Hospital General de Villalba

SaludMadrid

Jornada de Urología

El cáncer de próstata un desafío constante para el médico de Atención Primaria

Miércoles 24 de octubre de 2018

CUIDADOS PALIATIVOS EN EL PACIENTE CON CÁNCER DE PRÓSTATA

Hospital Central de la Cruz Roja San José y Santa Adela

Dr José Maria Fraile Vicente

Servicio de Medicina Interna

Hospital Central de la Cruz Roja

World Hospice and Palliative Care Day

World hospice & palliative care day

Voices for hospices

13/10/2018

Event registration is open for World Hospice and Palliative Care Day 2018!

Register your event now!

What is World Hospice and Palliative Care Day?

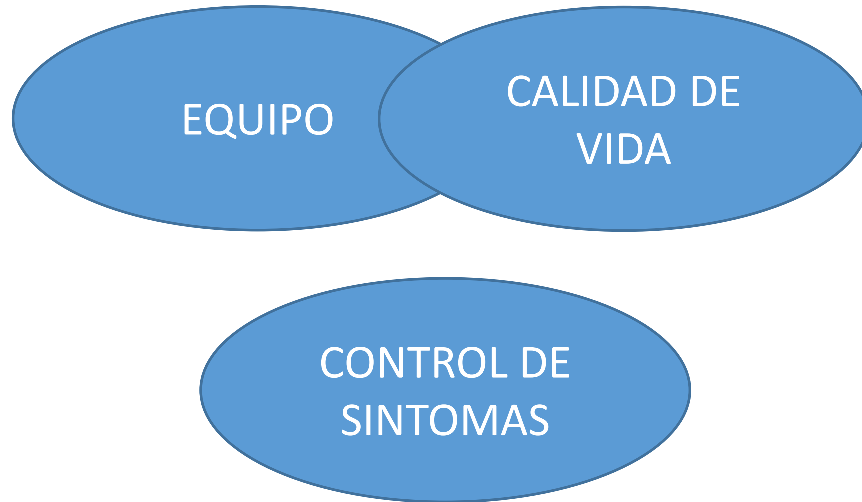
World Hospice and Palliative Care Day is a unified day of action to celebrate and support hospice and palliative care around the world. Voices for Hospices is a wave of concerts taking place on World Hospice and Palliative Care Day every two years.

What is this year's theme?

The theme of this year's World Hospice and Palliative Care Day is:

Palliative Care – Because I Matter!

CUIDADOS PALIATIVOS



CUIDADOS PALIATIVOS

CUIDADOS PALIATIVOS

Cancer

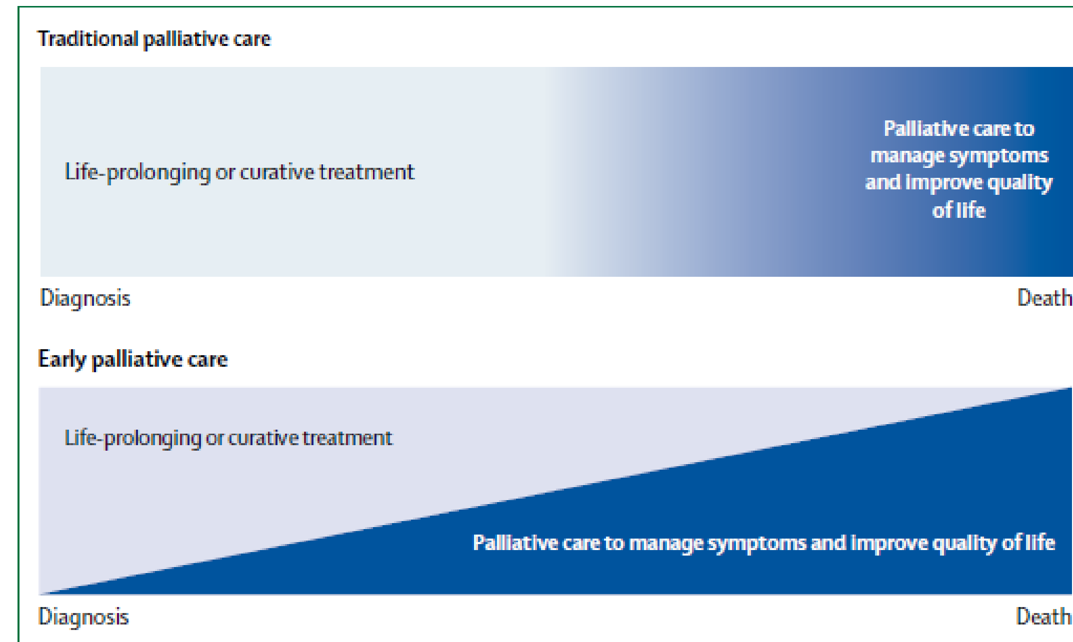
Cancer
National cancer control programmes
Prevention
Early diagnosis and screening
Treatment
Palliative care
Cancer country profiles

WHO Definition of Palliative Care

Palliative care is 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. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

CUIDADOS PALIATIVOS *PRECOCES*



Lancet Oncology Commission

Integration of oncology and palliative care: a *Lancet Oncology* Commission

Stein Kaasa, Jon H Loge*, Matti Aapro, Tit Albreht, Rebecca Anderson, Eduardo Bruera, Cinzia Brunelli, Augusto Caraceni, Andrés Cervantes, David C Currow, Luc Deliens, Marie Fallon, Xavier Gómez-Batiste, Kjersti S Grotmol, Breffni Hannon, Dagny F Haugen, Irene J Higginson, Marianne J Hjermstad, David Hui, Karin Jordan, Geana P Kurita, Philip J Larkin, Guido Miccinesi, Friedemann Nauck, Rade Pribakovic, Gary Rodin, Per Sjøgren, Patrick Stone, Camilla Zimmermann, Tonje Lundeby*

Full integration of oncology and palliative care relies on the specific knowledge and skills of two modes of care: the tumour-directed approach, the main focus of which is on treating the disease; and the host-directed approach, which

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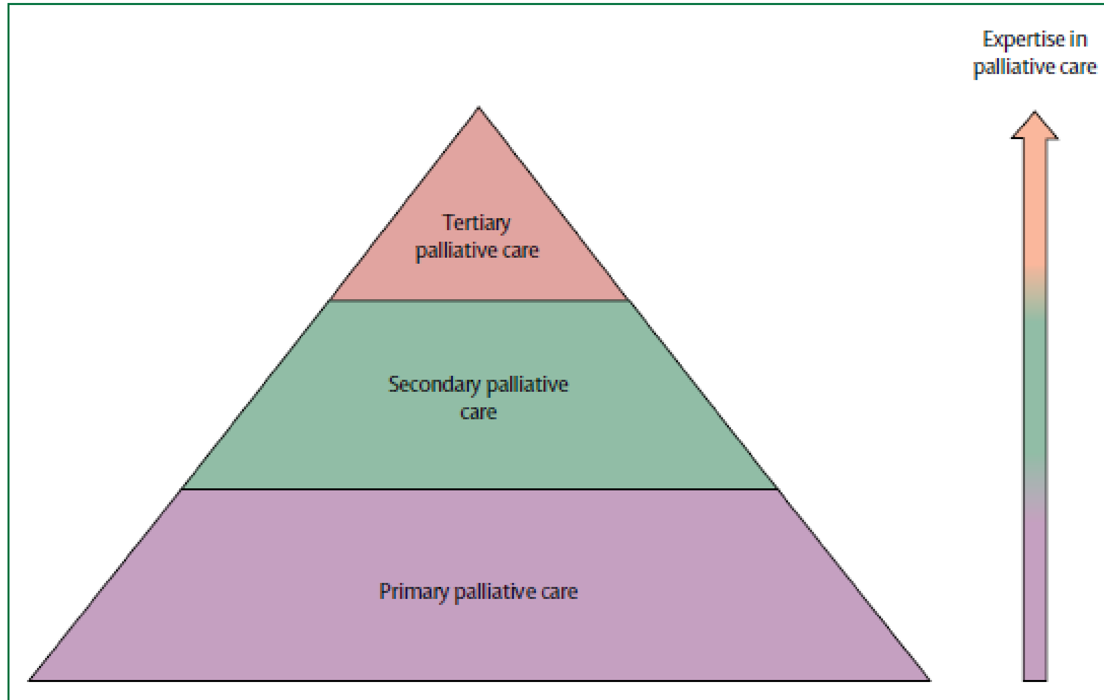
policy makers at all levels of health care, followed by adequate resource allocation, a willingness to prioritise goals and needs, and sustained enthusiasm to help generate support for better integration. This integrated model must be reflected in international and national cancer plans, and be followed by developments of new care models, education and research programmes, all of which should be adapted to the specific cultural contexts within which they are situated. Patient-centred care should be an integrated part of oncology care independent of patient prognosis and treatment intention. To achieve this goal it must be based on changes in professional cultures and priorities in health care.



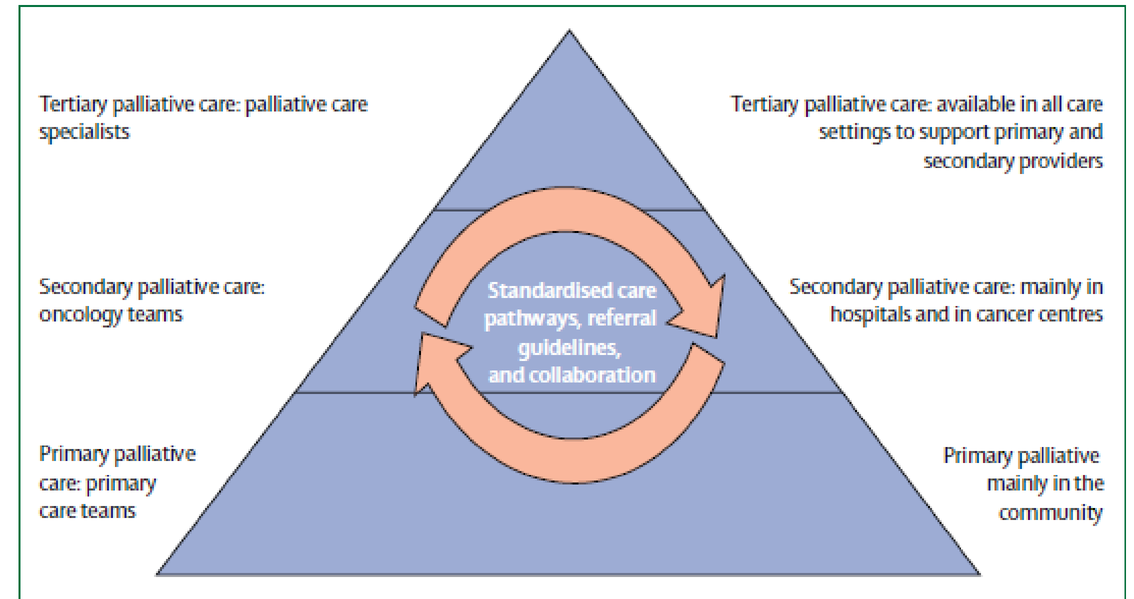


***Figure 5:* Proposed model of optimal oncology palliative care provision, including integration across providers and settings**

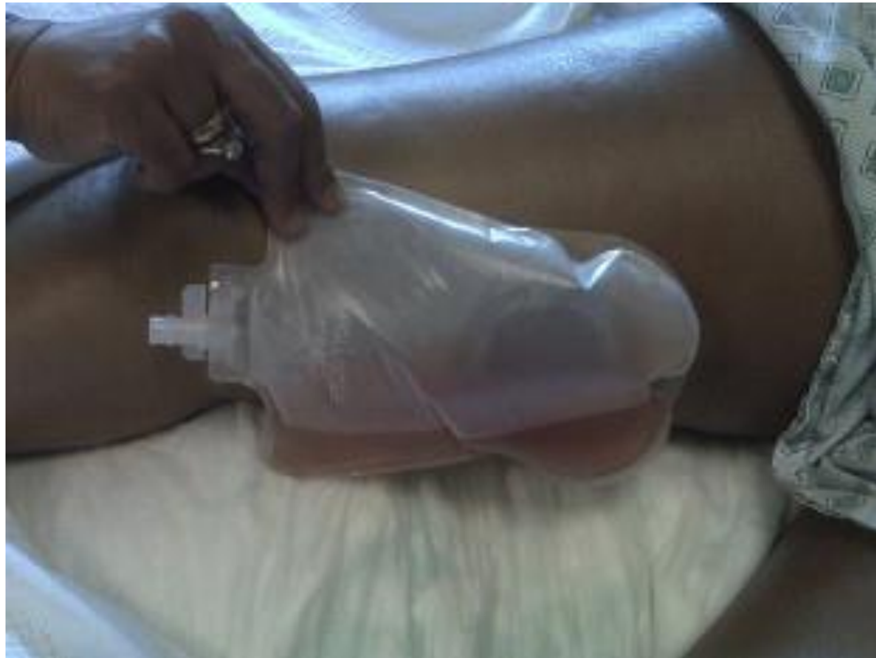
Primary palliative care is community-based care provided by general practitioners, secondary palliative care is more complex care provided by oncologists, and tertiary palliative care is complex care provided by multidisciplinary specialist palliative care teams.

CONTROL DE SINTOMAS EN CÁNCER DE PROSTATA

- Enfermedad de larga duración.
- 80% localizado, 15% regional, 5% metastásica
- Comorbilidades especificas aumentan con la progresión:
  - Metastasis óseas
  - Compresión espinal
  - Linfedema
  - Obstruccion urinaria
  - Astenia, hiporexia
  - Anemia
  - Psicologicos

Rabow MW, Lee MX. Palliative care in castrate-resistant prostate cancer. Urol Clin North Am 2012;39:491-503.

LINFEDEMA Y LINFOCENTESIS SUBCUTANEA



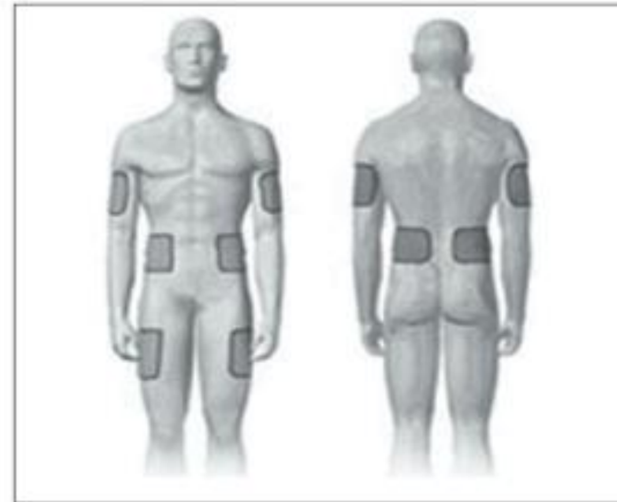


Fig.7.1. Zonas de inserción de la vía subcutánea.

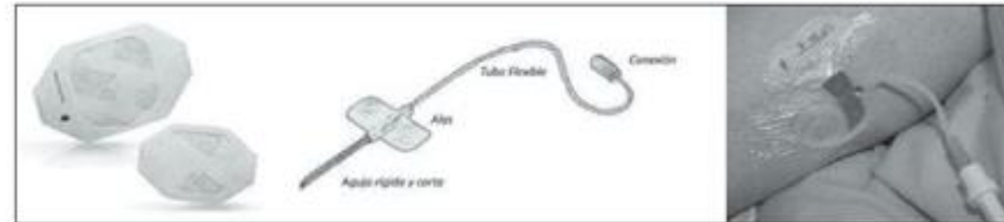


Fig.7.3. Material empleado en la vía subcutánea. Apósito transparente con palomilla.

CONTROL DE SINTOMAS EN CÁNCER DE PROSTATA

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Rabow MW, Lee MX. Palliative care in castrate-resistant prostate cancer. Urol Clin North Am 2012;39:491-503.

CONTROL DE SINTOMAS EN CÁNCER DE PROSTATA

- Comorbilidades asociadas a tratamientos (cirugía, RT):
  - LOCAL:
    - Dolor
    - DE
    - Incontinencia/alteraciones vesicales
    - Disuria / Hematuria macroscópica franca/ Estenosis
    - Astenia
  - SISTEMICOS (progresión, metastasis)
    - Bloqueo hormonal: nauseas, vomitos, diarrea, sofocos, ginecomastia, insomnio, ulcus, depresión, inmunosupresión, osteoporosis, ganancia ponderal, síntomas TUI, perdida libido
    - QT/HT/IT

Paller CJ, Antonarakis ES. Management of biochemically recurrent prostate cancer after local therapy: evolving standards of care and new directions. Clin Adv Hematol Oncol 2013;11:14-23.

Saad F, Miller K. Treatment options in castration-resistant prostate cancer: Current therapies and emerging docetaxel-based regimens. Urol Oncol 2013. [Epub ahead of print].

FARMACO	SUPERVIVENCIA (MESES)		EFECTOS SECUNDARIOS	
MITOXANTRONA	0	MEJORA SINTOMAS	Disnea, mucositis	IC, citopenias
DOCETAXEL	2,9	MITO+PREDNISONA	Neutropenia, PNP, astenia, NV	Alopecia, diarrea…
ABIRATERONA	4,6	POST-DOCETAXEL	Astenia, artralgias, edemas, hipopotasemia	Anemia, lumbalgia, dolor oseo, ITU
CABAZITAXEL	2,4	P-DOCE+MITO+PRED	Neutropenia, diarrea	NV
ERIZALUTAMIDA	4,8	P-DOCE+PRED	Astenia, diarrea, sofocos	convulsiones
Ra-223	2,8	PLACEBO	NV, edemas	

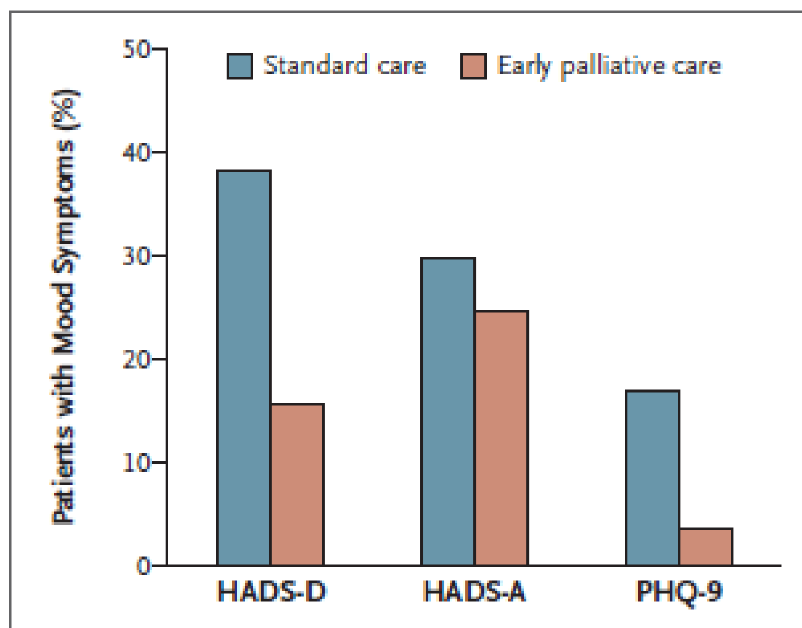
Torvinen S, Färkkilä N, Sintonen H, et al. Health-related quality of life in prostate cancer. Acta Oncol 2013;52:1094-101.

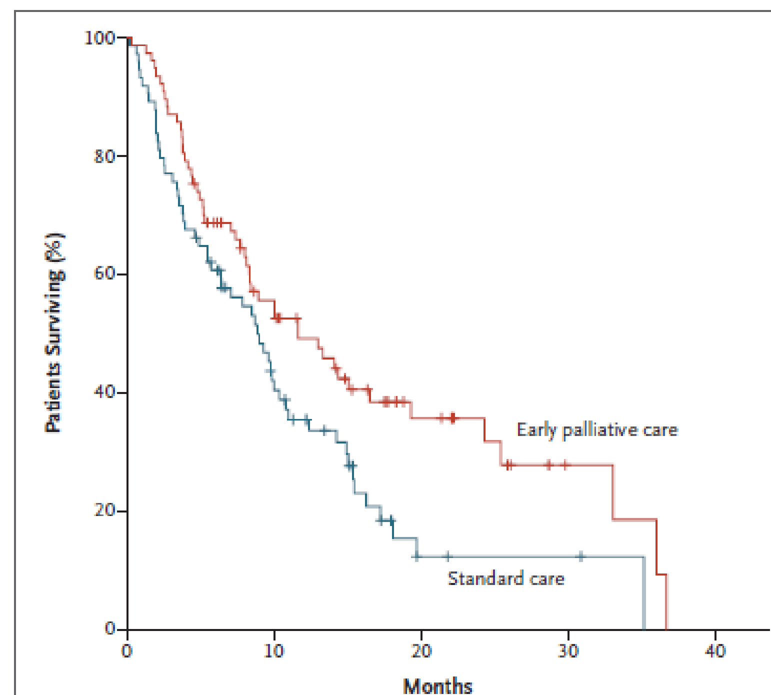
The NEW ENGLAND JOURNAL *of* MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.





Bakitas M, Lyons KD, Hegel MT, et al. Effects of a palliative care intervention on clinical outcomes in patients with advanced cancer: the Project ENABLE II randomized controlled trial. JAMA 2009;302:741-9.

Gade G, Venohr I, Conner D, et al. Impact of an inpatient palliative care team: a randomized control trial. J Palliat Med 2008;11:180-90.

Temel JS, Greer JA, Admane S, et al. Longitudinal perceptions of prognosis and goals of therapy in patients with metastatic non-small-cell lung cancer: results of a randomized study of early palliative care. J Clin Oncol 2011;29:2319-26.

Methods: We retrospectively reviewed the medical records of 55 consecutive patients with advanced prostate cancer seen in our institution's outpatient PC center. Information regarding demographics, disease status, Edmonton Symptom Assessment System (ESAS) scores, Eastern Cooperative Oncology Group (ECOG) Performance Status, laboratory data, and pharmacological interventions were analyzed.

Results: The median age of the study's patients was 66 years old, with 73% Caucasian ethnicity. All patients had metastatic disease and 96% had received prior cytotoxic chemotherapy. The most frequently occurring symptoms upon presentation were pain, fatigue, and drowsiness (>50%). Pain and fatigue were also the most severe symptoms, each having median ESAS scores of 7 (on a 0–10 scale). We instituted a median of 3 pharmacological interventions per patient, with a median of 15 days to follow-up assessment. At follow-up, patients reported significant symptom improvements in pain, drowsiness, fatigue, depression, sleep, sense of well-being, and anxiety.

Conclusions: Based on our preliminary data, we conclude that patients with advanced prostate cancer referred to PC experience severe and clinically significant symptoms. An outpatient PCconsultation is associated with significant symptom improvement in this subset of a distressed population. Future prospective studies are warranted to further describe symptom burden and the role for outpatient PC for advanced prostate cancer patients.

found that men with prostate cancer undergoing palliative care in addition to their oncologic or surgical management had significant improvements in fatigue ($P=0.02$), anxiety ($P<0.01$), depression ($P<0.01$), quality of life ($P<0.01$) and spiritual well-being ($P<0.01$) (12).

Yennurajalingam S, Atkinson B, Masterson J, et al. The impact of an outpatient palliative care consultation on symptom burden in advanced prostate cancer patients. J Palliat Med 2012;15:20-4.
Rabow M. #411-A. Presented at 2011 Annual Assembly of the American Academy of Hospice and Palliative Medicine: Feb 16-19, 2011 in Vancouver, Canada.

TAKE HOME MESSAGES

- CONTROL SINTOMAS PARA CALIDAD DE VIDA
- AYUDA PSICOLOGICA-EMOCIONAL-EXISTENCIAL
- APOYO SOCIO-FAMILIAR

- **ATENCION EN TODO PROCESO (FASE CURATIVA INCLUIDA)**
- **TAN PRECOZ COMO SEA POSIBLE**

- ATENCION PRIMARIA COMO ATENCIÓN FUNDAMENTAL PALIATIVA

“Importas porque eres tú, hasta el último momento de tu vida”
Cicely Saunders