

# 2019 NEWS IN ONCOLOGY



## KEYNOTE LECTURE BREAKTHROUGH ON PALLIATIVE CARE *Moderatore: Massimo Aglietta*

Chemioterapia ed end-of-life care:  
un ossimoro concettualmente valido?



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# Potenziali conflitti di interesse

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- Celgene
- Eisai
- Incyte
- Ipsen
- Janssen
- Lilly
- Molteni
- MSD
- Novartis
- Pfizer
- Roche
- Foundation Medicine
- Nanostring

...

# Chemioterapia ed end-of-life care

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**About 8,950,000 results**

"chemotherapy" "end of life"

## Chemioterapia ed end-of-life care

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**About 8,950,000 results +  
About 914,000 results**

"chemotherapy" "end of life"

immunotherapy at "end of life"

# Chemioterapia ed end-of-life care

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Univ Toledo Law Rev. 1997 Spring;28(3):521-46.  
**Treating medical charts near the end of life: how legal anxieties inhibit good patient deaths.**  
Kapp MB<sup>1</sup>.  
1 Departments of Community Health and Psychiatry, Wright State University School of Medicine, Dayton, OH, USA.

**End-of-Life Cancer Care: Progress Still Needed**  
Linda R. Benson  
JNCI: Journal of the National Cancer Institute, Volume 93, Issue 18, 19 September 2001, Pages 1368-1369, <https://doi.org/10.1093/jnci/93.18.1368>  
Published: 19 September 2001

"chemotherapy" "end of life"

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# Chemioterapia ed end-of-life care

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## End-of-Life Cancer Care: Progress Still Needed

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**Published:** 19 September 2001

### Questioning Chemotherapy

Matching Medicare records with 1996 Massachusetts death certificates, Emanuel and his colleagues identified 7,919 Medicare fee-for-service patients whose deaths were attributed to cancer. They found that 41% of the patients had received chemotherapy in the last year of life; 26% had chemotherapy in the last 3 months; and 14% in their last month of life. Younger patients in the group (aged 65–74 years) were more likely to have received chemotherapy than older ones

**26% of the pts  
received CT in the last  
3 months**

**14% of the pts  
received CT in the last  
month**

**2001**

# The *therapeutic inertia*

persistence of inappropriate antitumor treatments in non-responding terminal patients

# *The therapeutic inertia*

## **persistence of inappropriate antitumor treatments in non-responding terminal patients**

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- The decision to stop a specific treatment in favor of the best palliative care is still incredibly hard
- The appropriate use of chemotherapy is still unclear near death.
  - The subtle difference between curative and palliative intent when palliative chemotherapy can extend life is under debate.
- In addition, patient prognosis is complex to predict and the few survival prediction tools available are not easy to use.
- To date, there has been a lack of international guidelines on the management of cancer patients near death, except for the American Society of Clinical Oncology (ASCO) and the European Society of Medical Oncology.



# The *therapeutic inertia* ASCO

## persistence of inappropriate antitumor treatments in non-responding terminal patients

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### GOALS OF INDIVIDUALIZED CARE FOR PATIENTS WITH ADVANCED CANCER

- Can We Treat the Cancer?
- How Can We Maximize Quality of Life?
- Consideration of Clinical Trials
- Candid Conversations Are Key

### BARRIERS TO ACHIEVING INDIVIDUALIZED CARE FOR PATIENTS WITH ADVANCED CANCER

- Awareness of the Importance of the Issue
- Guidelines for Discontinuing Cancer-Directed Therapies
- Systemic Barriers to Individualized Care of Patients With Advanced Cancer
- Barriers to Consideration of Research Participation

### HOW DO WE GET THERE FROM HERE?

- Emphasize Individualized Care in Education, Training, and Quality Improvement Programs
- Support for Individualized Care
- Empowering Patients
- Need for Further Research in Advanced Cancer Care

# The *therapeutic inertia* ASCO

persistence of inappropriate antitumor treatments in non-responding terminal patients

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### BARRIERS TO ACHIEVING INDIVIDUALIZED CARE FOR PATIENTS WITH ADVANCED CANCER

#### Guidelines for Discontinuing Cancer-Directed Therapies

Although there are clear guidelines for when to stop disease directed therapy in some settings, clinicians may be unaware of the guidelines or uncertain whether they apply to a given patient.

In many cases, there is some degree of uncertainty surrounding immediate prognosis and the potential for benefit or toxicity from a standard intervention, even if the statistical likelihood of response is low. In addition, the likelihood of direct personal benefit from any experimental intervention being considered is, by definition, unknown.

# Prognostic impact of end-of-life chemotherapy in the last weeks for patients with advanced cancer

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- Glasgow Prognostic Score and ECOG-PS were significant prognostic factors for over-treatment of end-of-life chemotherapy.
- Information about these factors can aid clinical decision-making in individual patient risk stratification, especially in palliative care settings, and in the further development of prospective cohort studies about end-of-life chemotherapy.

# Quali sono i risultati nella vita reale?



# End-of-life chemotherapy and adherence to 2012 ASCO's Top Five List recommendations: A single-center retrospective review.

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- End-of-life palliative chemotherapy does not improve quality of life nor does it prolong survival of terminal cancer patients.
- On the contrary, it is related not only to increased health costs, but also to severe therapy related side effects and to patient and caregiver distress.

# End-of-life chemotherapy and adherence to 2012 ASCO's Top Five List recommendations: A single-center retrospective review.

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- 181 patients were included in the study.
  - 22% (40 patients) of these received chemotherapy in the last 4 weeks, and 6% (10 patients) in the last 2 weeks of life.
  - 45% (18) of patients who were actively treated in the last month of life began a new chemotherapeutic regimen within the same period of time.
  - Recently diagnosed patients were more likely to be treated aggressively in their last weeks of life.
  - 12% of patients (7 patients) who started a new chemotherapeutic regimen within 90 days of death had already received 3 or more previous regimens.
  - 16% of them (19 patients) had an ECOG PS of 3 or 4 at the beginning of the last regimen.

# End-of-life chemotherapy and adherence to 2012 ASCO's Top Five List recommendations: A single-center retrospective review.

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## • Conclusions

- Almost 1 patient out of 4 receives end-of-life chemotherapy at our institute.
- About 30% of our patients began a new chemotherapeutic regimen even though they were in compromised clinical conditions or did not respond to 3 or more previous regimens.

Our data highlight a relevant abuse of active anticancer treatments; efforts should be done to reduce these figures and to focus on supportive care near the end of life.

# The “*exceptional responders*”

## The “*exceptional responders*”

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THE HEALTH ISSUE

# Learning From the Lazarus Effect



# Qual'è la domanda giusta?

# Qual'è la domanda giusta?

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# Come posso aiutarla?

# Qual'è la domanda giusta?

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- Definiamo gli obiettivi terapeutici
- Identifichiamo obiettivi realistici e prossimi
- Comunichiamo correttamente le nostre realistiche attese (***a volte***, con una eccezione sulla prognosi)

# Qual'è la domanda giusta?

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- Definiamo gli obiettivi terapeutici
- Identifichiamo obiettivi realistici e prossimi
- Comunichiamo correttamente le nostre realistiche attese (***a volte***, con una eccezione sulla prognosi)
- Non uccidiamo la speranza

Uno su mille ce la fa

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# Palliative Chemotherapy Near the End of Life in Oncology Patients

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- 542 patients in the study
  - 85 (15.7%) underwent palliative chemotherapy during the last month and 28 (5.2%) underwent it during the last 2 weeks of life
  - The use of palliative chemotherapy during the last year of life differed significantly by patient age ( $P < .001$ ).

This study showed that palliative chemotherapy is associated with more aggressive EOL care and indicates that younger patients and those with lower performance status are more likely to receive palliative chemotherapy.

# Chemotherapy and palliative care near end-of life

## *The IRST-IRCCS Meldola experience*

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Of the 365 patients who died before 31 December 2014:

- 26 (7.1%) received chemotherapy in the last 14 days of life
- 36 (9.8%) started a new chemotherapy regimen in the last 30 days of life
- Factors associated with the overuse of chemotherapy were
  - < 70 years of age for both indicators
  - not having received advanced chemotherapy treatments for the former indicator.
- The majority of patients (74.7%) had access to hospice services, of whom only a small percentage (7.2%) accessed them very near to death.

# Come evitare che gli Enti regolatori si sostituiscano ai **M**edici?

ASCO 2019

Dr. Monica M. Bertagnolli

Presidential Address at the Opening Session of 2019 ASCO Annual Meeting on Saturday, June 1, 2019

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Avere cura di ogni Paziente  
Imparare da ogni Paziente

# La comunicazione in oncologia.

## Necessità clinica o inutile complicazione assistenziale?

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- Cosa abbiamo imparato?
  - Le abilità comunicative e interpersonali nel fornire informazioni difficili ***non sono innate o intuitive***, ma rappresentano una attività clinica complessa, che richiede specifiche abilità verbali e non verbali così come auto riflessione, autoconsapevolezza e preparazione specifica.



La comunicazione in oncologia.

Necessità clinica o inutile complicazione assistenziale?

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**Prescribing “the doctor” is one of the most powerful medicine’s in the physician’s arsenal...**

*Michael Balint MD*

*"The Doctor, The Patient and The Illness"*

# La comunicazione in oncologia.

## Necessità clinica o inutile complicazione assistenziale?

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- Aumenta la fiducia nel medico e la soddisfazione del Paziente anche per argomenti difficili
- Migliora il lavoro di gruppo nell'équipe
- Riduce il burnout negli operatori
- Riduce la probabilità che il paziente riceva chemioterapia o accertamenti inutili (e costosi) alla fine della vita
- Migliora la percezione del sostegno al Paziente e alla sua famiglia
- Migliora la acquisizione del consenso informato
- Promuove l'arruolamento negli studi clinici
- Aumenta la compliance e riduce il contenzioso legale

# Engaged Patients

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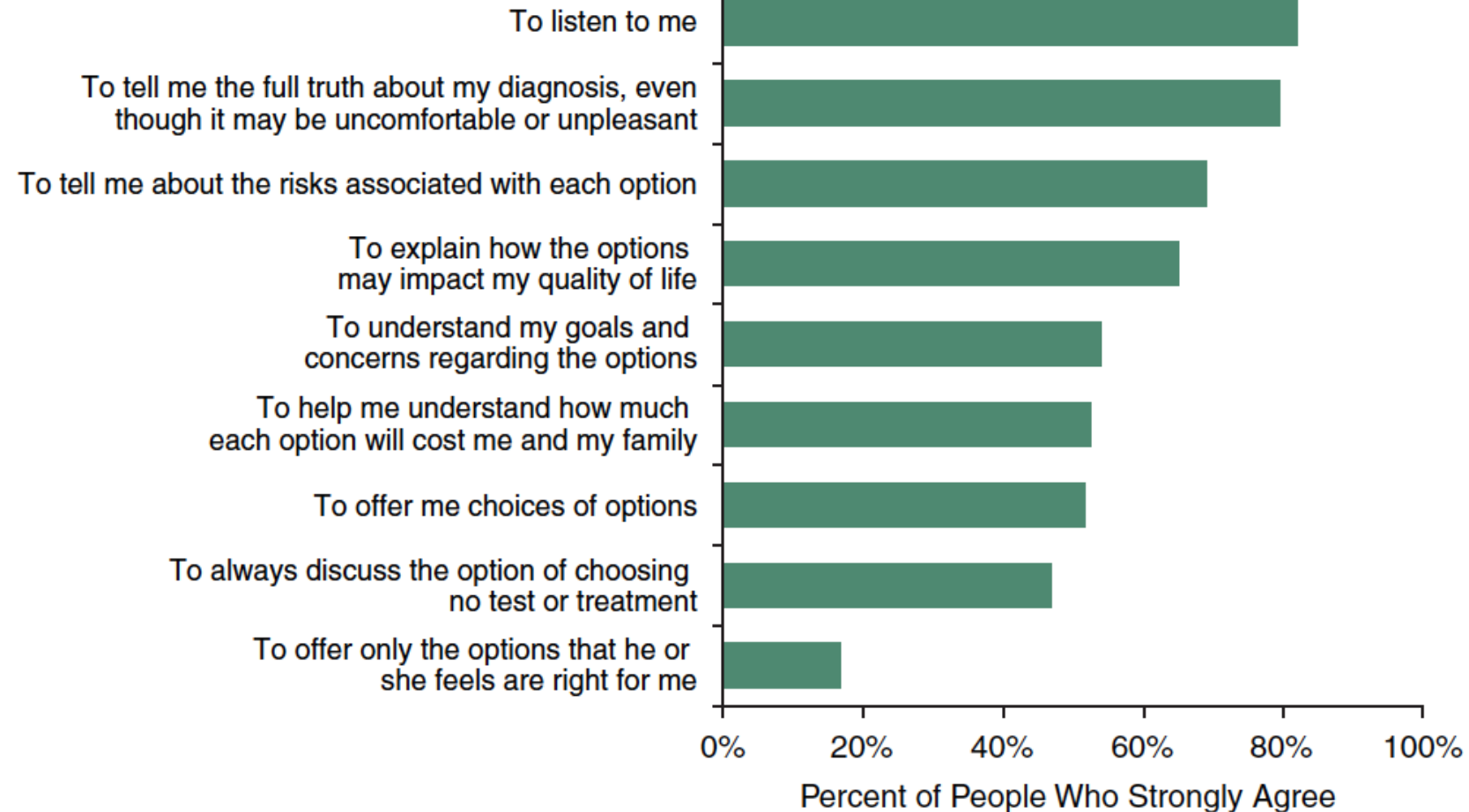
The most important goal of a high-quality cancer care delivery system: ***meeting the needs of Patients with cancer and their families.***

- Such a system should support all Patients and families in making informed health care decisions that are consistent with their ***needs, values, and preferences***, and considers palliative care needs and psychosocial support across the cancer care continuum.

# Engaged Patients: *what does it mean?*

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I want my health care clinician...



## Engaged Patients

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- Patient-centered communication and shared decision making in oncology are suboptimal.

# La comunicazione in oncologia.

## Ostacoli nella discussione della diagnosi e della prognosi

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- Convinzioni, atteggiamenti mentali:
  - “essere vaghi dà speranza”
  - “nascondere la verità significa proteggere il paziente”;
  - “i pazienti non vogliono sapere la verità”;
  - “i pazienti anziani sono fragili ed è meglio parlare prima con i familiari”;
  - “un medico che non può più offrire terapie curative non ha niente da offrire”,
  - “i medici devono sempre dire qualcosa”
- Emozioni:
  - impotenza, ansia, tristezza, colpa, frustrazione/rabbia, vergogna

# Comunicare la prognosi

## *Come?*

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- Numeri, percentuali, numeri...
- Facile, poco coinvolgente, apparentemente molto tecnico.



# Comunicare la prognosi

## *Come?*

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- Numeri, percentuali, numeri...
- Facile, poco coinvolgente, apparentemente molto tecnico.

*...ma le percentuali si riferiscono a popolazioni e non al singolo paziente che siede di fronte a noi!*

# Standard Approach to Symptom Monitoring



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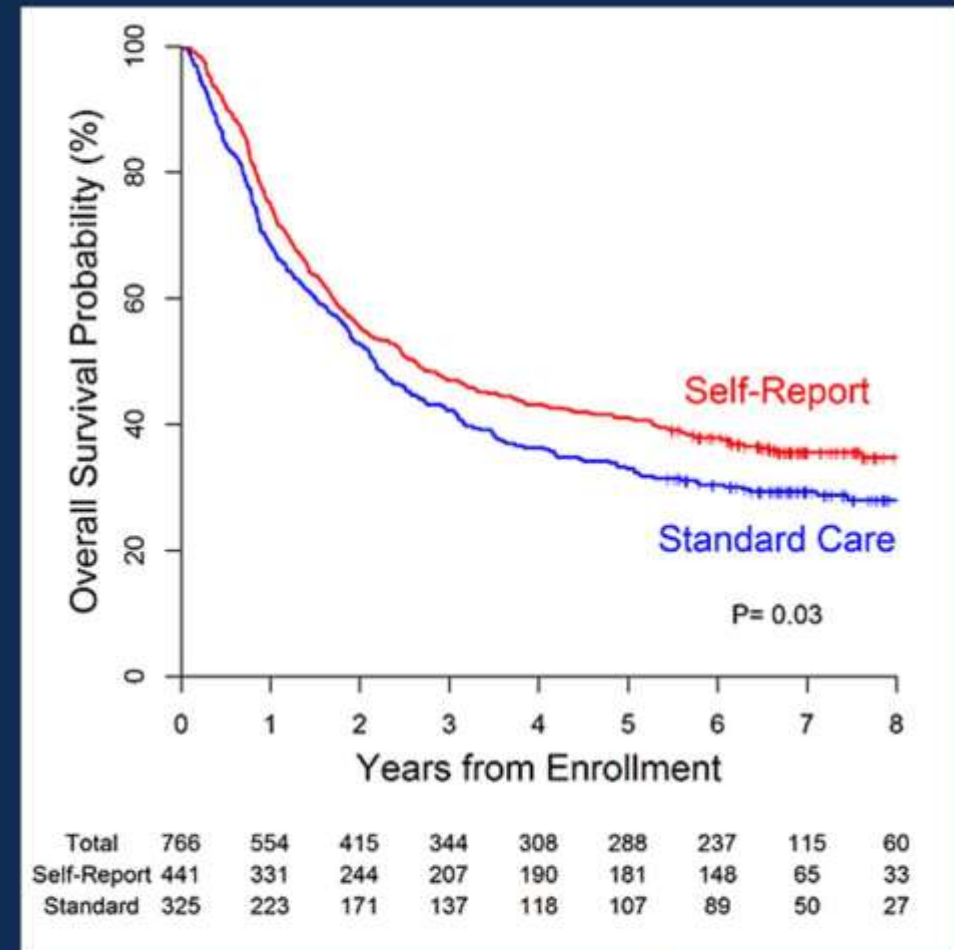
# Alternative: Systematic Symptom Monitoring



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# Overall Survival

- Compared to standard care, median survival was 5 months longer among patients in the self-reporting arm (31.2 vs. 26.0 months) ( $P=0.03$ )
- Remained significant in multivariable analysis: Adjusted hazard ratio 0.832 (95% CI; 0.696, 0.995)



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Presented by: Ethan Basch, MD





THE WORLD IS **CHANGING**

# ***Il nostro approccio proattivo***

**Teleassistenza di Pazienti in trattamento di supporto**

3/3

Il paziente segnala al medico il proprio stato di salute e riceve indicazioni terapeutiche.

**Sempre e ovunque.**

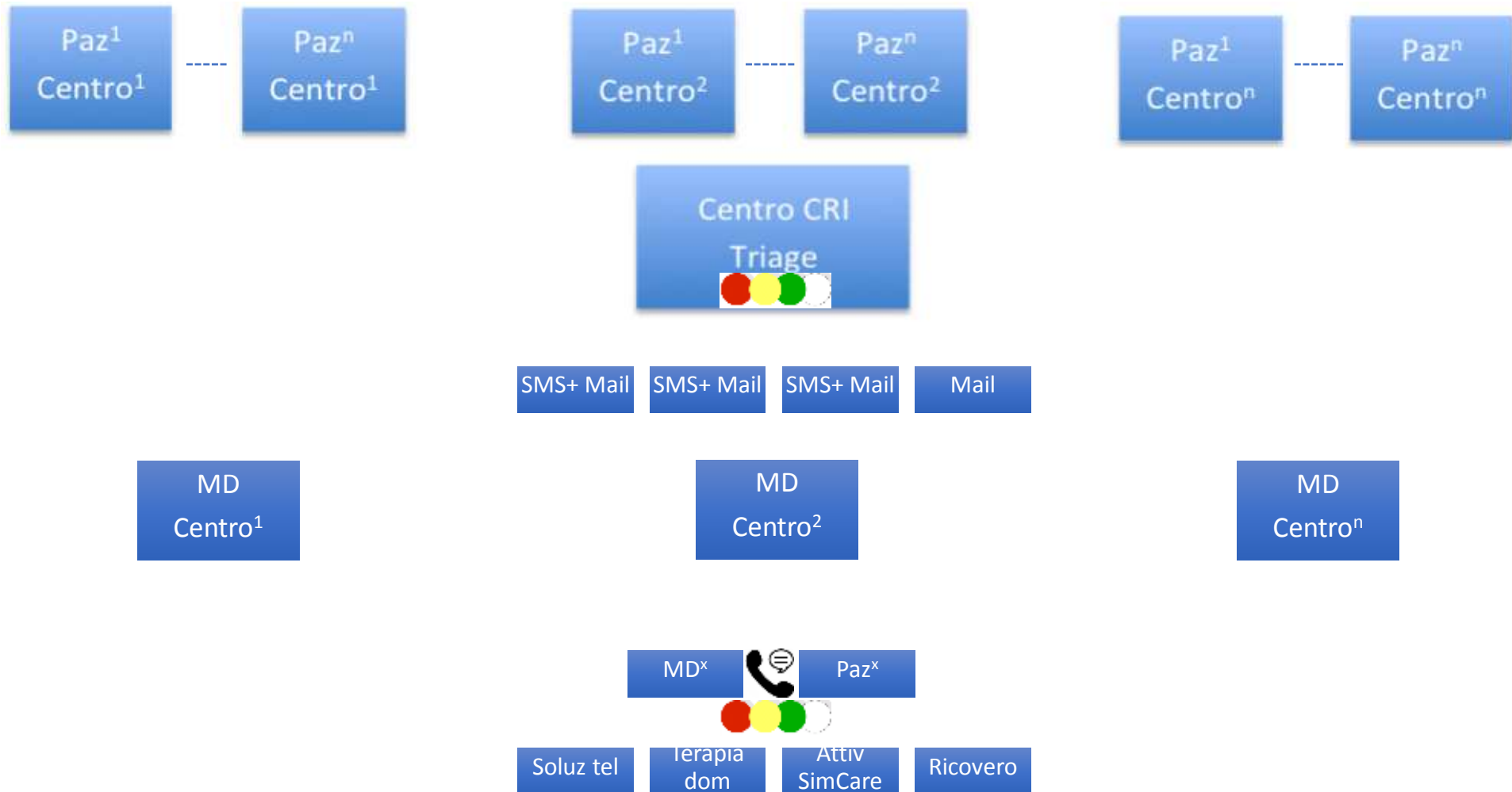
Grazie alla piattaforma **Acotel Health** un solo medico è in grado di monitorare lo stato di decine di pazienti.



SCOPRI DI PIÙ



# Progetto pilota *Immunosafe*



## MinSal

codice rosso: molto critico, pericolo di vita, priorità massima, accesso immediato alle cure;  
codice giallo: mediamente critico, presenza di rischio evolutivo, possibile pericolo di vita;  
codice verde: poco critico, assenza di rischi evolutivi, prestazioni differibili;  
codice bianco: non critico, pazienti non urgenti;



  
**Drug-PIN**



# Need

## The problems in polypharmacy today

Thousands potential complications resulting from polypharmacy  
Pharmaceutical drug side effects are discovered essentially by accident  
40% of elderly patients take 5 or more medicines per day  
Adverse drug reactions (ADRs) have a significant impact on patient health  
Despite progress in understanding the factors that condition drug effectiveness...**conventional clinical prescriptions still do not consider drug interactions, let alone the metabolism, case history and genetics of the patient.**



**Personalised Medicine (PM)** has yet to be accepted because of

The **complexity of Pharmacogenomics (PGx)** and their connections with drug interactions;  
The **lack of an adequate support system** that integrates scientific evidence in an efficient decision making process;  
The **lack of a systematic PM application** for extensively treated patients;  
The **difficulty of evaluating long-term clinical and economic benefits** due to



**Opportunity:** Reduction of non-necessary care and ADRs could reduce hospitalisations by more than 5%, prevent 197,000 deaths per year in the EU and reduce public spending by €79 Billion.





# The Solution: DRUG-PIN

Through a multidimensional approach and a complex algorithm that has been developed by university researchers over the last decade that draws on multiple updated, medical databases, each drug query on patient's profile will produce a score where penalties indicate potentially severe interactions and adverse side effects to be avoided.

By considering a patient's unique characteristics including:

Medical  
History

DNA

Behaviour

Metabolism

Diet

Efficiency of each  
drug for patient

Interactions  
between drugs



# Tumor Board

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# Virtual Consultation System

