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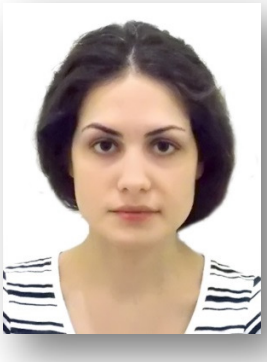
ESMO 2015 Palliative Care Observer Fellowship October 2015

Fellow: *Tamar Esakia*



Home Institute: MediClubGeorgia, *Tbilisi, Georgia*

MediClubGeorgia

Host Institute: Hospital Clinic de Barcelona, Barcelona University, Spain

CLÍNIC BARCELONA
Hospital Universitari

Mentor: *Albert Tuca*

Introduction:

The incidence and prevalence of cancer is rising for the past years, so does the need of advanced cancer and end-of-life care. In a seminal 1997 report on the state of end-of-life care, the Institute of Medicine (IOM) described extensive patient and family suffering and emphasised the need for better care at the end of life. Subsequent activity included the development of guidelines and the growth of palliative medicine. Symptoms are among the most distressing aspects of the end-of-life experience for patients and families; interventions often promote comfort across a range of conditions and symptoms. Systemic reviews show the high prevalence of pain, dyspnoea and depression across multiple advanced diseases. Between 1998 and 2010 proxy reports of any pain increased for all decedents by 11.9%. Reported prevalence of depression increased by 26.6%, for congestive heart failure or chronic lung disease by 27%, and for frailty by 39.4%. In summary between 1998-2010 proxy reports of serious pain and many other distressing symptoms have become more common near the end of life [1]. That means oncologists need to provide better end-of –life management and improve their practice by starting early palliative care in advanced cancer patients. As we know from research – among patients with metastatic small cell lung cancer, early palliative care leads to significant improvement in both quality of life and mood, also improved survival [5] these results could be true in case of other types of advanced cancer, but new research should be conducted.

Pain in cancer patients may be related not only to disease, but also to treatment, especially neuropathic pain. Chemotherapy induced peripheral neuropathy occurs in 90% of patients receiving neurotoxic chemotherapy. As cancer treatment has become more effective, cancer patients are living longer and the treatment side effects (especially neuropathy) have become more problematic. The key to management of cancer related neuropathy is a considered assessment, remembering not to miss the opportunity of reversing the cause of pain with appropriate oncological management [4]. Besides pain there are many symptoms and conditions, which are common in advanced cancer patients including cachexia and malignant bowel obstruction.

Anorexia - cachexia is one of the common conditions in advanced cancer patients. Weight loss is associated with poor tolerability of cancer treatment and reduced quality of life and survival expectations. Cachexia is a complex metabolic syndrome, which is not compensated by adequate calorie-protein intake and is associated with anorexia, inflammatory processes, insulin resistance and an increase in tissue protein turnover. The early diagnosis and a thorough assessment of cachexia syndrome is very important part of support measures in patients with advanced cancer [2]. One of the most complex conditions oncologists have to deal with is malignant bowel obstruction, which is a frequent complication in advanced cancer patients, especially in those with abdominal tumours.

The global prevalence is 3-15%, reaching 20-50% in patients with ovarian cancer and 10-29% in patients with colon cancer. Clinical management of malignant bowel obstruction requires a specific and individualised approach that is based on disease prognosis and the objectives of care [3]. Psychosocial support of patients and their family is a very important part of advanced cancer management. A total of 58.3% of the patients have moderate to severe emotional distress [6]. It is important to evaluate the emotional distress suffered by advanced cancer patients by simple screening methods.

Goals of the Project:

The objective of applying for the Palliative care fellowship, for me as for medical oncologist, was to understand the basic formation in supportive and palliative care in order to improve and integrate management for advanced cancer patients.

The main goals were to learn:

1. Comprehensive evaluation of advanced cancer patients, including systemic assessment of physical and psychological symptoms, basic assessment of social and family problems, and approach to spiritual needs.
2. Advanced pharmacological treatment of symptoms.
3. Intervention planning based on multidimensional needs.
4. Advanced care planning.
5. Management of palliative care resources based on complexity of case. In my home hospital we do not have a palliative care department, so medical oncologist have to deal with advanced cancer patients, or send them to a specialised hospital. Our intention is to develop palliative care department in our hospital step by step, with the help of the experts from host institute.

Description of the time spent in the Host Institute:

I started my fellowship in Hospital Clinic of Barcelona on 5th October 2015. On the first day of the fellowship I had a meeting with my mentor Dr Albert Tuca, we discussed the technical issues and the schedule of my activities. From 6th October I started my activities in the Hospital and was easily integrated in the team.

The Medical Oncology department in Hospital Clinic of Barcelona consists of multiple sub-departments, including the supportive care department. The supportive care department itself includes the Palliative care department, home care department and cancer emergency day clinic.

I accompanied Dr Tuca on the consultations he gave to the patients; which were usually very complicated cases and were especially beneficial for me. At the end of the day Dr Tuca gave me lectures on several topics of palliative care also every evening Dr Tuca sent me 2-3 articles, that I had to read ready for very interesting discussions the next day.

The concept of cancer emergency was new and very interesting to me. This is a department, where cancer patients are admitted with any complications or acute conditions and the specialised group of health care professionals takes care of them. I spent several days in the cancer emergency day clinic with Dr Font, where I not only observed very interesting cases, but also was able to take part in the management of these cases by discussing the cases and expressing my opinion, which was always taken into account. Furthermore Dr Font is an expert in cancer related thrombosis and we had very stimulating talks about this very interesting issue.

I also attended rounds in the in-patient department, where the most complicated cases were managed. The rounds were very long, lasting from 9am to about 13-14pm. Visiting every hospitalised patient was very informative and consistent, as we reviewed the anamnesis and examinations before visiting the patient who were physical examined and adjustments made to prescription where necessary.

The fellowship was beneficial for me not only because I was integrated into the palliative care team, but also I was able to have meetings with other professionals. I had meetings with medical oncologists, talks about the management of advanced cancer patients and even attended their visits with patients. In Spain medical oncologists specialise in particular fields, so I met several doctors specialising in different fields of medical oncology. Medical oncologist were very nice to me, each of them shared their contact details in case I had some complicated case in the future for further discussion. I would like to mention that I had very interesting lecture by Dr Gascon about anaemia in cancer.

As I found out in Spain there is a really good health care system and all the examinations, procedures and treatment is reimbursed by the government. Even genetic tests such as BRCA1 and BRCA2 testing is available for the patients for free, as it is covered by a pharmaceutical company.

One of the surprises for me was that the patients after stem cell transplantation are managed at home by home care teams with very experienced nurses. Despite my doubts, this project appeared to be very successful and they have only 10% of readmission.

I was lucky to visit also ICO or Catalan institute of oncology, a comprehensive cancer institute. I was fascinated by the structure of the institute and the work they do there to practice multidisciplinary cancer management.

It was ICO where I met Dr Xavier Gomez-Batiste, a very important person in Palliative Health Care programs in Spain. Fortunately, Dr Gomez is visiting my home town Tbilisi in November and he expressed the will to meet the head of my department and head of the hospital to help develop palliative care department in our hospital. I look forward to meeting him in my home town and starting the first steps in developing palliative care in our hospital.

Psychosocial support of advanced cancer patients is very important part of advanced cancer care, which is usually neglected by the medical oncologists, as we are focused on pharmacological treatment of cancer. I had very interesting talk with Dr Gil Moncayo at ICO about psycho-oncology and lectures with Dr Tuca about communicating with patients and the importance of dignity at the end-of-life.

Apart from my activities in Hospital it is really worth mentioning the beauty of the city Barcelona with its beautiful Gaudi architecture that is almost like a fairy tale. People in Catalonia are very friendly and their love for their football club Barcelona is really fascinating, I was lucky to attend the game and become the part of the Barcelona fans family. It was really great experience!

A disadvantage was that I could not speak Spanish or Catalan and most patients did not speak English, although all the doctors spoke English and translated everything to me. As Hospital Clinic of Barcelona is a University clinic, there were always where students and residents, who also kindly helped me with the language barriers.

I finished my fellowship in Hospital clinic of Barcelona on 30th October I was really sad to leave, but I promised to ‘volver’ (come back in Spanish) and also invited the hospital clinic team to my home town Tbilisi.

Conclusion:

The fellowship in palliative care was beneficial for me as a medical oncologist to understand the basic formation in supportive and palliative care in order to improve my practice and provide better care for advanced cancer patients. This fellowship gave me benefit not only for myself, but also for my home institute, as we are planning to develop palliative care department in our hospital with the help of the professionals from the host institute. I was also offered a master in palliative care at ICO and residency course in Hospital Clinic of Barcelona; maybe I will study Spanish and come back there for the long term practice.

As I found out I was the first fellow with ESMO grant in the Hospital Clinic, I really recommend to the future fellows to choose this clinic as host institute, as not only you will develop professionally, but also will be supported to develop palliative care at your home institute.

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Acknowledgments:

First of all, I would like to thank ESMO for the opportunities they give to young oncologist to develop professionally and Roche as the sponsors of the ESMO 2015 Palliative Care Fellowships. I would like to express my sincere gratefulness to Dr Tuca, who is a great professional as well as great person and supported me on every step of my fellowship. He even sent me maps when I was visiting ICO to make sure I would not get lost. Many thanks to the whole palliative unit team including doctors and nurses.

Special thanks to Dr Prat, head of oncology department who despite his busy agenda found time to visit patients together with me. Special thanks also to Dr Maurel who helped me with the patient from Georgia, by reviewing patient's medical report and giving me his expert opinion.

I would like to thank Dr Gomez for his interest to support us develop a palliative care unit in my home institute, our whole team looks forward to meeting him in Tbilisi.

And last but not least thanks to my team back home, who supported me and did my work while I was away on my fellowship.

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Photographs:

Left to right: Albert Tuca, Tamar Esakia, Carme Font