrough pain and morphine dosage in dyspnoea. Also, I discussed with Dr Luraghi the role of adjuvant analgesics, such as gabapentin, amitriptilin, corticosteroids in cancer pain management. I learned about prescription advantages of

gabapentin with morphine in patients with neurological pain. Also, I learned about cannabinoids and their adopted use in patients with multiple sclerosis.

My observership started very well and had a good continuation. During the first week I participated in palliative care round tours, daily activities, outpatient visits and consultations in internal medicine, oncology and haematology departments with Dr Sanna and Dr Luraghi. I saw patients with neuroblastoma who had undergone stem cell transplantation and relapsed after treatment, breast cancer patient with liver metastasis and ascites. I learned about nuances of hydromorphone use, that could be prescribed in case of mild kidney function deviation (Glomerular filtration rate 50). I received interesting information on appetite stimulants that are under clinical investigation.

I was impressed by the technical, medical equipment, and educational materials developed for the patients and family members. Everything was intended to make the patient feel comfortable and safe. What impressed me the most was the communication between doctors, nurses and patients and family members. Doctors spent a lot of time near the bed of patients, speaking with them, explaining the symptoms, mechanism in a such careful manner, creating an atmosphere where there are no barriers between doctors and patients; there is trust, truth and respect.

Communication skills and empathy of this team is the philosophy of their work and a strong tool that indicates the high level of palliative care service in Switzerland.

My first week was full of interdisciplinary team meetings with oncologists, radiologists, haematologists and palliative care specialist. I participated to lectures, oncolunches on melanoma, clinical case presentations on breast cancer, testicular carcinoma, MALT lymphoma, Mabthera biosimilars, Sandostatin prescription in palliative care practice. There were always present palliative care specialists cause discussed patients need symptom palliation frequently and could be candidates for palliative care.

The ideology of IOSI is to keep doctors updated and provide continuous medical education in order to have best professional team.

Dr Sanna included in my schedule meetings with the leading experts of haematology, such as meetings with F. Cavalli, E. Zucca, M. Ghielmini. During my first week I met Prof. F. Cavalli leading expert in the field of lymphoma and learned about international extranodal lymphoma study group (IELSG) and their activities in IOSI.

I visited the hospital during the weekend with Dr Sanna for several hours and was informed about night shipments and weekend activities.

2nd-week. It started with a grand round tour with the presentation of the weekend activities and new patients. There were 2 interesting new cases. A woman with lung cancer with induced fracture and secondary colon cancer with colon stoma, complaining of pain. There was a discussion with radiologist about possible palliative radiation intervention (Flesh method). The second patient with lung cancer and brain metastasis complaining of haemoptysis and dyspnea, also candidate for a possible radiation with Flesh method for the purpose of stop bleeding.

In the afternoon I participated in outpatient visits with Prof. E. Zucca. I saw 5 patients with lymphoma in different stages of their disease who received different protocols.

On Thursday I visited another IOSI hospital in the town of Faido with Dr Sanna. I saw patients with oesophagus cancer who undergone radiation therapy and had oesophageal stand. I also saw patients with stomach cancer complaining of cramps and an old lady in internal medicine department with severe osteoporosis who receives physiotherapy courses and demonstrate good results reducing the pain. Dr Sanna mentioned the importance and the efficacy of physiotherapy in this case and in palliative care in general. Here we have a discussion on bisphosphonates use in palliative care practice. Bisphosphonates demonstrate efficacy and good results in patients with breast and prostate cancer. Other cases of bisphosphonates prescription must be justified taking into consideration the side effects. We also discussed the use of buscopan in patient with abdominal cramps. Then, I visited the pharmacy of the hospital and got acquainted with medications used for patients, the store conditions and recommendations.

In the afternoon I participated in a palliative care team meeting and got introduced to all the staff (mobile team and hospice team). It was an interactive meeting where the main theme was the understanding of nurses work by doctors and vice versa. During this meeting there was a discussion on palliative care integration approaches in general medicine.

During the week I met Prof. M. Ghielmini and the director of the Hospital San Giovanni, Dr Sandro Faida.

3rd-week. It started with the clinical ground round tour discussion of patients in palliative care department and possible candidates for palliative care in other departments. I saw the advance care planning list, that was completed for 2 patients. There was a request for palliative care specialist from the oncology department for a patient with larynx cancer with oral pain. At the beginning she received ketorolac, fentanyl patches and dafalgan and Novalgina as reserve. Despite the anti-inflammatory effect of Ketorolac and efficacy in larynx cancer it was switched to morphine solution. There were also prescribed xylocaine for as analgesia.

During this week I met patients with xerostomia and oral mucositis and learn about mouth care rules. I learned that in case of xerostomia it is not recommended to do intravenous injection, it is more appropriate to perform topical mouth care with water sprays, ice cubes and pineapple pieces.

I visited the clinical research department and Dr Thasos Stathis. I saw 4 patients with resistant MLAT lymphoma, lung cancer, Hodgkin Lymphoma, ovarian cancer, who were in different clinical trials with different drug and dosage investigation. I got acquainted with different phases of clinical trials and the organization mechanism.

Due to my schedule I went to Civico Hospital in Lugano and spent 3 days with palliative care medical assistant Anna Oriani. I saw patient in terminal stage of multiple myeloma with thorax pain, who received Targin; she got confused due to it so Haloperidol was added. On the example of this case Dr Oriani discussed with me the use of antipsychotics and neuroleptics in palliative care practise. I saw patients renal insufficiency and pruritus. There was a discussion with a patient about his future location (hospice or 'casa anziani'). I learned that in case of bleeding and haemorrhages patients must wear green clothes in order

not to have fear from the red colour of the blood. In case of bleeding it is used to prescribe neuroleptics and sedatives in order to reduce patient's reactions.

During my stay in Civico Hospital I took part in a neuro oncology board.

During this my 3rd week we had an interesting case in dermatology department: a patient with antiphospholipid syndrome had ulcers in his feet and pain. It had been prescribed Oxycodone.

4th-week. I spent this week in the Mendrisio hospital with Dr Donata Bardelli. I saw the patient with colon cancer and diarrhoea who was recommended to use Sandostatin in order to reduce gastric secretion. I took part in a 'first visit' with Dr Bardelli, Dr Sciavone and Bardelli. I learned the communication skills and approaches with first diagnosed lung cancer patient, who refused to receive any treatment information about any possible treatment. I participated in the hospice team meeting with Dr Bardelli and hospice team nurses. I got acquainted with the list of hospice patients and their clinical condition preparations.

We had one visit at home with Dr Bardelli. A patient with prostate cancer with difficulties in mobility and weakness. There was a discussion on ibuprofen dosage reduction, fentanyl patches continuation and physiotherapist active participation.

Then, I participated in outpatient clinical visits, I saw two patients with pain and got introduced with the drug Palexia (NSAID and M2 agonist) that works good in case of neurological pain. We discussed the efficacy dates and duration of the prescription with Dr Bardelli.

Last day I started in IOSI Bellinzona, where we had an interesting patient with 7 metastatic foci in the brain, one of them was near the medulla (respiratory centre). There was a discussion regarding possible morphine prescription in case of pain, if it is possible or not. We discussed about corticosteroids dosage (12, 16 mg) that reduces perifocal oedema.

My observership finished with a conference on "palliative care for elderly patients" in Rivera Bironico.

I consider my observership as a successful one. I learned a lot in IOSI. I'm very happy I was in this clinic and met such great people. I would like to thank and express my gratitude to ESMO for providing me such a great opportunity and such a palliative care team; Dr Sanna in particular. Dr Sanna and the directorate of the clinic created a fantastic atmosphere where I gained knowledge not only in the sphere of palliative care, but also got introduced with the best approaches in the field of haematology and oncology. Besides medical knowledge I improved even my Italian. I wish the IOSI and palliative care services good luck and success in all their activities.

Unfortunately time ran and the month passed very quickly, I would like to have another opportunity like this one.