Key Research from the Inaugural 2014 Palliative Care in Oncology Symposium Highlights Advances in Integrating Palliative Care into Treatment and Financial Hardships Facing People Living with Cancer

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ALEXANDRIA, Va. – Four studies from the inaugural 2014 Palliative Care in Oncology Symposium were highlighted today in an embargoed presscast for reporters. Presentations explored how the use of “smart technology” and medical oncologist/palliative care specialist partnerships can successfully integrate palliative care into treatment and the impact of financial hardships on people living with cancer. The Symposium will take place October 24-25, 2014, at the Westin Boston Waterfront in Boston.

Four major studies were highlighted in today’s presscast:

- **Medical oncologists and palliative care specialists improve inpatient care**: A pioneering “co-rounding” partnership between medical oncologists and palliative care specialists at Duke University Medical Center shows improvements in both health system-related and patient-related outcomes.
- **“Smart Technology” system for home hospice symptom management and care helps both patients and caregivers**: Early findings from a study of 319 families suggest that use of an innovative, telephone-based symptom monitoring and coaching system during home hospice care led to significantly decreased patient symptoms in the final weeks of life.
- **A third of U.S. cancer survivors may be experiencing financial or work-related hardship**: New results from a survey of nearly 1,600 cancer survivors indicate high prevalence of financial and work-related difficulties – 27 percent reported at least one financial problem (e.g., debt, bankruptcy) and 37 percent reported having to modify work plans, such as taking extended time off or delaying retirement.
- **Many insured patients alter their lifestyles and care to cope with cancer treatment costs**: One of the first studies to explore socio-demographic factors associated with different cancer treatment cost coping strategies finds many insured patients are changing their lifestyle and
medical care in the face of treatment-related financial burdens. More than one-third adopted medical care-altering strategies and almost 9 out of 10 patients made at least one lifestyle change.

“Palliative care is a vital component of treatment for all people living with cancer,” said Jyoti D. Patel, MD, the American Society of Clinical Oncology’s (ASCO) expert on the Symposium News Planning Team. “The studies featured today show how the integration of early palliative care can benefit patients, and offer a deeper understanding of the challenges patients, survivors and their families face – from management of treatment-related side effects to anxiety over cost of care.”

This two-day Symposium will feature more than 200 abstracts on the integration of palliative care into all aspects of cancer care. Research presented at the Symposium will cover topics such as symptom management, end-of-life care, and survivorship, as well as early integration of palliative care, patient reported outcomes, and psycho-oncology.

Four leading medical specialty societies co-sponsor the multidisciplinary Symposium, including ASCO, the American Academy of Hospice and Palliative Medicine, the American Society for Radiation Oncology, and the Multinational Association of Supportive Care in Cancer. Learn more about the co-sponsoring organizations.


Partnership between Medical Oncologists and Palliative Care Specialists Improves Outcomes at an Inpatient Oncology Unit

First evaluation of a pioneering “co-rounding” partnership between medical oncologists and palliative care specialists at Duke University Medical Center shows improvements in both health-system related and patient related outcomes. The first year of the new partnership – set in the hospital’s inpatient solid tumor oncology unit – brought statistically significant decreases in average length of hospital stay and hospital re-admission rates, compared to a previous year in which the partnership did not exist. There were also decreased intensive care unit (ICU) transfers, and a trend toward increased hospice referrals. The findings show that this new model is both feasible and beneficial.
“We’ve successfully partnered with our palliative care colleagues to bring their unique skill set to our hospitalized oncology patients on a daily basis, and we’re seeing it’s a partnership worth keeping. To our knowledge, this is the first example where palliative care physicians and medical oncologists are working side by side every day on an inpatient oncology ward,” said lead study author Richard Riedel, MD, an Associate Professor of Medicine and Medical Director of the inpatient solid tumor service at Duke University Medical Center in Durham, N.C. “Leveraging the skill set of both palliative care physicians and medical oncologists has allowed us to better manage symptoms, shorten hospital stays, and prevent readmissions. We’ve also been able to dispel any misconceptions that individuals may have had about the role of palliative care, and we’ve shown that nursing and physician impressions of palliative care, as a whole, are very favorable.”

The “co-rounding” partnership on the medical oncology inpatient unit was designed in collaboration with Anthony Galanos, MD, Medical Director of Inpatient Palliative Care at Duke University Medical Center, and senior author for the study. The model was initiated as an intervention in 2011. Critical to the model’s success is open communication and collaboration which is fostered by formal meetings three times a day in which members of the team, including both the attending medical oncologist and the attending palliative care physician discuss all patients that are cared for in the unit. Depending on each patient’s needs, a determination would be made as to which attending physician would oversee direct care for the patient. For example, patients with higher symptom burden would typically be assigned to the palliative care specialists. The hospital support staff (e.g., internal medicine house staff, physician assistants, and pharmacists) round with both attending physicians, and the model allows for both formal and informal consultation between specialties for patients.

Researchers assessed outcomes among the 731 patients admitted during a time period before the intervention and 783 admitted in the first year of the intervention. About three-quarters of patients in both groups had metastatic cancer.

Compared to the period before the intervention, the new partnership was associated with a statistically significant decrease in average length of stay in the hospital (4.17 vs. 4.51 days), as well as a 15 percent relative reduction in 7-day readmission rates and a 23 percent relative reduction in 30-day readmission rates. There were decreased ICU transfers and a trend for higher hospice referrals following the intervention, but those effects were not statistically significant. Doctors and nurses were universally satisfied with the new model.

Researchers are planning future studies to assess longer-term effects of the intervention on both patient and health-system outcomes, evaluate patient satisfaction, and explore potential cost
savings associated with this intervention.

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

- Palliative Care
- The Cancer Care Team

An interactive history of cancer research advances can be found on ASCO’s Cancer Progress website at CancerProgress.Net.

View the full abstract.

“Smart Technology” System for Home Hospice Symptom Management and Care Helps Both Patients with Cancer and Family Caregivers

- Summary includes updated data not in the abstract -

Early findings from a study of 319 families suggest that use of an innovative, telephone-based symptom monitoring and coaching system during home hospice care leads to significantly decreased patient symptoms in the final weeks of life. Twelve hospices in four different states participated in the study. About half of the hospice families (153) were randomly assigned to receive the symptom care intervention and the other half (166) received usual care (symptom reporting alone). All families received hospice care. Patients who participated in the symptom care intervention had significantly less symptom severity than those who received usual hospice care alone. The system also improved the well-being of family caregivers when compared with usual hospice family caregivers. Patient and caregiver benefits were observed as early as the first day after using the system and this trend continued throughout the hospice experience.

“Automated collection of patient-reported symptoms is increasingly used in oncology, but it has not yet extended to home hospice settings. This is the first study to monitor family caregiver well-being or coach families on how to improve care to their family member,” said lead study author Kathi Mooney, PhD, RN, Distinguished Professor of Nursing at University of Utah College of Nursing and Co-leader of the Cancer Control and Population Science Program at the Huntsman Cancer Institute in Salt Lake City, Utah. “Although this system is the initial prototype version, it clearly shows that using smart technology for symptom monitoring and coaching adds another layer of support during hospice care and provides additional comfort for patients at the end of life, while also helping improve the well-being of family caregivers.”
The automated, telephone-based symptom monitoring system used computer-based technology to have ‘conversations’ with family caregivers about the symptoms in the past 24 hours their family member experienced and also the caregiver’s own well-being. The patient symptoms that were monitored included pain, difficulty breathing, change in thinking, constipation/diarrhea, bladder difficulties, nausea/vomiting, fatigue/weakness, negative mood (feeling down or blue), anxiety, trouble sleeping, and poor appetite/trouble eating. The symptoms tracked for caregivers included fatigue, anxiety, trouble sleeping, and negative mood.

There were two components to the symptom care intervention 1) automated alerts for unrelieved symptoms reported to the family’s hospice nurse and 2) automated coaching of the caregiver to improve their family member’s comfort and to address their own well-being. The electronic alert reports were immediately sent to the hospice nurse at the end of the caregiver call. The hospice nurse could access the report on a mobile device adding an additional communication link between the caregiver and the nurse. During the call the caregiver was provided automated customized, real-time coaching based on the nature and severity of symptoms the caregiver reported. This included suggestions such as how to position their family member for greater comfort, or improve breathing, or improve time together such as looking at old photo albums. For caregivers, suggestions might include how to organize other people to assist, how to schedule time for self, how to improve sleep, or how to decrease anxiety and deal with sadness. Coaching would also normalize the end of life symptom experience and explain what was happening and what they should discuss with their hospice nurse. Family caregivers greatly benefited from the monitoring and coaching. Those who received the intervention experienced 44% fewer days of moderate or severe symptoms when compared to the usual family caregiver group.

Family caregivers play a key role in reducing patient symptom burden during home hospice care, as they make judgments about medication intake and other interventions to improve their family member’s comfort. The family caregiving experience can be rewarding but also stressful with negative consequences for the caregiver’s health and emotional well-being during bereavement. Prior research has shown that caregiver distress is closely associated with the severity of patient symptoms, so monitoring and improving both the patient’s care and the caregiver’s well-being is critical to improving end of life care for the whole family. This study demonstrates that smart technology is additive to care and can increase comfort for dying patients and improve well-being for their family caregivers.

This research was supported by the National Cancer Institute.
A Third of US Cancer Survivors May Be Experiencing Financial or Work-related Hardship

*Summary includes updated data not in the abstract*

New results from a survey of nearly 1,600 cancer survivors indicate high prevalence of financial and work-related difficulties – 27 percent reported at least one financial problem (e.g., debt, bankruptcy) and 37 percent reported having to modify work plans, such as taking extended time off or delaying retirement. Women, younger survivors, racial/ethnic minorities, and uninsured survivors were all disproportionally burdened by these challenges.

Most prior studies have focused on a small subgroup of patients with cancer or examined medical expenditures but not the actual financial burdens that survivors experience. This study is the first to explore financial burden disparities in a large, nationally representative group of cancer survivors.

“We found that many cancer survivors, particularly those who are younger or from underserved populations, experience financial or work-related hardship – even when insured and years out from treatment,” said lead study author Robin Whitney, RN, BSN, a cancer survivor and Ph.D. student at the University of California, Davis, Betty Irene Moore School of Nursing. “Addressing these challenges is an important aspect of providing quality cancer care, because they can substantially impact quality of life and health outcomes.”

The present analysis focused on a subset of individuals surveyed in a larger study (2011 Medical Expenditures Panel Survey Experiences with Cancer Survivorship Supplement). Among the 1,592 survivors surveyed, 47 percent were younger than 65, 56 percent were female, 88 percent were
white, and 4 percent were uninsured. With regards to treatment status, 14 percent were in active treatment, 46 percent were less than 5 years post-treatment, and 39 percent were 5 or more years post-treatment.

Overall, 27 percent of those surveyed reported at least one financial difficulty, and 37 percent reported making at least one work modification due to cancer diagnosis. Those in active treatment reported 120 percent more financial difficulties than survivors who were less than 5 years post-treatment. Individuals younger than 65 reported 130 percent more financial difficulties than older survivors; those without insurance had 67 percent more difficulties compared to those with insurance; and individuals with non-white race/ethnicity had 42 percent more financial difficulties. Women were significantly more likely than men to make at least one work modification; patients in active treatment made 120 percent more work modifications than those less than 5 years post-treatment; and non-white minorities made 57 percent more modifications than whites.

According to the authors, the findings of this study are generalizable to the U.S. population, and point to the urgent need for screening and support for financial and work challenges across the cancer survivorship trajectory, from diagnosis to long-term survivorship. Several national organizations, including ASCO have resources that help survivors with financial and employment concerns.

Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:

- Financial Considerations
- Going Back to Work After Cancer
- Survivorship

An interactive history of cancer research advances can be found on ASCO’s Cancer Progress website at CancerProgress.Net.

View the full abstract.

Many Insured Patients Alter Their Lifestyles and Care to Cope with Cancer Treatment Costs – With Some Modifications Potentially Jeopardizing Their Medical Care

A small nationwide survey finds many insured patients are changing their lifestyle and medical care in the face of treatment-related financial burdens. In fact, more than one-third adopted medical care-altering strategies, with younger and lower-income patients being more likely to alter their care. Lifestyle changes were even more common, with almost 9 out of 10 patients making at
least one change. This is one of the first studies to explore socio-demographic factors associated with different cancer treatment cost coping strategies.

Prior research has suggested that about 13 percent of patients suffer from high out-of-pocket financial burden after they are diagnosed with cancer and, according to the American Cancer Society, as many as 20 percent of Americans with cancer spend their life savings to pay for their care.

“We need a better, more open dialog between patients and providers about the financial burden associated with cancer care costs,” said lead study author Ryan Nipp, MD, an oncology fellow at Dana-Farber Cancer Institute in Boston. “We found that people use a range of different cost-coping strategies, and we need to engage with patients on their choices and develop screening tools to identify patients who are likely to make potentially harmful decisions about their treatment.”

Researchers surveyed 174 patients (83 percent white, 96 percent female, median age 67) undergoing treatment for cancer (85 percent breast, 4 percent colorectal, 11 percent other solid tumors). All patients were insured and had requested financial assistance through a national copay assistance program.

Overall, 89 percent of survey participants used at least one lifestyle-altering strategy and 39 percent used at least one medical care-altering strategy. The most common medical care-altering coping strategies were not filling a prescription (28 percent) and taking less medication than prescribed (23 percent). Lifestyle-altering coping strategies included spending less on leisure activities (78 percent), spending less on basics like food and clothing (57 percent), borrowing money (54 percent), and spending savings (50 percent).

Younger age, higher education, and shorter time on chemotherapy were all associated with greater likelihood of adopting lifestyle coping strategies compared to older age, lower education, and longer time on chemotherapy. Younger patients were also more likely to use care-altering strategies compared to older patients; and lower-income patients used more care-altering strategies than higher-income patients.

This research was supported by HealthWell Foundation.

**Oncologist-Approved Patient Information Resources from Cancer.Net, ASCO’s Cancer Information Website:**

- Financial Considerations
- The Importance of Taking Your Medication Correctly
An interactive history of cancer research advances can be found on ASCO’s Cancer Progress website at CancerProgress.Net.

View the full abstract.

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View the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2014 PALLIATIVE CARE IN ONCOLOGY SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

About ASCO:

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.