



HERMELIN
BRAIN TUMOR CENTER
A Place for New Hope



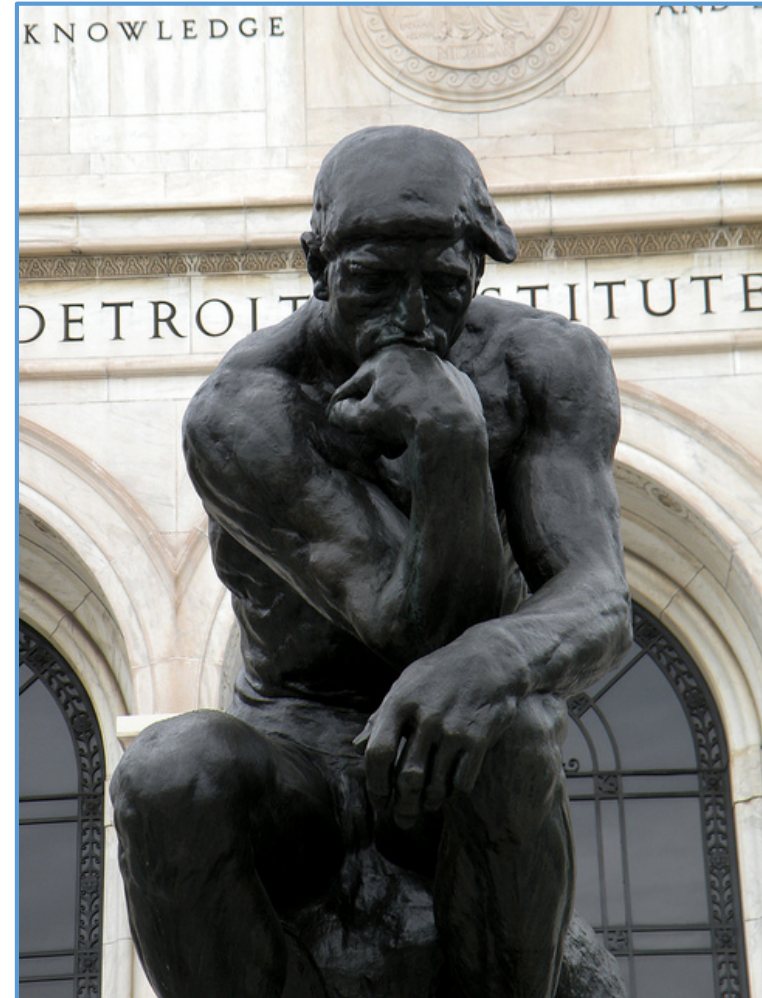
Palliative and supportive care for people with brain tumours

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Disclosures

- Advisory Board: Novocure



The Thinker - Auguste Rodin
Detroit Institute of Art

Learning Objectives

- What is palliative care – definitions
- Why is palliative care not hospice
- The changing role of palliative care
- Symptom Assessment in neuro-oncology
- Palliative care in neuro-oncology: Major symptoms

What is Palliative Care?

*“...an **approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the **prevention and relief of suffering** by means of early identification and impeccable assessment and **treatment of pain and other problems, physical, psychosocial and spiritual....**”***

<http://www.who.int/cancer/palliative/definition/en/>

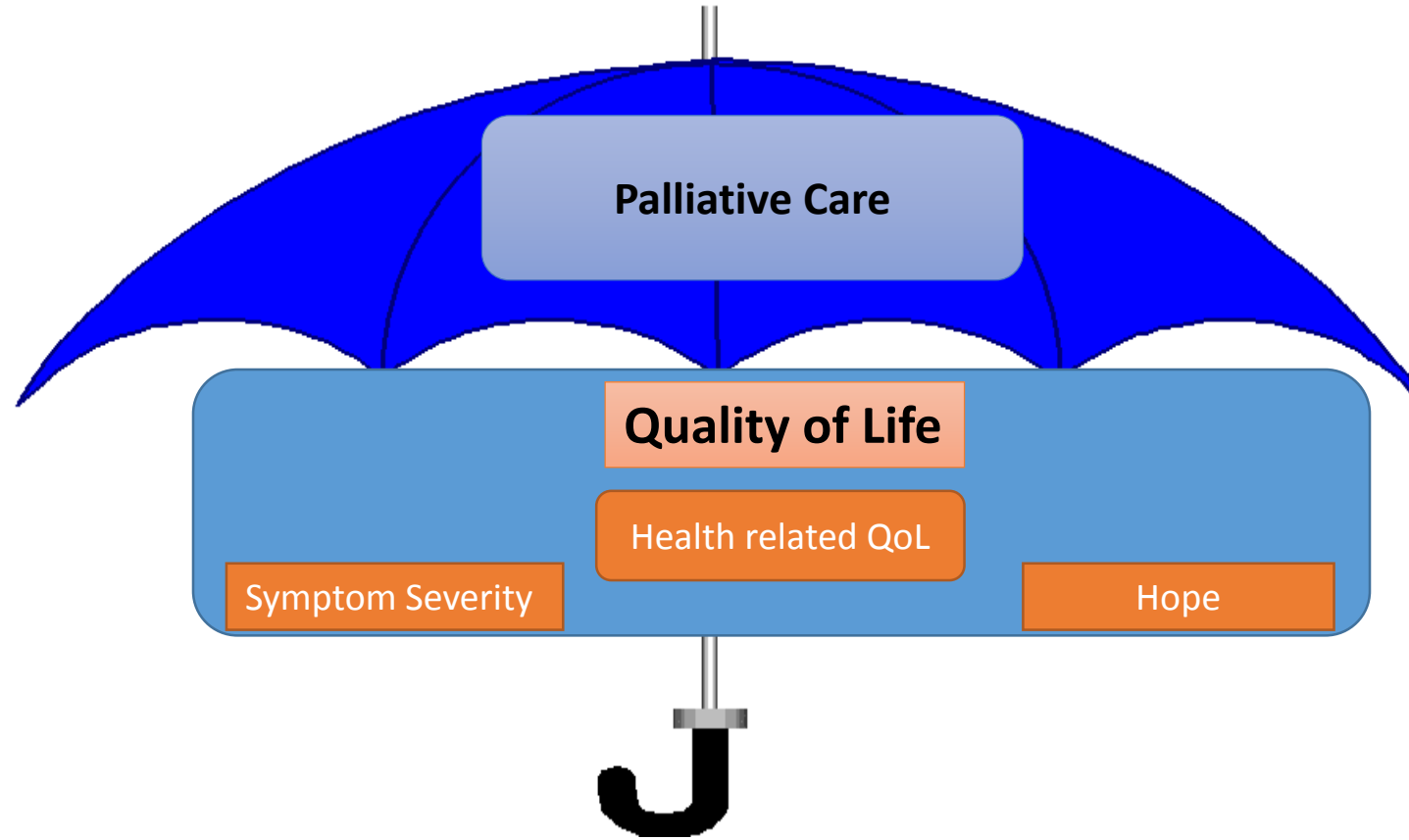


Palliative Care

- Provides relief in the setting of:
 - Pain
 - Shortness of breath
 - Fatigue
 - Nausea
 - Other distressing symptoms
 - Psychological suffering
 - Discussion of goals of care
- Inpatient as well as outpatient setting



Palliative Care is about Quality of Life for Patients and Caregivers



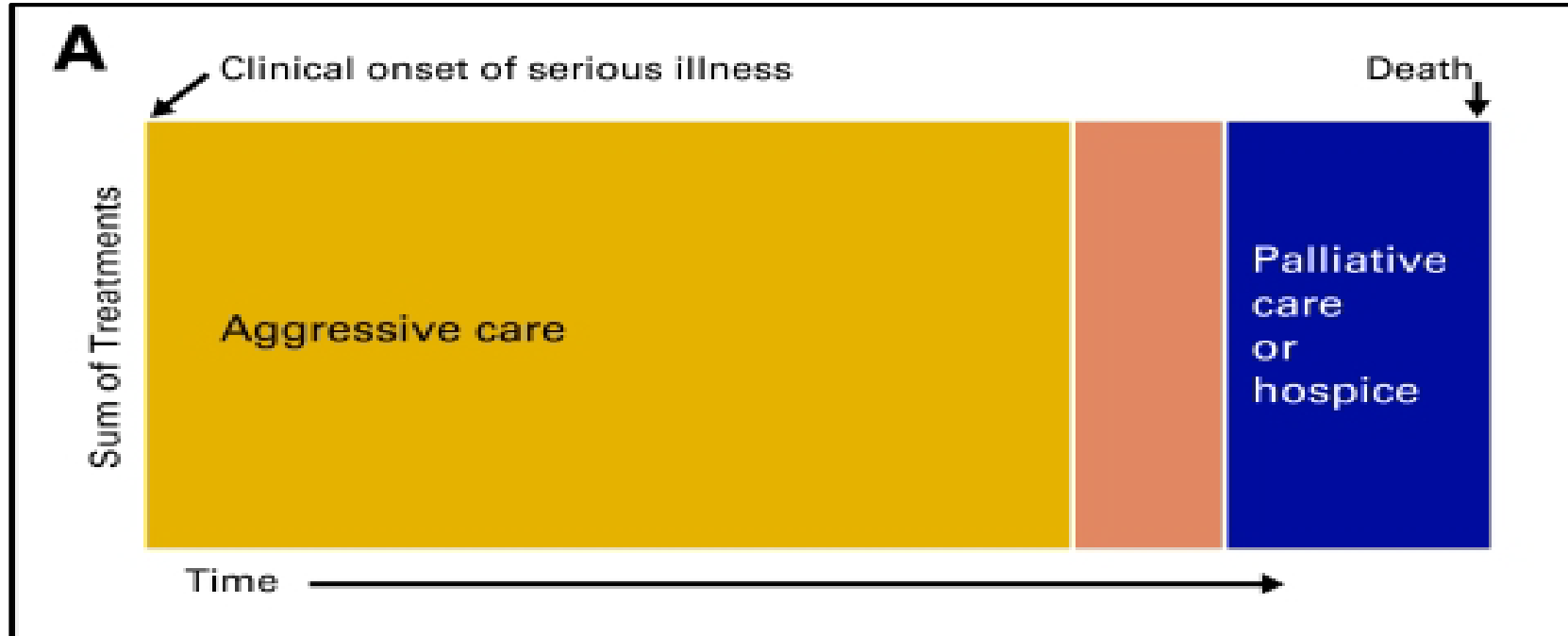
Palliative Care....a team approach

- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help the family cope
- Uses an interdisciplinary team to address the needs of patients and families
 - *Physicians and/or midlevel providers*
 - *Social work*
 - *Volunteers*
 - *Spiritual counseling*
- Intends neither to hasten nor to postpone death
- Palliative care can be applied early in the course of the disease & in conjunction with other therapies (chemotherapy, radiation,...)

Achieving relief from suffering

- Early identification and assessment
- Treatment of pain and physical problems
- Addressing psychosocial, spiritual, family issues
- Intends neither to hasten nor to postpone death

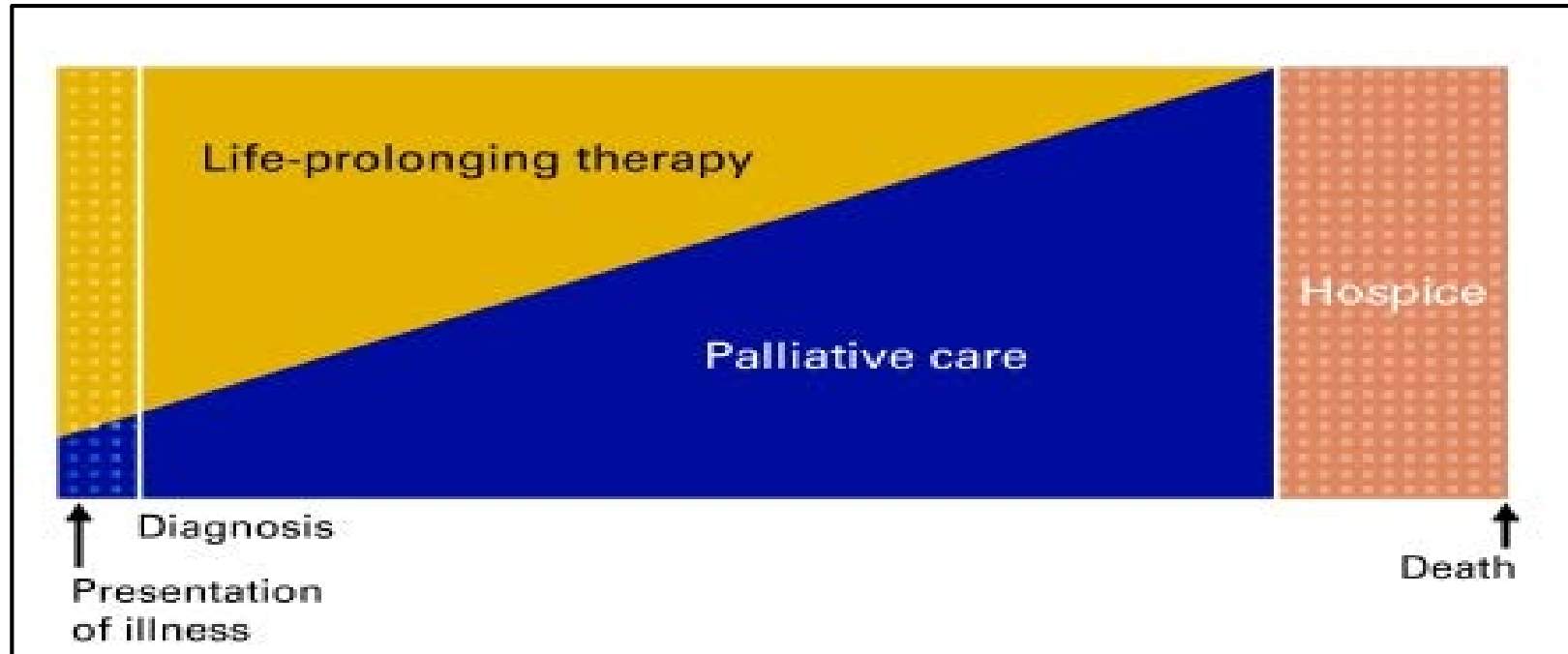
Traditional Palliative Care Model



Disadvantages:

- Referrals too late “to make a difference”
- Patients referred too late for meaningful decision making

Early integration of palliative care



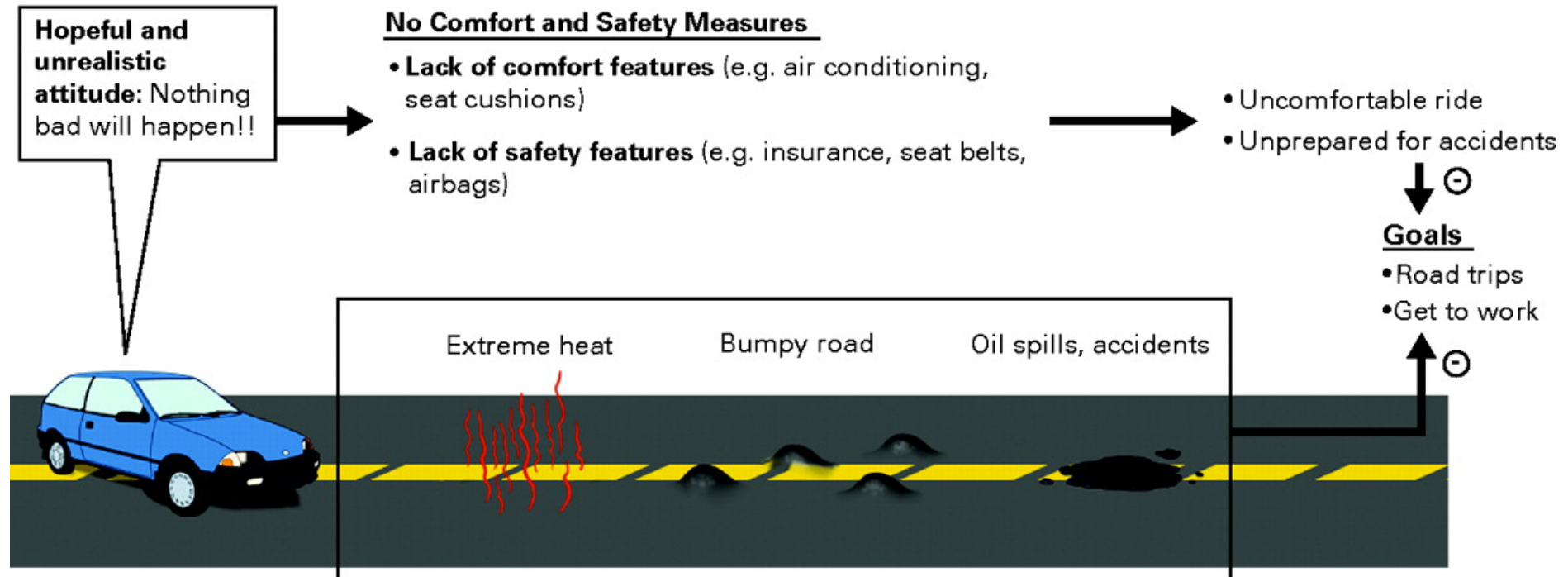
Advantages:

- Enhanced symptom management to increase quality of life
- Patients have cognitive ability to engage in meaningful decision making
- Development of a trusting relationship with palliative care provider

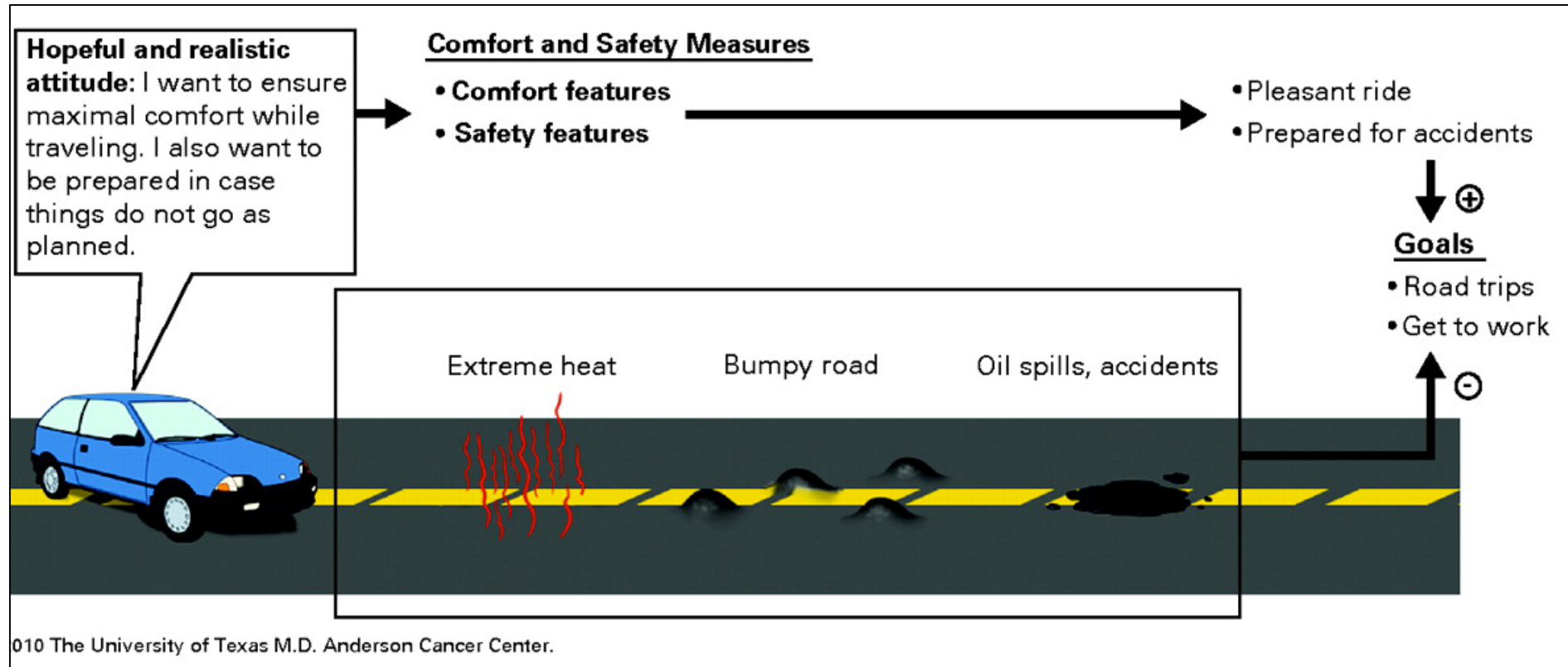
Early integration of palliative care

- Enhanced and proactive symptom management to increase quality of life
- Patients have cognitive ability to engage in meaningful decision making
- Development of a trusting relationship with palliative care provider

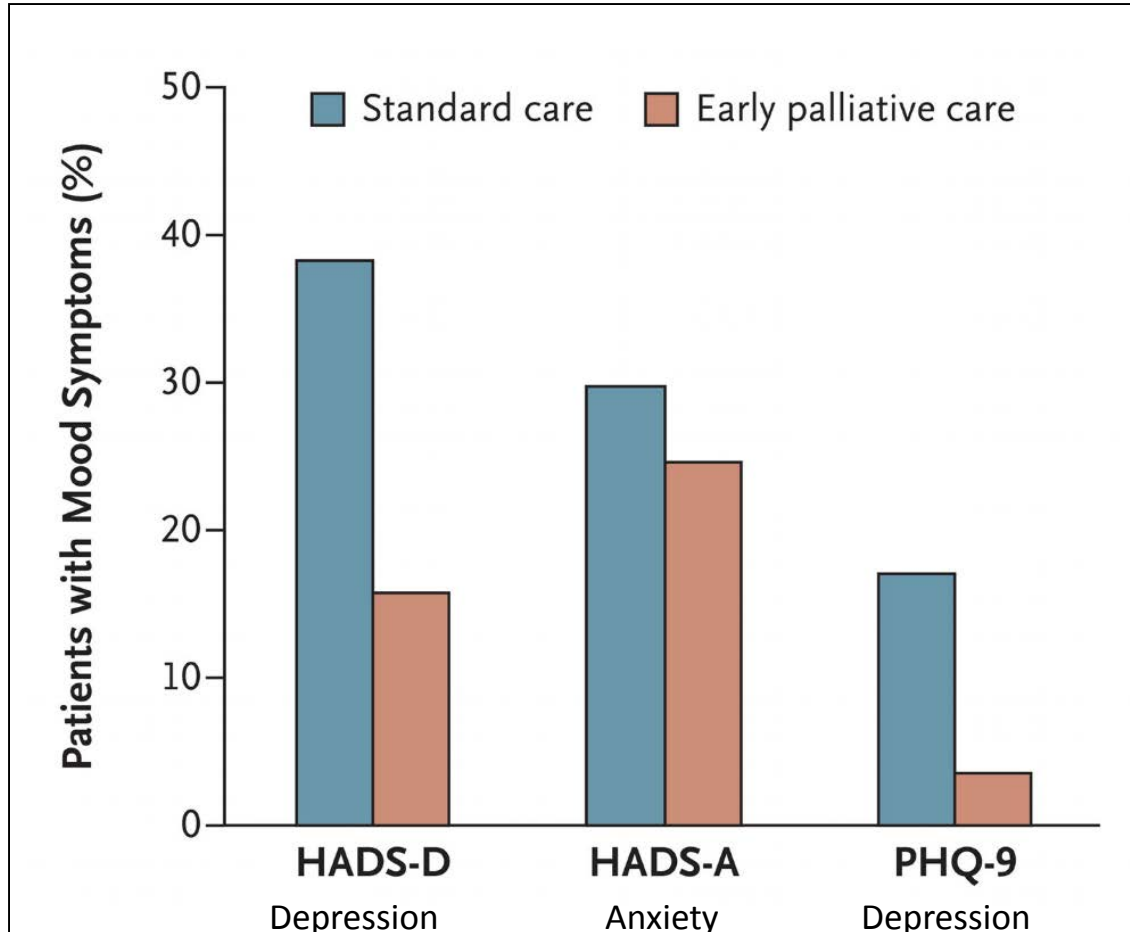
The Road Trip Analogy



The Road Trip – Being Prepared



Integrated Early Palliative Care in Lung Cancer



Hospital Anxiety and Depression Scale:
HADS-D: Depression
HADS-A: Anxiety

Patient Health Questionnaire 9:
PHQ-9: Depression

- Less Depression
- Less Anxiety

Randomized one-center trial with 151 patients

Palliative Care in Neuro-Oncology

- Symptom Assessment
- Seizures
- Fatigue
- Depression and Anxiety
- End of life decision making

Walbert T and Chasteen K. Cancer Treat Res. 2015 ;163:171-84
Ford E et al., Neurooncology 2012 ;14:392-404

Symptom Instruments in Neuro-Oncology

- Quality of Life Instruments:
 - **EORTC QLQ30** general + **BN20** brain tumor module
 - Function Assessment of Cancer Therapy **FACT-Br**
- Multidimensional Symptom severity and burden:
 - M.D. Anderson Symptom Inventory Brain Tumor- **MDASI-BT**
- Depression/ Anxiety:
 - Patient Health Questionnaire (PHQ9)
 - Hospital Anxiety and Depression Scale (HAD)

Seizures

- Seizures affect 30% - 80% of all patients
 - Low grade tumors (WHO II): 60-80%
 - High grade tumors (WHO IV / Glioblastoma): 30-50%
- Potentially life threatening
- High morbidity
- High distress for patients and family
- Non enzyme inducing anti-epileptics preferred
- Primary seizure prophylaxis is not recommended
- End-of- Life seizure management important for peaceful death

Fatigue

- Fatigue:
 - Persistent sensation of physical, cognitive, or emotional tiredness that is not linked to any recent activity.
- Mostly during radiation therapy (80%)
- Mechanism unknown: patients should be screened for depression, pain, anemia, sleep issues, thyroid dysfunction, low Vitamin D or Vitamin B12, malnutrition, medication side effects
- Risk factors: older age, female sex, decreased performance status, treatment-related factors

Depression and Anxiety

- Depression 15–39 % in glioma patients
 - Risk factors: prior history of depression, functional impairment, female sex
 - Weak association with reduced survival
- Anxiety 30–48 %
 - Risk factors: prior history of psychiatric illness, female sex, steroid use, sleep deprivation
- Negatively associated with quality of life
- Screening: PHQ9, Hospital Anxiety and Depression Scale (HAD)
- Psychosocial intervention, pharmacologic treatment

Key Message

- Palliative care has the potential to **decrease symptom burden** and **increase quality of life** of patients and caregivers
- Symptom screening to identify potential issues
- Multidisciplinary team approach
- Symptoms impairing brain tumor patients include: seizures, fatigue, depression and anxiety

“Palliative care begins from the understanding that every patient has his or her own story, relationships and culture, and is worthy of respect as a unique individual.

This respect includes giving the best available medical care and making the advances of recent decades fully available.”

Dame Cecily Saunders

Thank you!

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“The spirit of Detroit”