

Symptom Control for People with Lung Cancer

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Today's Goal & Objectives

- Review the common symptoms associated with advanced cancer of the lung
- Describe treatments that provide effective symptom control

Goal of Symptom Treatment

- Symptoms get in the way of our ability to do the things we want to do
- The overarching goal of symptom treatment is to **maximize one's function**
- Let's work together to:
 - Define what you want to or need to do, and
 - Develop treatments to manage symptoms so you can do those things

Common Symptoms

- Pain
- Shortness of breath
- Fatigue
- Decreased ability to carry out one's usual roles or functions

Examples

Symptom

- Pain →
- Trouble breathing →

Problem

- I can't stand long enough to cook
- I can't walk around the corner to visit my children

Pain: Causes of pain

- Often caused by tumor growth or spread
- Particularly distressing when tumor spreads to chest wall, bones, nerves, or nearby organs

Good news: We have many effective treatments for pain

- Radiation therapy
- Over the counter medications
 - Acetaminophen, ibuprofen
- Steroids
- Bisphosphonates
- Nerve stabilizing agents
 - Gabapentin, pregabalin
- Opioids
 - Morphine, oxycodone, hydromorphone

Problems: Side effects of treatments

- All treatments have side effects
- Again, focus on maximizing function
- Which treatments help you achieve your goals?
- Work together with team to maximize symptom control and minimize side effects

Shortness of Breath

Multiple causes:

- Tumor size
- Tumor pressing on airways
- Asthma, COPD/emphysema
- Problems with secretions

Good News (again): Good treatments available

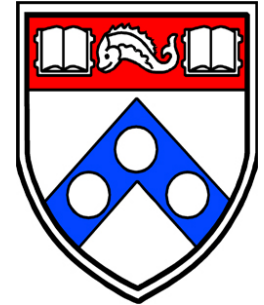
- Tumor size:
 - Radiation treatments
 - Chemotherapy
- Airway compression
 - Interventional procedures (stents to open airways)
- Asthma/COPD
 - Inhaled medications to reduce symptoms
- Secretions
 - Medications to decrease secretions
 - Scopolamine patch
- Others
 - Oxygen
 - Fans
 - Opioids
 - Morphine

Fatigue

- Very distressing
 - “I can’t do the things I need to do”
- Many causes
 - Side effects of treatments
 - The illness itself
 - Sadness or depression
 - All of the above

Good news: Good strategies can help a lot!

- First: Prioritize
 - “What are the things I want to do?”
- Second: Identify the problem
 - “How is the fatigue getting in the way?”
- Third: Strategize
 - Focus on the top priority items
 - Get help
 - Treatments
 - Call in those favors - family & friends



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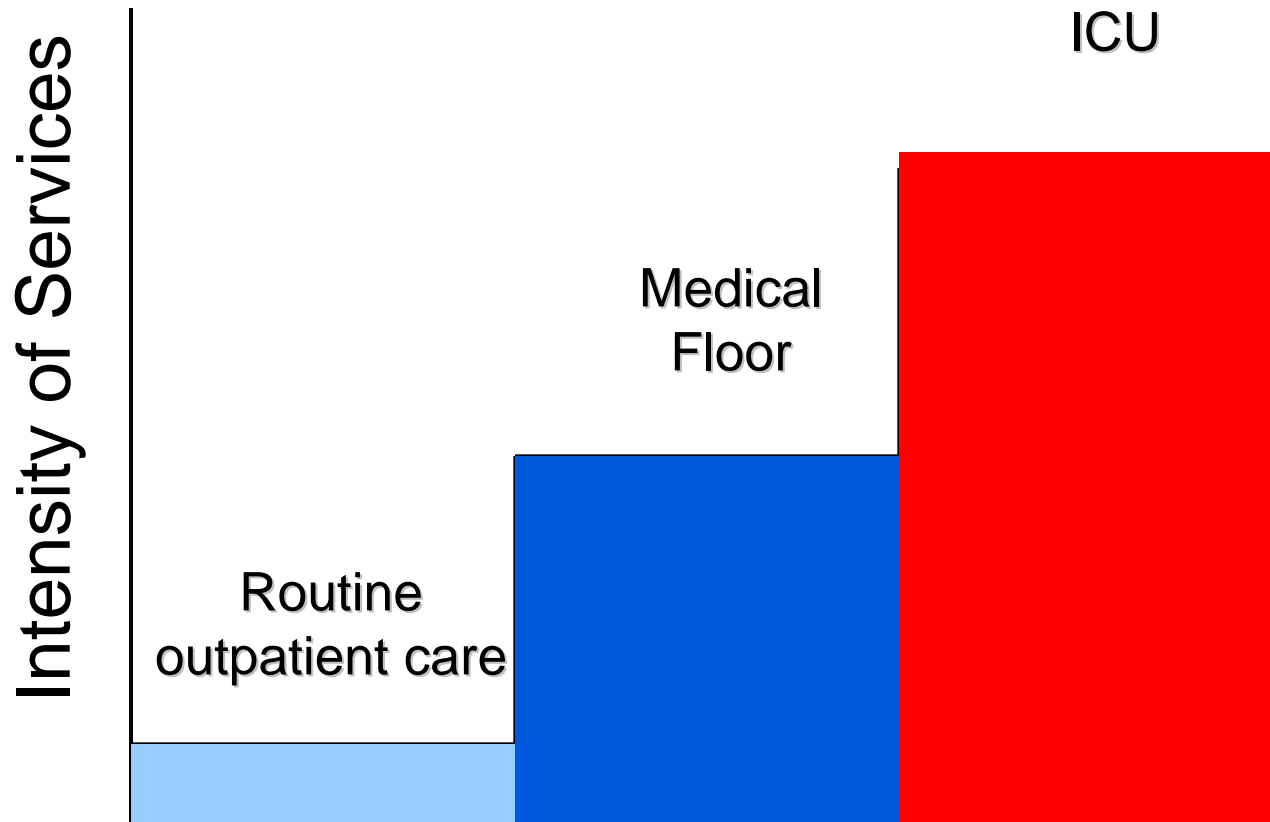
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Goals of Supportive Care

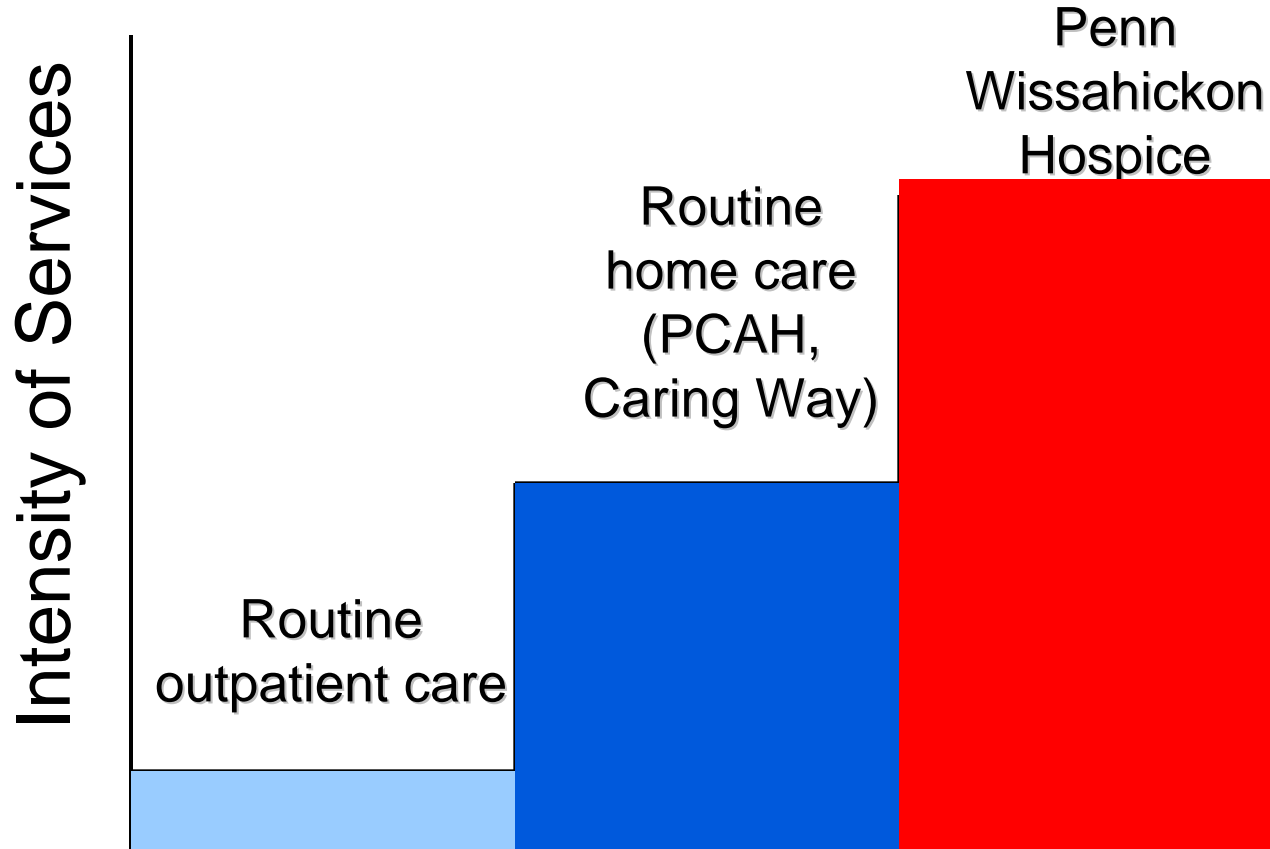
Supportive care aims to:

- **Improve the quality** of a person's life without focusing on cure.
- **Address all symptoms** of an illness with a special emphasis on controlling a person's pain and discomfort.
- Address the **emotional, social and spiritual** impact of the disease on the person and his/her family and friends.

Level of Care



Intensity of Services

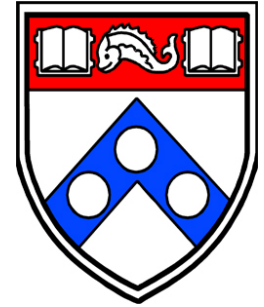


What services does home care provide?

- Nursing care
- Medical equipment and supplies ordered through your physician's office (i.e. O2, bed, commode)
- Medication education & management
- Homemaker and home health aide services
- Social work service
- Rehabilitative services (PT, OT, speech therapy)
- Wound care

What services does hospice provide?

- Physician services
- Nursing care
- Medical equipment and supplies (i.e. O₂, bed, commode)
- Medications for symptom management
- Trained volunteers
- Homemaker and home health aide services
- Spiritual care
- Social work support
- Bereavement services (up to a year post-death)
- 24/7 Availability (by telephone, and urgent home visits)



Help for Caregivers and Spouses

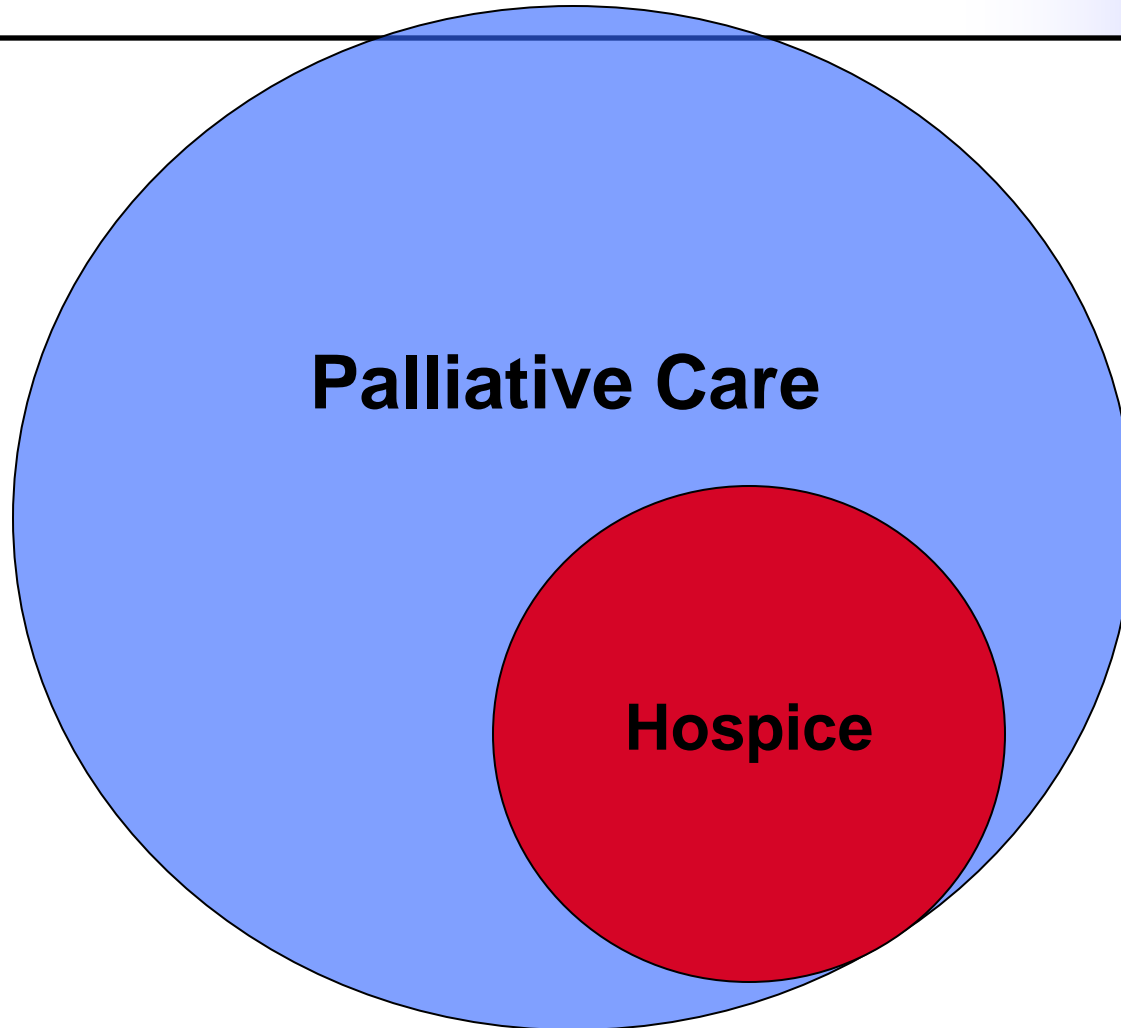
Alicia Marini, MSW

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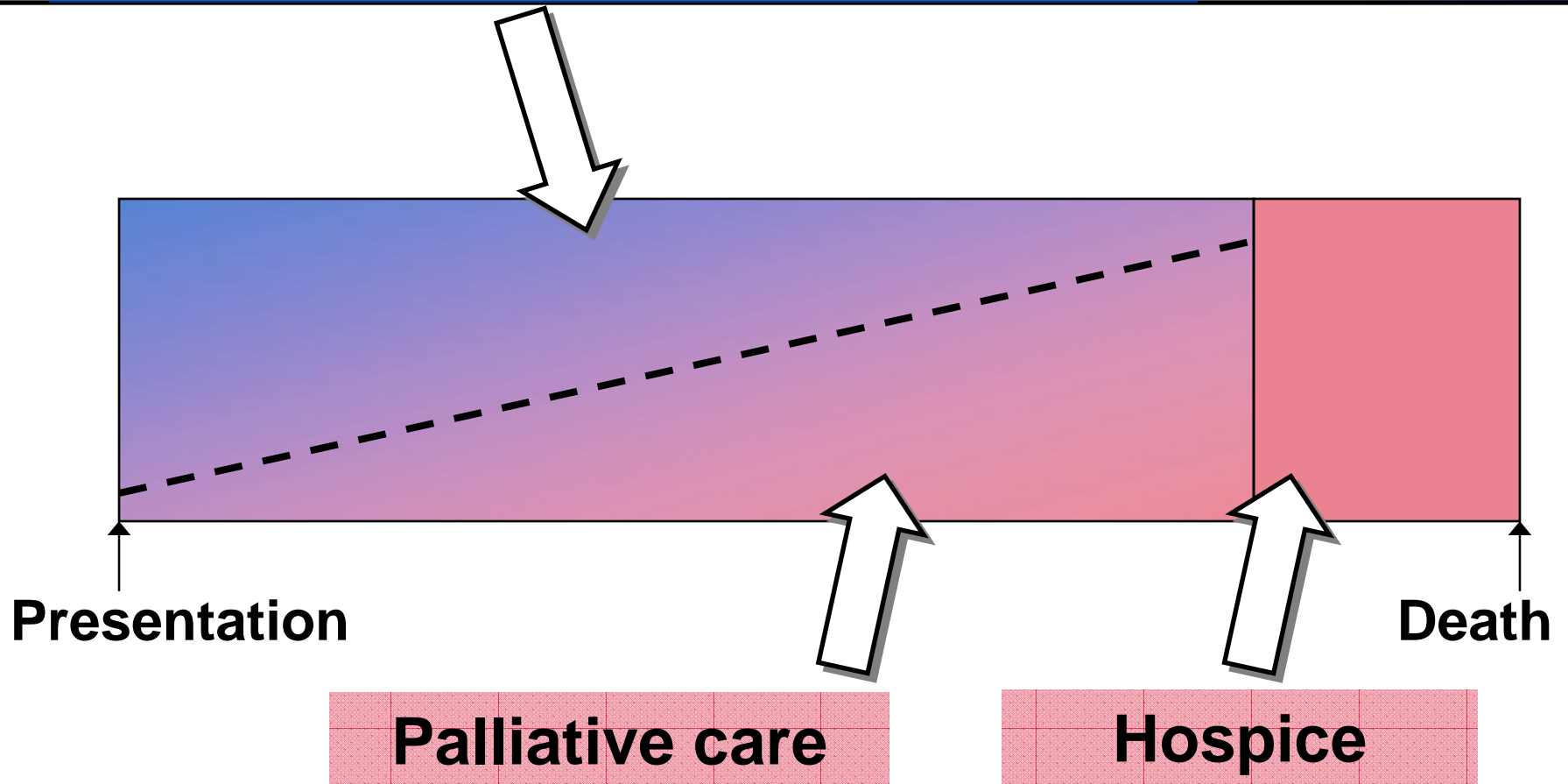
Penn Home Care and Hospice Services

University of Pennsylvania Health
System

Palliative Care & Hospice



Curative / remissive therapy



Who qualifies for hospice?

- To receive care covered by the Medicare Hospice Benefit or other insurers:
 - Patient must have a **prognosis of 6 months or less** if the disease follows its natural course, as certified by 2 physicians.
 - Patient must **agree not to pursue life-sustaining or curative treatment for the terminal disease.**

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- Spiritual counseling
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Who pays for hospice care?

- In the United States, the majority of hospice care is paid for by **Medicare**.
- Most states offer hospice coverage under **Medicaid**.
- Most **private health insurance** policies and HMO's offer hospice coverage and benefits.

Gray Area: Special Interventions

Special interventions are decided on a case-by-case basis by individual hospices

- Parental fluids
- Enteral feeding
- Total parental nutrition
- Radiation therapy
- Blood Transfusions
- Chemotherapy
- Antibiotics
- Laboratory

Common *Misconceptions* about Hospice

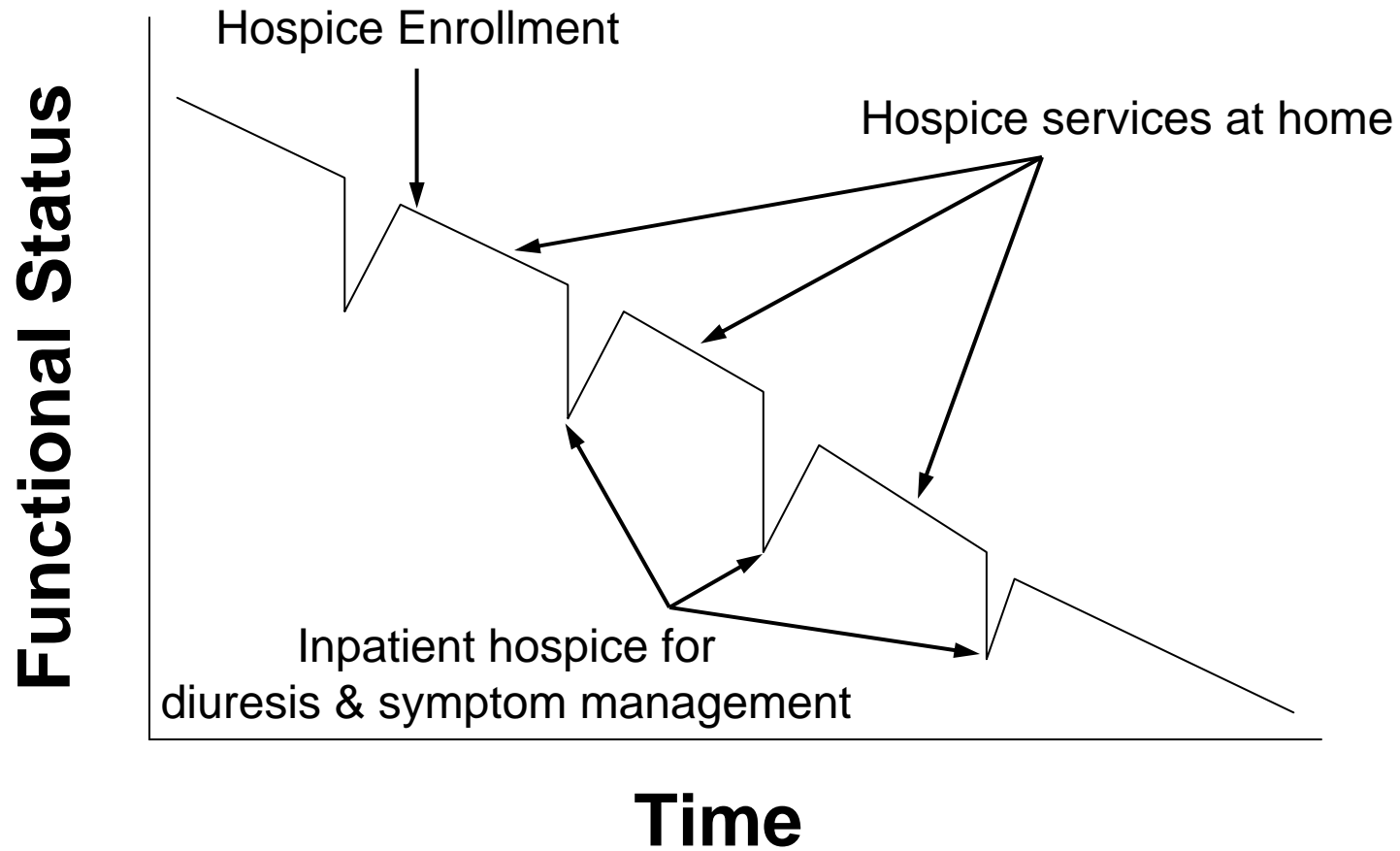
- Only for:
 - Inpatient care
 - For cancer patients
 - For imminently dying
- Lose contact with primary care provider
- Expensive/not covered by insurance
- Hasten dying process
- Unable to withdraw from hospice

Combined data from D. Casarett (NHPCO study, RWJF Gallup survey in 1999; AD caregivers study, Bereaved caregivers study)

Where can patients receive hospice services?

- **Routine home care**
 - At home, in long-term care facility (LTCF)
 - **General inpatient care**
 - In hospital setting of hospice inpatient unit
 - Inpatient respite care
 - Continuous home care
-
- Hospice organizations receive a daily payment based on the level of care the patient medically requires.

Hospice Services for CHF



To Make a Hospice Referral

- **Ask patient** if they may be interested in learning more about the services offered through hospice
- **Inform floor social worker** that patient would like more information about hospice. The floor social worker will contact hospice
- **For outpatient referrals**, call hospice directly:
Penn Wissahickon Hospice: 1-866-888-8598
- Contact me with any questions:
 - Cell: 215-200-0419
 - joseph.straton@uphs.upenn.edu

HUP Hospice Team

- Physician
 - Joseph Straton, MD MSCE
- Nurse Practitioner
 - Jennifer McElveen, MSN
- Hospice Social Worker
 - Lenore Khan, MSW
- Hospice Chaplain
 - Rev. Arthur Gilbert, M Div

Inpatient Hospice Care

- **Eligibility:** Patients who qualify for hospice **and** require inpatient care for symptom management or for imminently approaching death
- **Goals of UPHS inpatient hospice program:**
 - A. provide superior supportive care for patients and families
 - B. provide expertise in symptom management and end-of-life care to support the attending medical and surgical teams
 - C. educate physicians and nurses in symptom management and end-of-life care

Inpatient Hospice at HUP: Outcomes

- **Improved Access to Hospice Services:**
 - ~200 hospice inpatients/year at HUP
 - Represents 20% of all patients dying at HUP
 - MLOS on inpatient hospice: 3 days
 - Improved symptom management and family support
- **Improved Hospital Resource Utilization:**
 - ~75% reduction in median daily charges compared to non-hospice patients who died at HUP
 - Expedited enrollment to home hospice on hospital discharge

Penn Hospice at Rittenhouse

- A dedicated 12-bed hospice inpatient unit
- Fall 2008 at Penn Medicine at Rittenhouse (formerly Graduate Hospital)
- All single rooms
 - Family encouraged to sleep in room
- Spacious family areas
 - Living room with fireplace, kitchen & dining area
- 24-hour family access

Discussing hospice: Emphasize the positive

- Hospice is a package of helpful services
- Hospice services are highly valued by:
 - Patients
 - Caregivers
- A good time to enroll in hospice is when the benefits of the services will be helpful
- Enrolling in hospice doesn't mean you're going to die soon
- Hospice is for people who want to concentrate on staying comfortable.

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Resources

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- Joseph Straton, MD MSCE
 - 215-200-0419
 - joseph.straton@uphs.upenn.edu
- American Academy of Hospice and Palliative Medicine: www.aahpm.org
- National Hospice and Palliative Care Organization: www.nhpco.org