

Anticipative directives and early palliative care integration  
: a way towards peace for patients and care workers?

Prof. L. Knoops

1 : Palliative care and hematology

2 : Benefits of early palliative care

3: How to perform early palliative care?

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# TIME

THERE IS NEW **AMMUNITION**  
IN THE WAR AGAINST  
**CANCER.**  
**THESE ARE THE BULLETS.**

Revolutionary new pills like **GLEEVEC** combat cancer by targeting only the diseased cells. Is this the breakthrough we've been waiting for?



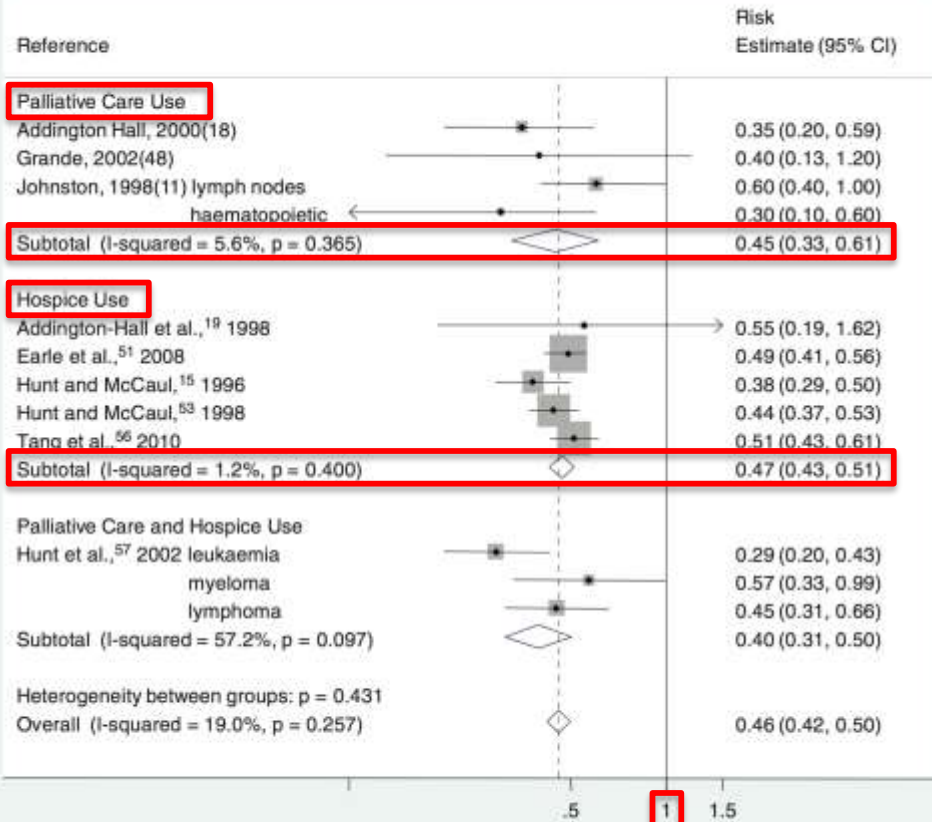
# Aggressiveness of Cancer Care Near the End of Life: Is It a Quality-of-Care Issue?

**Table 1.** Logistic Regression Analyses Predicting Aggressive Care

Factor	Chemotherapy Within 14 Days of Death		Lack of Hospice		Hospice Admission $\leq$ 3 Days Before Death*	
	Odds Ratio	95% CI	Odds Ratio	95% CI	Odds Ratio	95% CI
<b>Patient characteristic</b>						
Year of death	1.06	1.06 to 1.07	0.85	0.85 to 0.86	1.03	1.03 to 1.04
Age at death	0.94	0.94 to 0.94	1.01	1.00 to 1.01	0.99	0.99 to 0.99
Male	1.07	1.02 to 1.12	1.23	1.20 to 1.25	1.27	1.21 to 1.33
Black race	0.74	0.67 to 0.81	1.17	1.13 to 1.21	0.81	0.75 to 0.88
Other race	0.84	0.75 to 0.93	1.52	1.45 to 1.59	NS	
Single/widowed v married	0.77	0.74 to 0.81	1.16	1.14 to 1.19	0.96	0.91 to 0.99
Charlson score	0.92	0.90 to 0.95	1.09	1.07 to 1.10	1.05	1.02 to 1.07
SES decile	1.03	1.02 to 1.04	0.98	0.98 to 0.98	NS	
<b>Cancer characteristics</b>						
<b>Disease site</b>						
Colorectal	1.20	1.12 to 1.30	0.94	0.91 to 0.97	NS	
Breast	1.63	1.49 to 1.78	1.21	1.16 to 1.26	1.21	1.11 to 1.33
Lung	NS		NS		NS	
Prostate	NS		0.95	0.92 to 0.99	0.89	0.81 to 0.96
Hematologic	2.10	1.96 to 2.24	2.06	1.99 to 2.14	1.64	1.52 to 1.77
Nonmetastatic initial stage	0.82	0.79 to 0.86	1.06	1.04 to 1.08	0.89	0.86 to 0.94
Survival time (years)	0.98	0.97 to 0.99	0.99	0.98 to 0.99	0.98	0.97 to 0.99
<b>Provider characteristics</b>						
Teaching hospital	1.17	1.12 to 1.23	0.94	0.93 to 0.96	1.15	1.10 to 1.20
Oncologist	1.49	1.31 to 1.70	0.54	0.50 to 0.57	1.26	1.13 to 1.42
PCP	0.78	0.72 to 0.84	0.68	0.67 to 0.70	1.35	1.27 to 1.42
<b>Area characteristics</b>						
Availability of teaching hospitals	1.07	1.04 to 1.10	0.88	0.87 to 0.89	1.14	1.11 to 1.17
Hospice availability	0.94	0.92 to 0.97	0.97	0.96 to 0.98	0.84	0.82 to 0.86

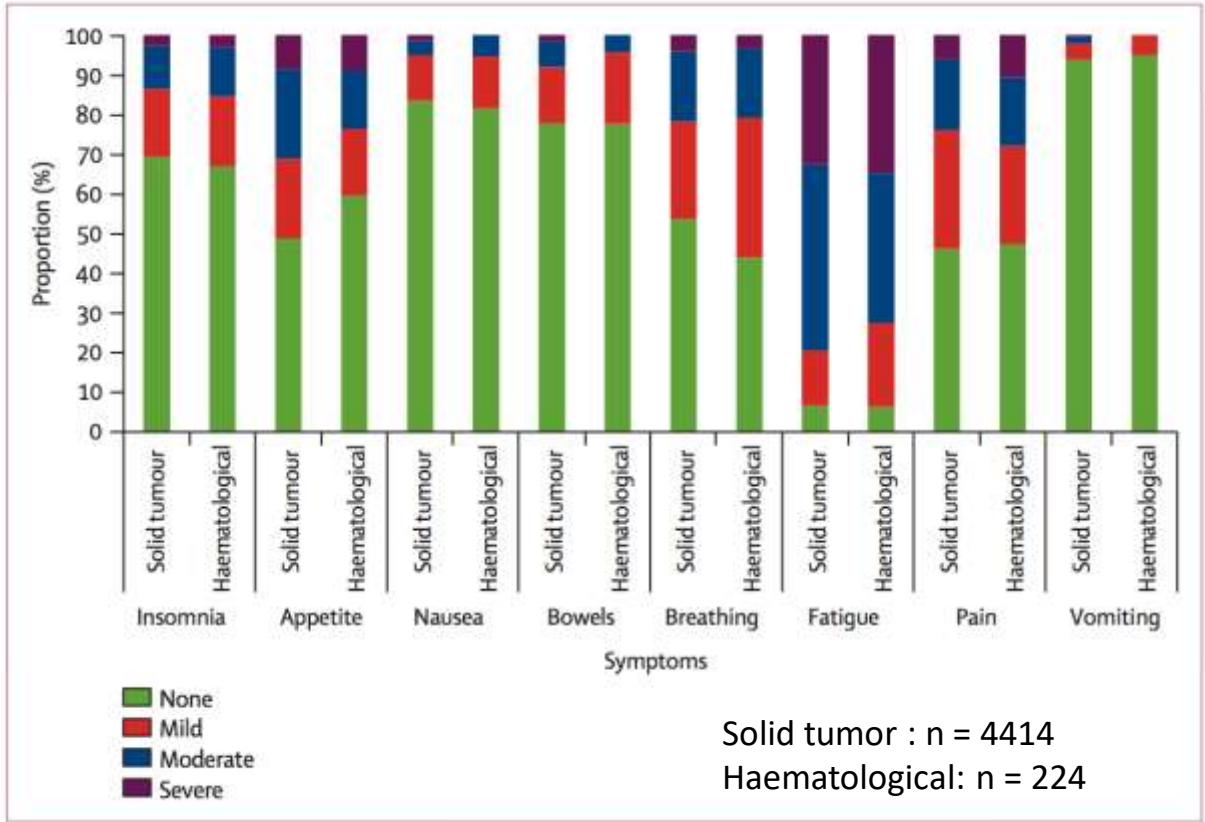
NOTE. Among 215,484 Medicare enrollees in Surveillance, Epidemiology, and End Results areas who died as a result of cancer. Main effects only. Abbreviations: SES, each decile of increasing socioeconomic status; oncologist, ever saw oncologist in last month of life; PCP, ever saw a primary care physician in the last month of life.

\*Among patients who received hospice care (n = 82,579).



## Haematological malignancy: are patients appropriately referred for specialist palliative and hospice care? A systematic review and meta-analysis of published data

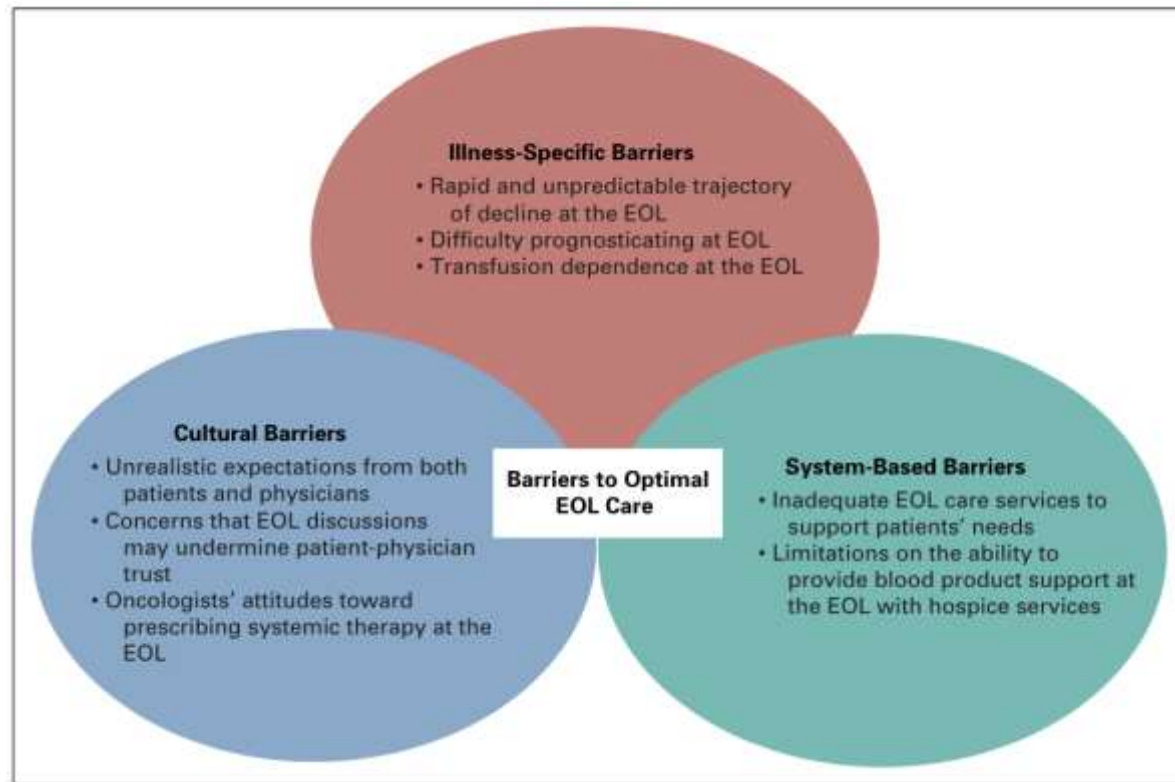
# Symptom burden of haematological malignancies as death approaches in a community palliative care service: a retrospective cohort study of a consecutive case series



# Palliative and End-of-Life Care for Patients With Hematologic Malignancies

ASCO<sup>®</sup>

Journal of Clinical Oncology<sup>®</sup>



**FIG 2.** Barriers to optimal end-of-life (EOL) care for patients with hematologic malignancies.



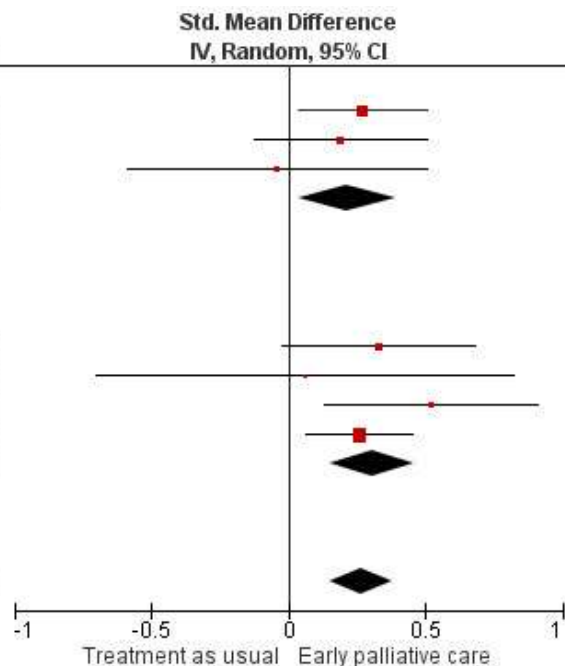
1 : Palliative care and hematology

2 : Benefits of early palliative care

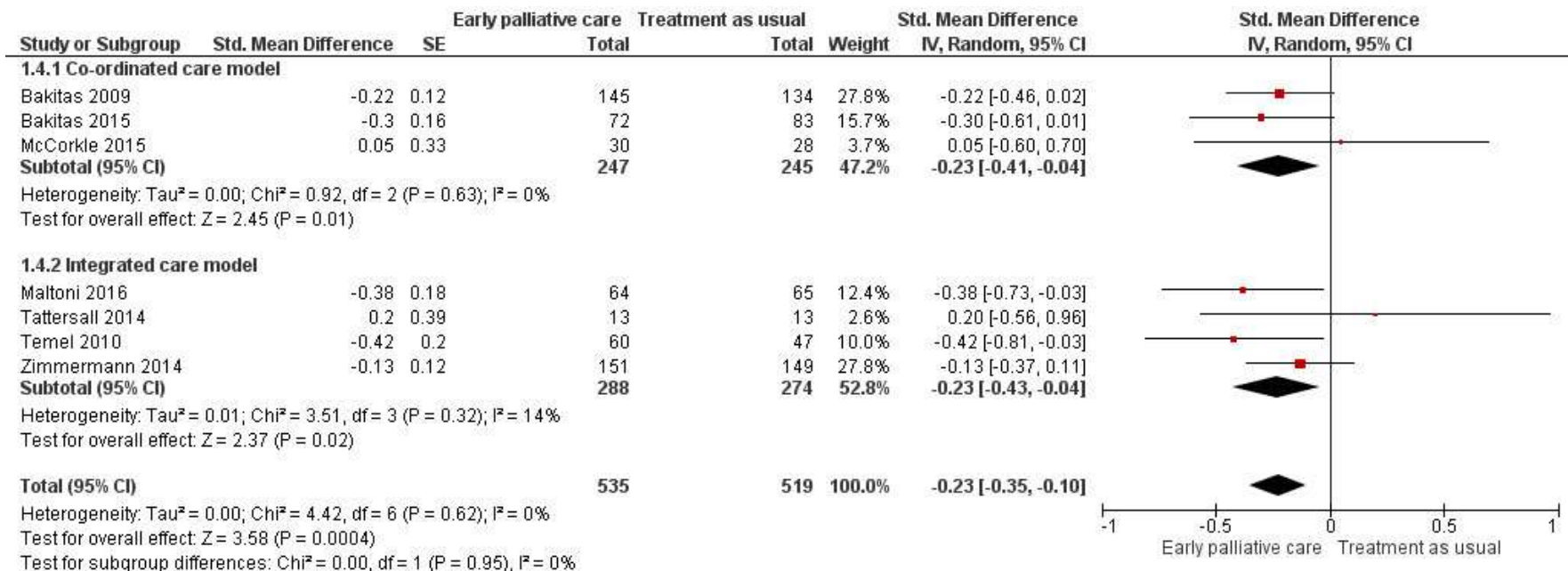
3: How to perform early palliative care?

## Quality of life

Study or Subgroup	Std. Mean Difference	EPC		TAU		Weight	Std. Mean Difference IV, Random, 95% CI
		SE	Total	Total	Total		
<b>1.1.1 Co-ordinated care model</b>							
Bakitas 2009	0.27	0.12	145	134	24.5%	0.27 [0.03, 0.51]	
Bakitas 2015	0.19	0.16	72	83	13.8%	0.19 [-0.12, 0.50]	
McCorkle 2015	-0.04	0.28	23	28	4.5%	-0.04 [-0.59, 0.51]	
<b>Subtotal (95% CI)</b>			<b>240</b>	<b>245</b>	<b>42.7%</b>	<b>0.21 [0.03, 0.39]</b>	
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 1.06, df = 2 (P = 0.59); I <sup>2</sup> = 0%							
Test for overall effect: Z = 2.33 (P = 0.02)							
<b>1.1.2 Integrated care model</b>							
Maltoni 2016	0.33	0.18	64	65	10.9%	0.33 [-0.02, 0.68]	
Tattersall 2014	0.06	0.39	13	13	2.3%	0.06 [-0.70, 0.82]	
Temel 2010	0.52	0.2	60	47	8.8%	0.52 [0.13, 0.91]	
Zimmermann 2014	0.26	0.1	140	141	35.2%	0.26 [0.06, 0.46]	
<b>Subtotal (95% CI)</b>			<b>277</b>	<b>266</b>	<b>57.3%</b>	<b>0.31 [0.15, 0.46]</b>	
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 1.77, df = 3 (P = 0.62); I <sup>2</sup> = 0%							
Test for overall effect: Z = 3.89 (P = 0.0001)							
<b>Total (95% CI)</b>			<b>517</b>	<b>511</b>	<b>100.0%</b>	<b>0.27 [0.15, 0.38]</b>	
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 3.44, df = 6 (P = 0.75); I <sup>2</sup> = 0%							
Test for overall effect: Z = 4.47 (P < 0.00001)							
Test for subgroup differences: Chi <sup>2</sup> = 0.61, df = 1 (P = 0.44), I <sup>2</sup> = 0%							



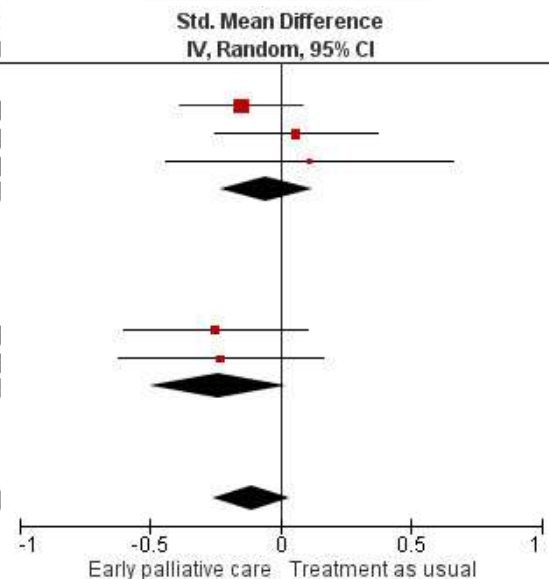
## Symptoms



# Early palliative care for adults with advanced cancer (Review)

## Depression

Study or Subgroup	Std. Mean Difference	SE	Treatment as usual	Early palliative care	Weight	Std. Mean Difference IV, Random, 95% CI
			Total	Total		
<b>1.2.1 Co-ordinated care model</b>						
Bakitas 2009	-0.15	0.12	134	145	39.2%	-0.15 [-0.39, 0.09]
Bakitas 2015	0.06	0.16	83	72	22.1%	0.06 [-0.25, 0.37]
McCorkle 2015	0.11	0.28	56	36	7.2%	0.11 [-0.44, 0.66]
<b>Subtotal (95% CI)</b>			<b>273</b>	<b>253</b>	<b>68.5%</b>	<b>-0.06 [-0.23, 0.12]</b>
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 1.49, df = 2 (P = 0.47); I <sup>2</sup> = 0%						
Test for overall effect: Z = 0.61 (P = 0.54)						
<b>1.2.2 Integrated care model</b>						
Maltoni 2016	-0.25	0.18	65	64	17.4%	-0.25 [-0.60, 0.10]
Temel 2010	-0.23	0.2	47	60	14.1%	-0.23 [-0.62, 0.16]
<b>Subtotal (95% CI)</b>			<b>112</b>	<b>124</b>	<b>31.5%</b>	<b>-0.24 [-0.50, 0.02]</b>
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 0.01, df = 1 (P = 0.94); I <sup>2</sup> = 0%						
Test for overall effect: Z = 1.80 (P = 0.07)						
<b>Total (95% CI)</b>			<b>385</b>	<b>377</b>	<b>100.0%</b>	<b>-0.11 [-0.26, 0.03]</b>
Heterogeneity: Tau <sup>2</sup> = 0.00; Chi <sup>2</sup> = 2.82, df = 4 (P = 0.59); I <sup>2</sup> = 0%						
Test for overall effect: Z = 1.51 (P = 0.13)						
Test for subgroup differences: Chi <sup>2</sup> = 1.32, df = 1 (P = 0.25), I <sup>2</sup> = 24.5%						

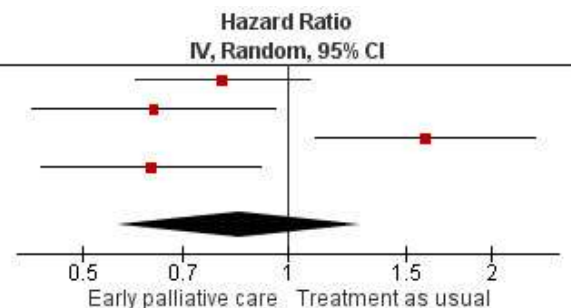


# Early palliative care for adults with advanced cancer (Review)

## Death

Study or Subgroup	log[Hazard Ratio]	SE	Treatment as usual		Early palliative care		Hazard Ratio	
			Total	Total	Weight	IV, Random, 95% CI		
Bakitas 2009	-0.22	0.15	161	161	26.8%	0.80	[0.60, 1.08]	
Bakitas 2015	-0.45	0.21	103	104	23.7%	0.64	[0.42, 0.96]	
Tattersall 2014	0.47	0.19	60	60	24.8%	1.60	[1.10, 2.32]	
Temel 2010	-0.46	0.19	74	77	24.8%	0.63	[0.44, 0.92]	
<b>Total (95% CI)</b>			<b>398</b>	<b>402</b>	<b>100.0%</b>	<b>0.85</b>	<b>[0.56, 1.28]</b>	

Heterogeneity:  $\tau^2 = 0.14$ ;  $\chi^2 = 15.55$ ,  $df = 3$  ( $P = 0.001$ );  $I^2 = 81\%$   
 Test for overall effect:  $Z = 0.78$  ( $P = 0.43$ )

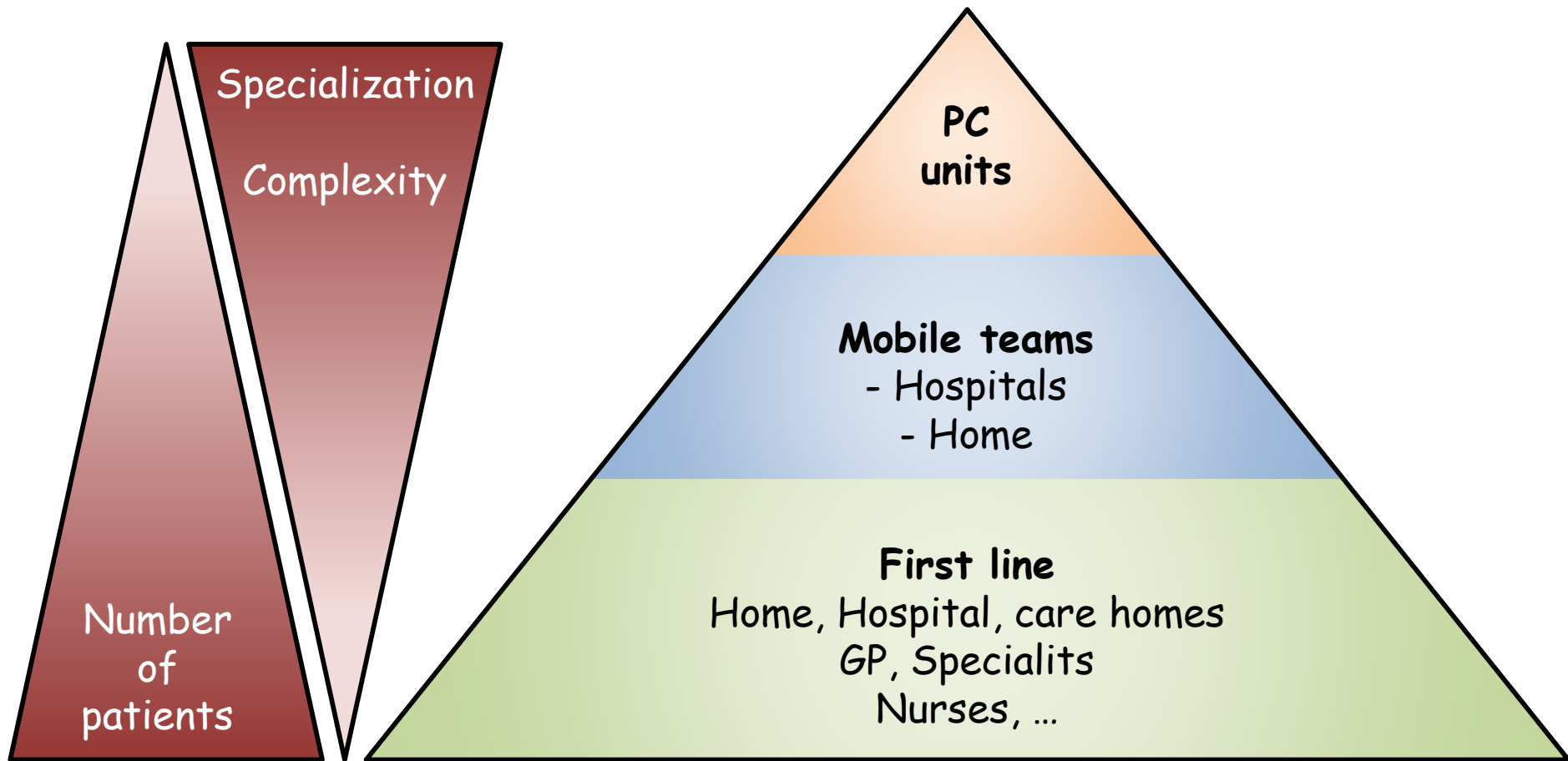


## ASCO guidelines 2016

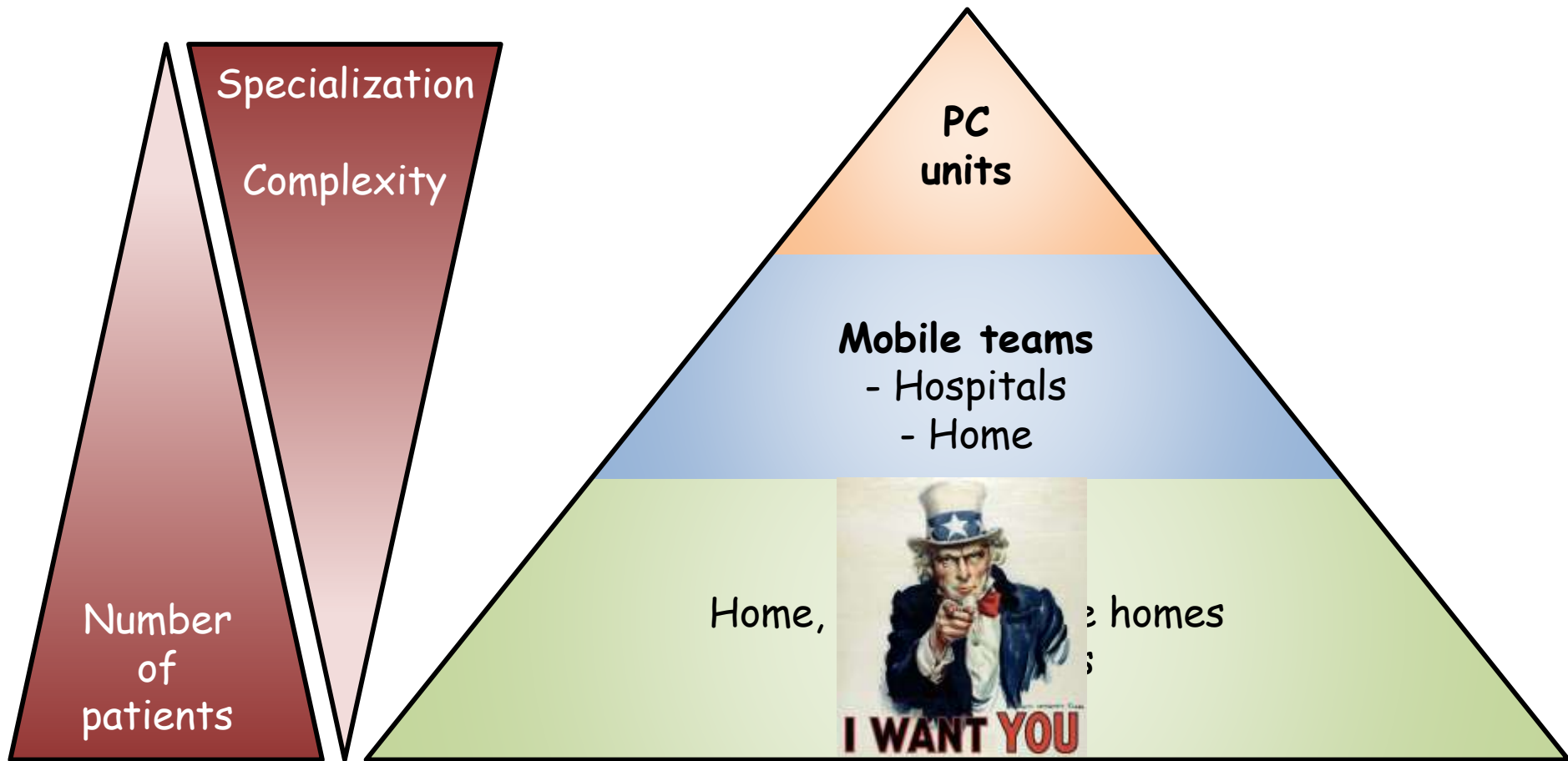


*Inpatients and outpatients with advanced cancer should receive dedicated palliative care services early in the disease course, concurrent with active treatment.*

# Belgian palliative care structures



# Belgian palliative care structures



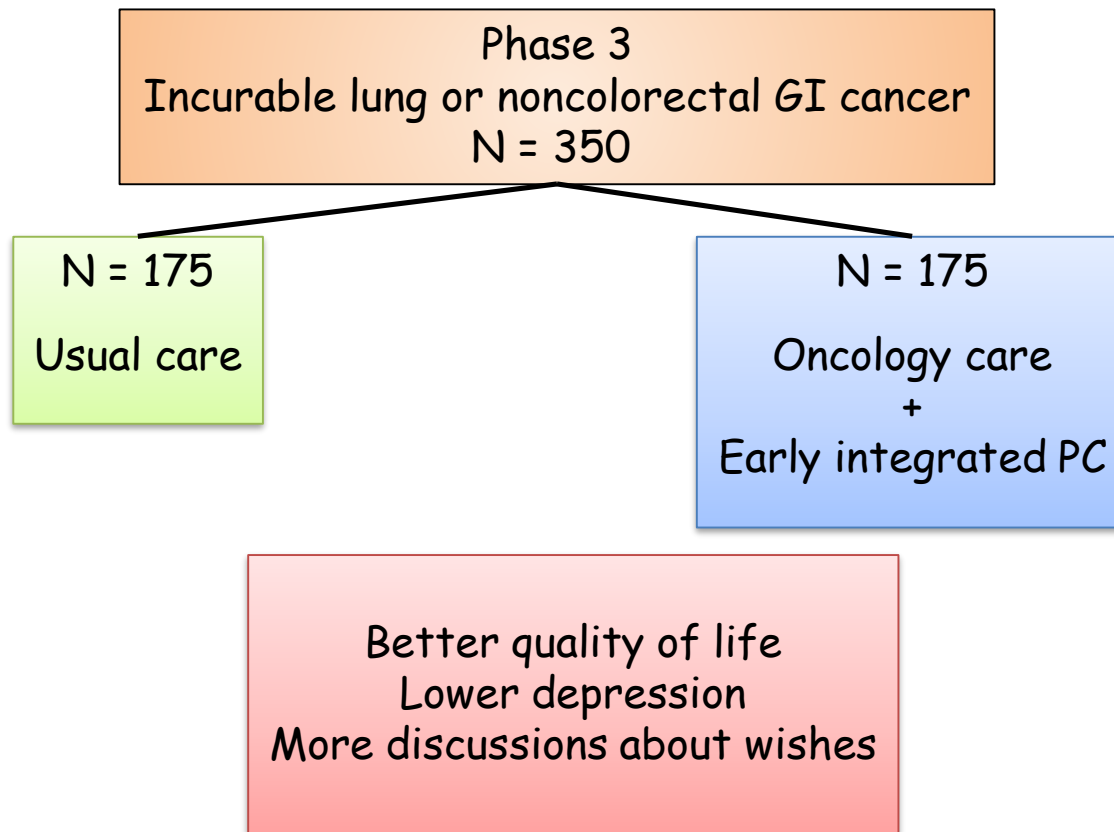


1 : Palliative care and hematology

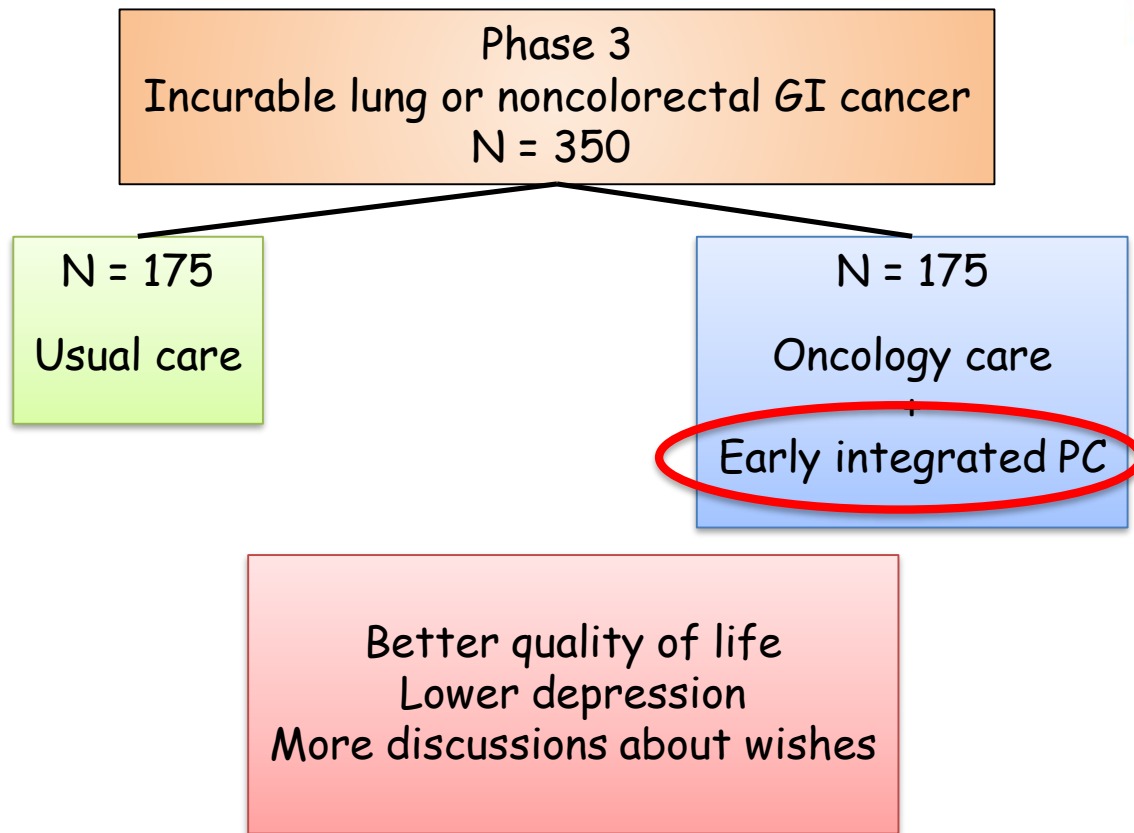
2 : Benefits of early palliative care

3: How to perform early palliative care?

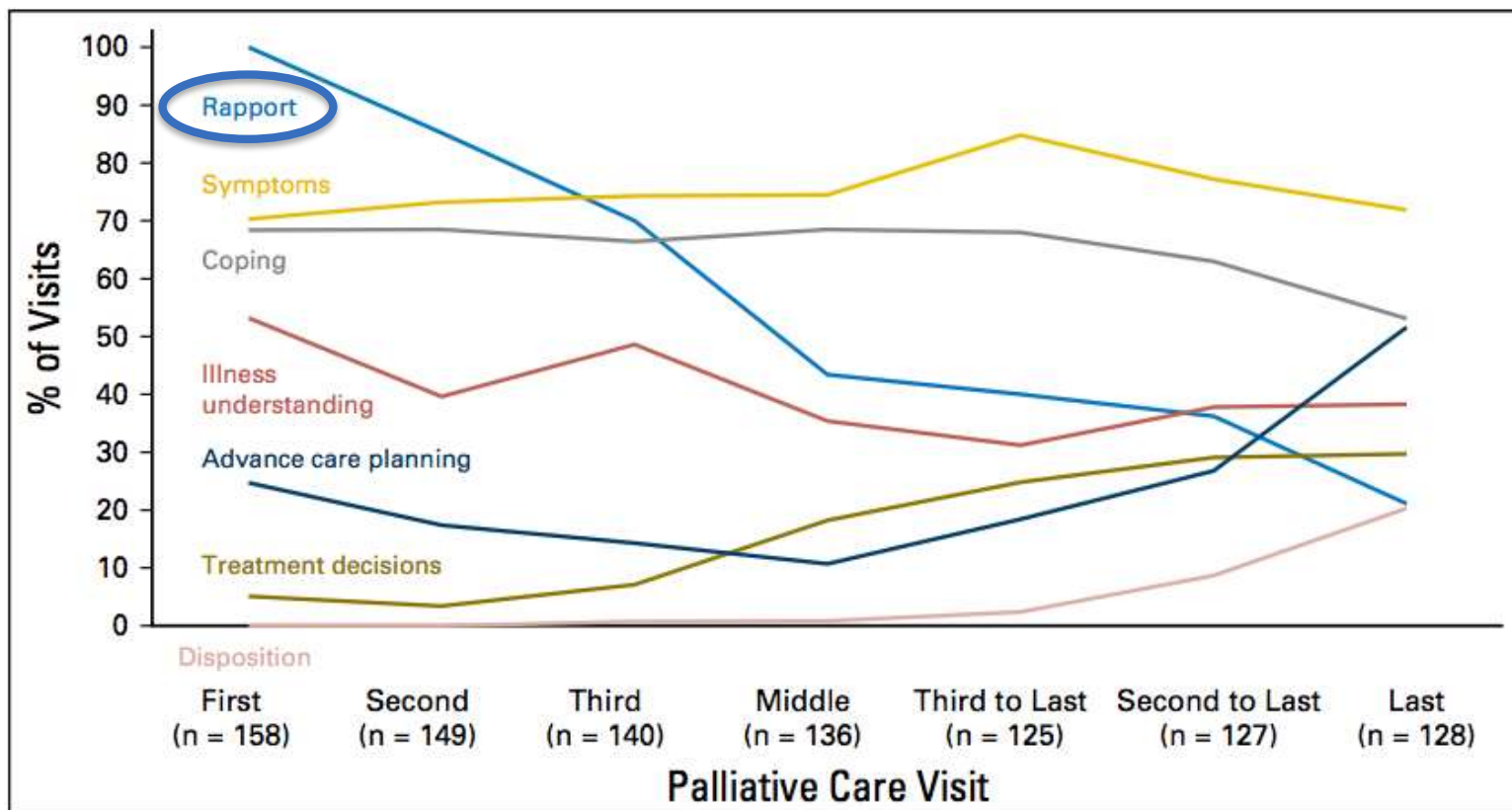
# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care



# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care

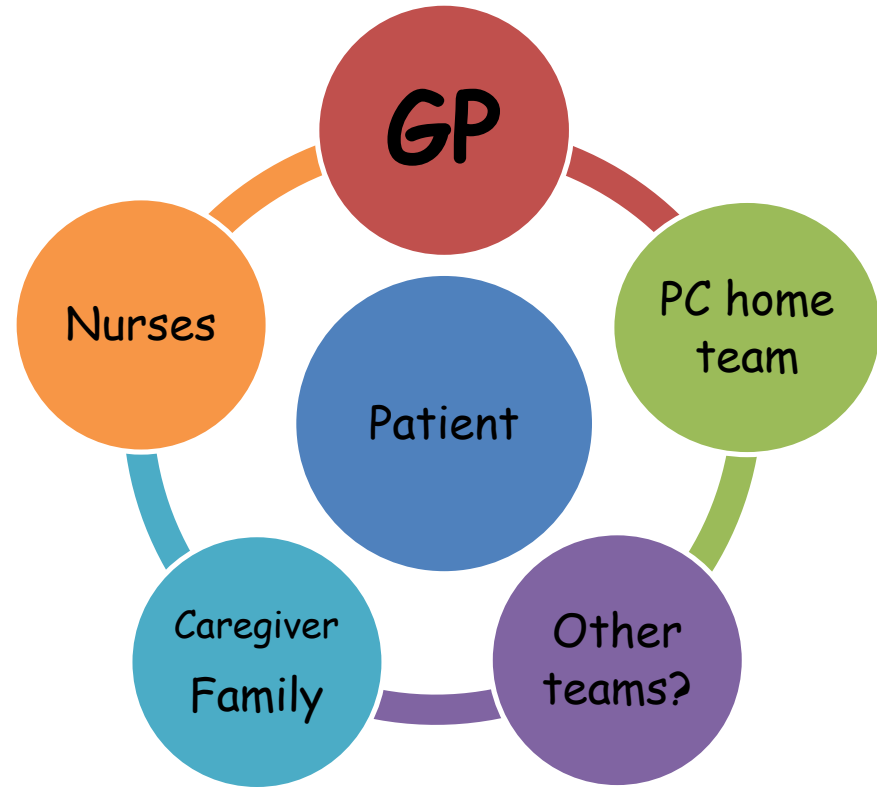


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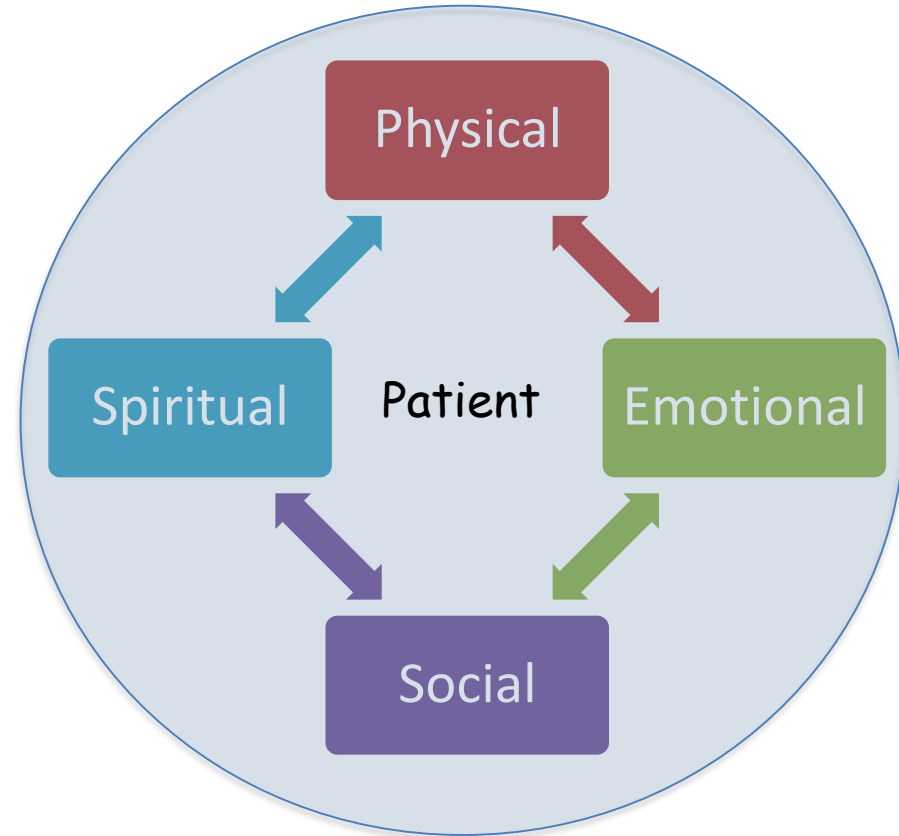
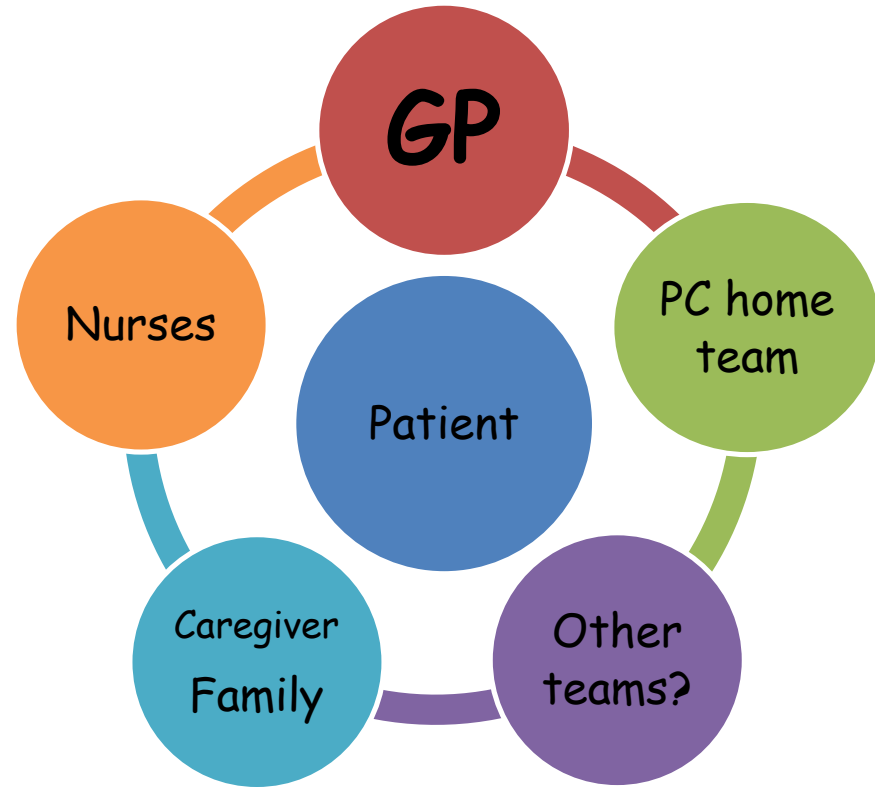


Minimum 18 month of follow-up

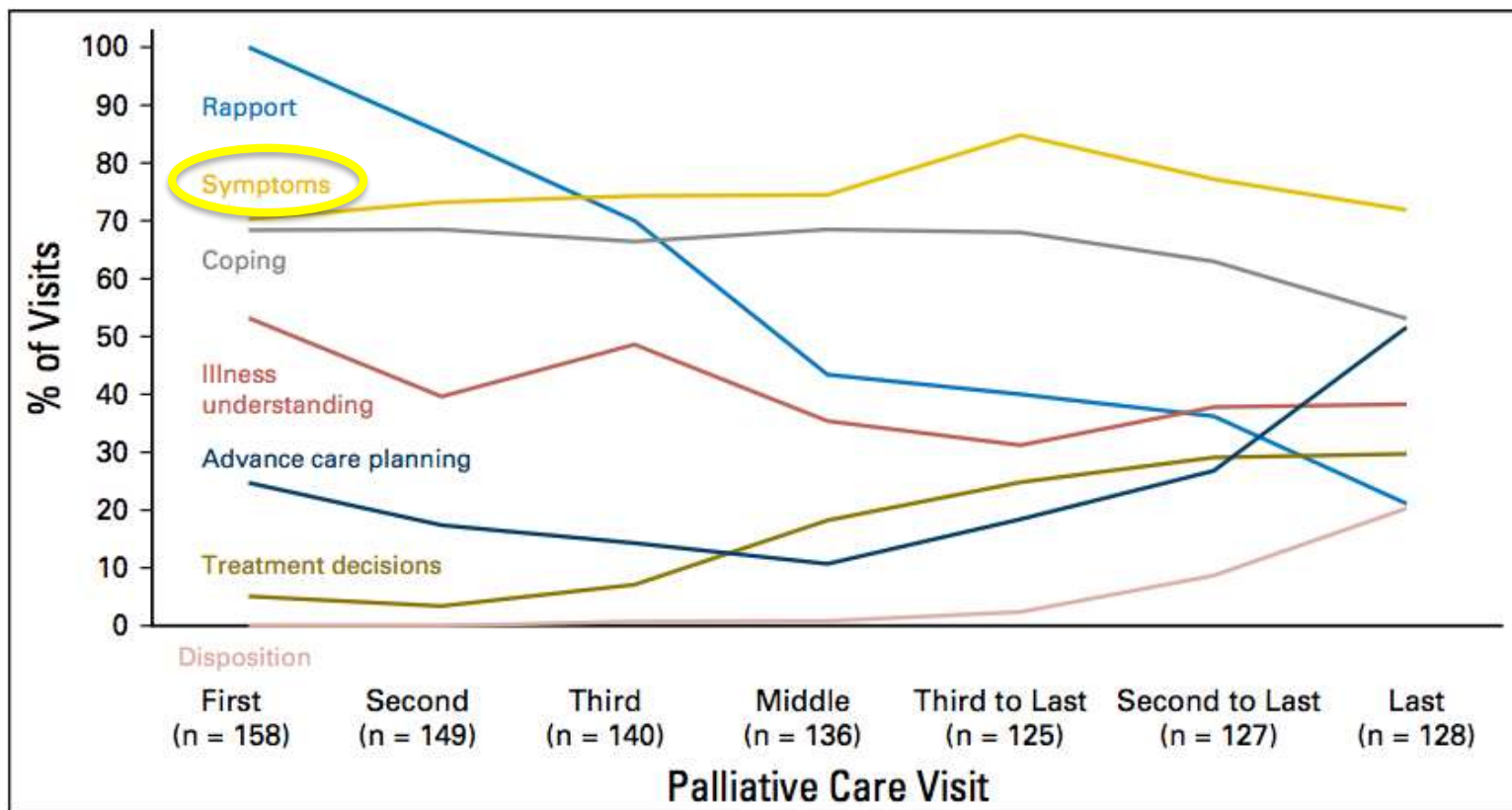
# Palliative care (at home)



# Palliative care (at home)



# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care



Minimum 18 month of follow-up

**Table 3**  
Prevalence, frequency, severity and distress of symptoms reported by study participants (n = 249).

Symptom	Overall prevalence (%)	Severity (%) <sup>a</sup>	Frequency (%) <sup>b</sup>	Distress (%) <sup>c</sup>
<b>Psychological group</b>				
Difficulty sleeping	55.2	44.0**	30.2**	20.0**
Worrying	43.2	28.0	15.3	8.4
Difficulty concentrating	39.2	20.0	11.1	7.2
Feeling sad	35.6	22.4	8.5	9.2
Feeling nervous	30.8	20.8	9.8	10.0
Feeling irritable	20.0	10.8	5.5	4.0
<b>Physical group</b>				
Lack of energy <sup>d</sup>	79.2	57.2**	43.8**	19.6**
Feeling drowsy	56.4	37.6	18.3	4.0
Dry mouth <sup>e</sup>	54.0	35.2	31.5**	12.0**
Weight loss <sup>f</sup>	53.6	31.6	NE	4.0
Lack of appetite <sup>g</sup>	52.0	39.2**	31.9**	9.2
Change in taste of food <sup>h</sup>	51.2	37.2	NE	12.4
Pain <sup>i</sup>	49.2	40.8**	19.6**	21.2**
Nausea	44.8	29.6	14.0	14.0
Changes in skin	42.2	31.2	NE	9.2
Hair loss	39.6	33.2	NE	6.8
Sweats	38.0	25.6	12.3	8.8
Diarrhea	32.0	22.8	16.2	9.6
Mouth sores	31.6	25.2	NE	10.8
Constipation <sup>j</sup>	26.4	20.4	NE	8.4
Itching	25.2	19.6	11.9	6.0
Cough	24.4	11.2	3.8	3.2
Vomiting <sup>k</sup>	24.0	16.8	3.0	7.6
'I don't look like myself'	22.4	14.4	NE	6.8
Feeling bloated <sup>l</sup>	20.4	12.8	6.0	3.2
Shortness of breath	20.4	13.2	4.3	5.6
Dizziness <sup>m</sup>	20.0	11.2	3.8	3.2
Numbness or tingling in hands/feet	18.0	9.2	8.9	2.0
Swelling of arms and legs	16.4	12.0	NE	4.8
Difficulty swallowing	16.0	12.0	8.1	6.0
Problems with sexual interest/activity	12.8	10.0	10.6	3.6
Problems with urination	7.6	6.4	5.5	4.0



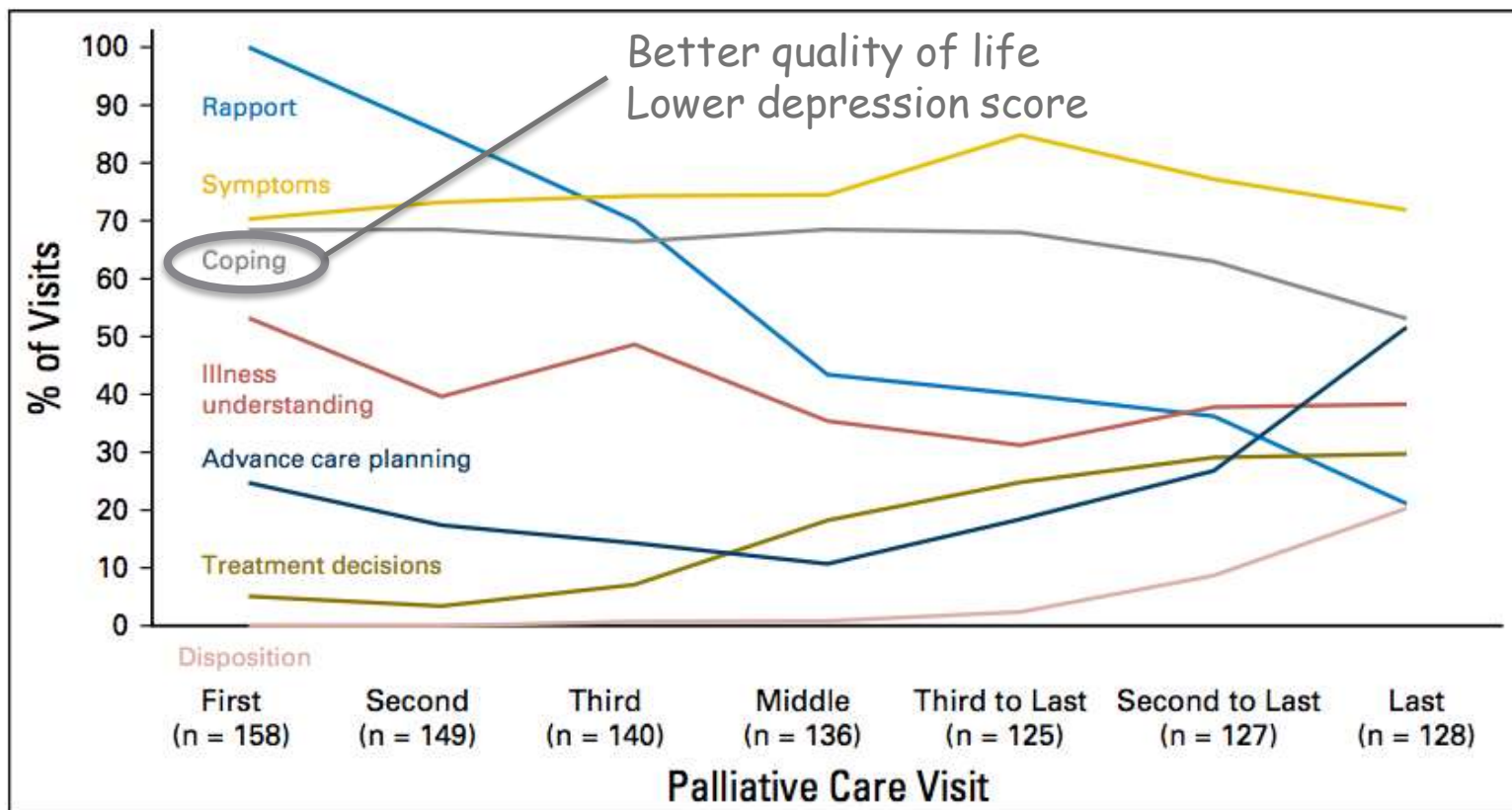
ELSEVIER

## Symptom burden and supportive care in patients with acute leukemia

Camilla Zimmermann<sup>a,c,d,\*</sup>, Dora Yuen<sup>a,c</sup>, Ashley Mischitelle<sup>a,c</sup>, Mark D. Minden<sup>b,c,f</sup>, Joseph M. Brandwein<sup>b,c,d</sup>, Aaron Schimmer<sup>b,c,f</sup>, Lucia Gagliese<sup>a,c,e,g,h,i</sup>, Christopher Lo<sup>a,e</sup>, Anne Rydall<sup>a,c</sup>, Gary Rodin<sup>a,c,e</sup>



# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care



Minimum 18 month of follow-up

CLINICAL PRACTICE

Patrick G. O'Malley, M.D., M.P.H., *Editor*

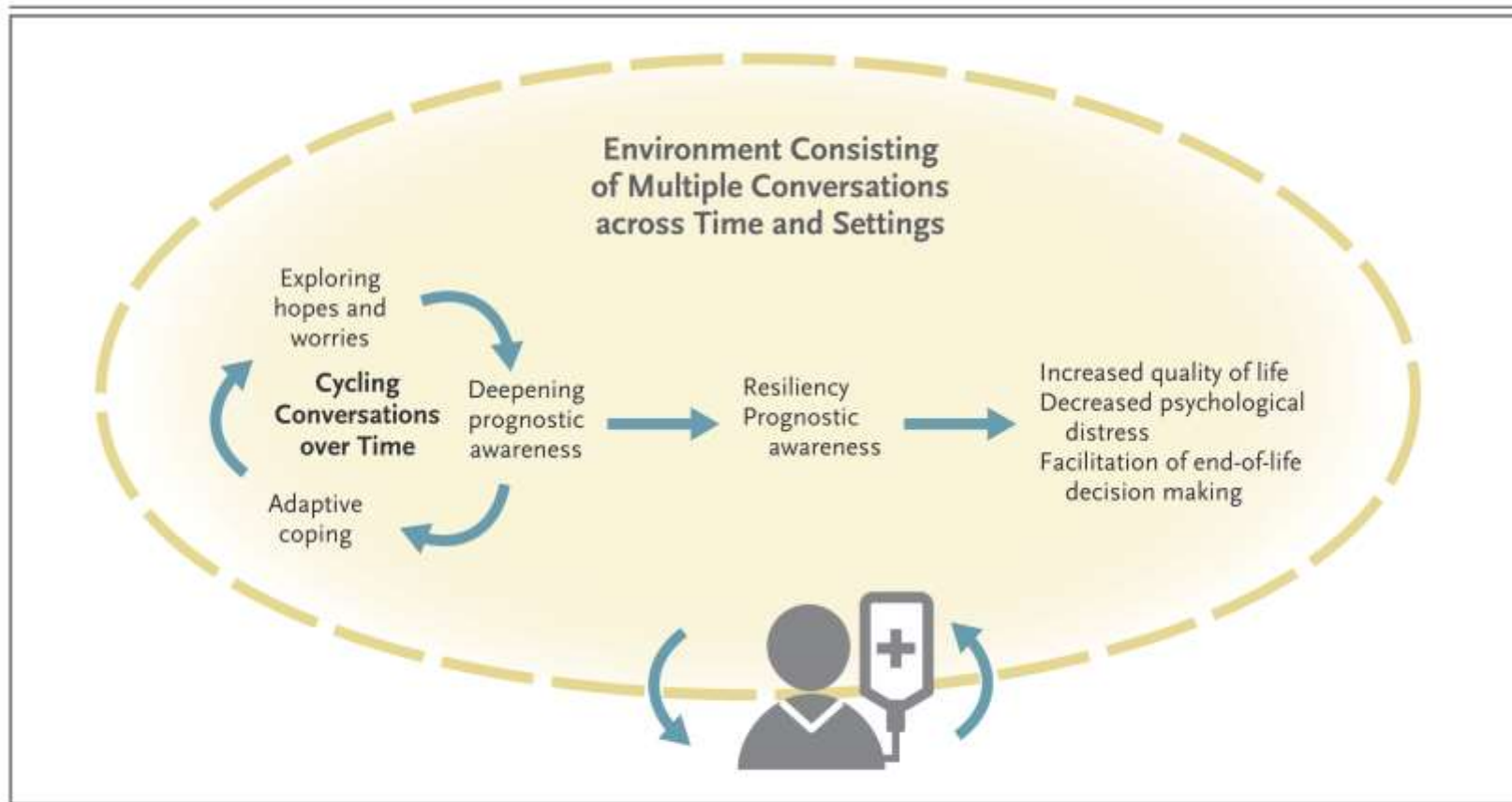
# Navigating and Communicating about Serious Illness and End of Life

Vicki A. Jackson, M.D., M.P.H., and Linda Emanuel, M.D., Ph.D.

This article was published on December 20, 2023, at NEJM.org.

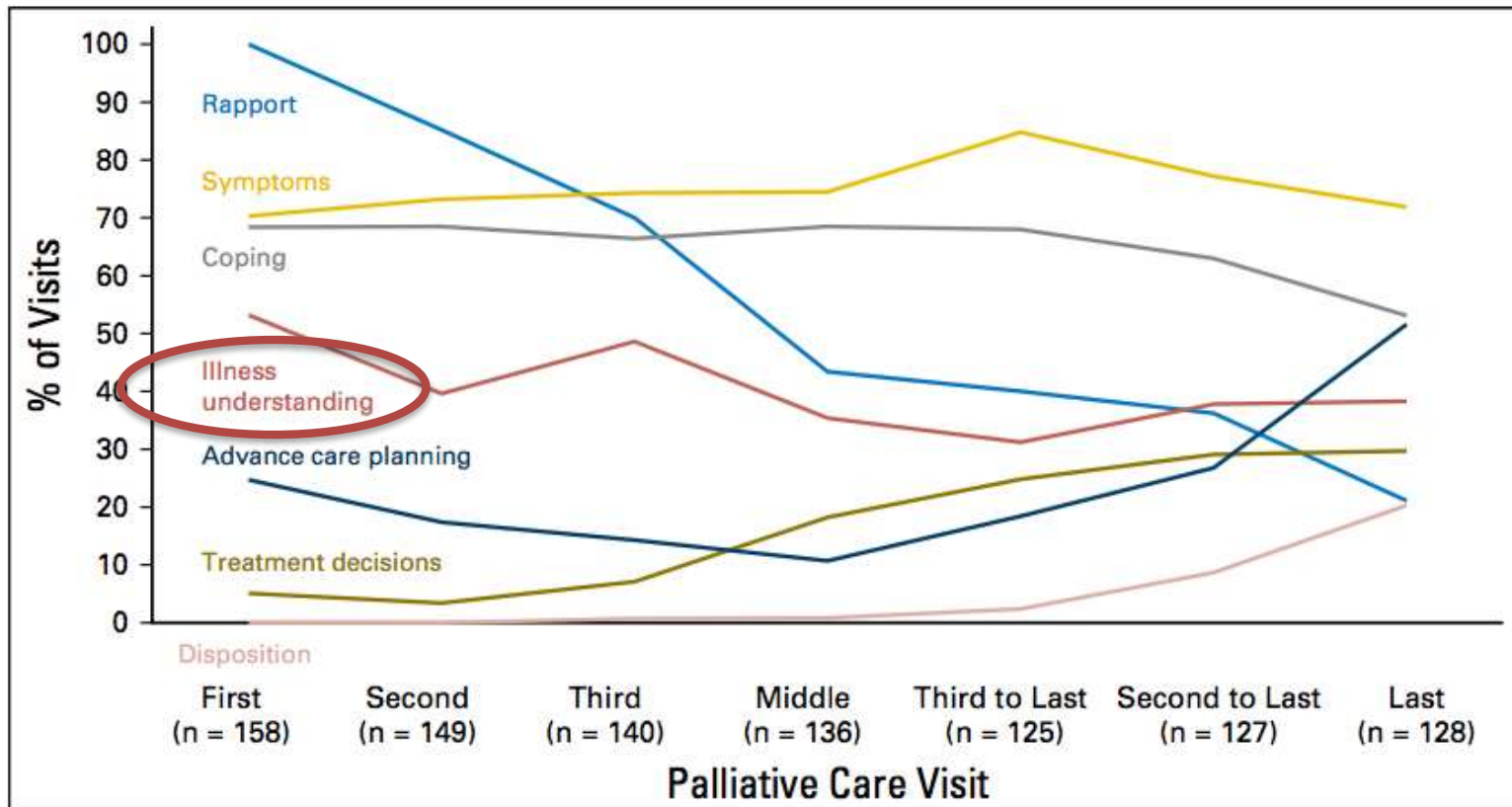
DOI: 10.1056/NEJMcp2304436

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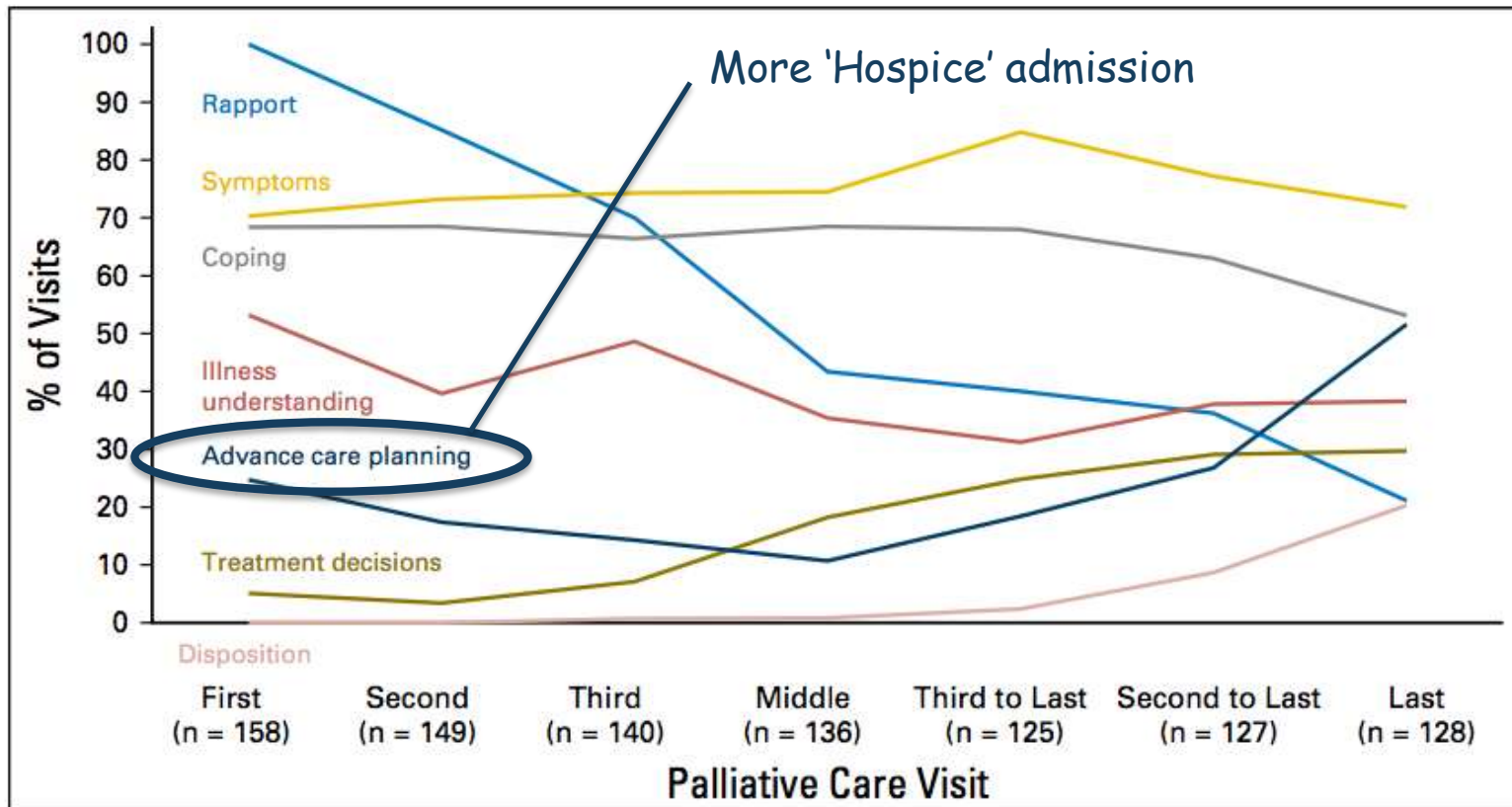
**Figure 1.** Prognostic Awareness and Patient Outcomes.

# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care



Minimum 18 month of follow-up

# Defining the Elements of Early Palliative Care That Are Associated With Patient-Reported Outcomes and the Delivery of End-of-Life Care



Minimum 18 month of follow-up

- ☒ INTRODUCTION
- ☒ **ADVANCE CARE PLANNING**
- ☒ AGONIE
- ☒ CONFUSION MENTALE
- ☒ CONSTIPATION
- ☒ DIABÈTE
- ☒ DIARRHÉES
- ☒ DOULEUR
- ☒ DOULEUR NEUROPATHIQUE
- ☒ DYSPNÉE
- ☒ HOQUET
- ☒ NAUSÉES ET VOMISSEMENTS
- ☒ OCCLUSION INTESTINALE
- ☒ PRURIT
- ☒ RÂLES AGONIQUES
- ☒ SÉDATION PALLIATIVE
- ☒ SOINS PALLIATIFS ET COVID-19
- ☒ TOUX

# ADVANCE CARE PLANNING



## Pallialine

Richtlijnen palliatieve zorg

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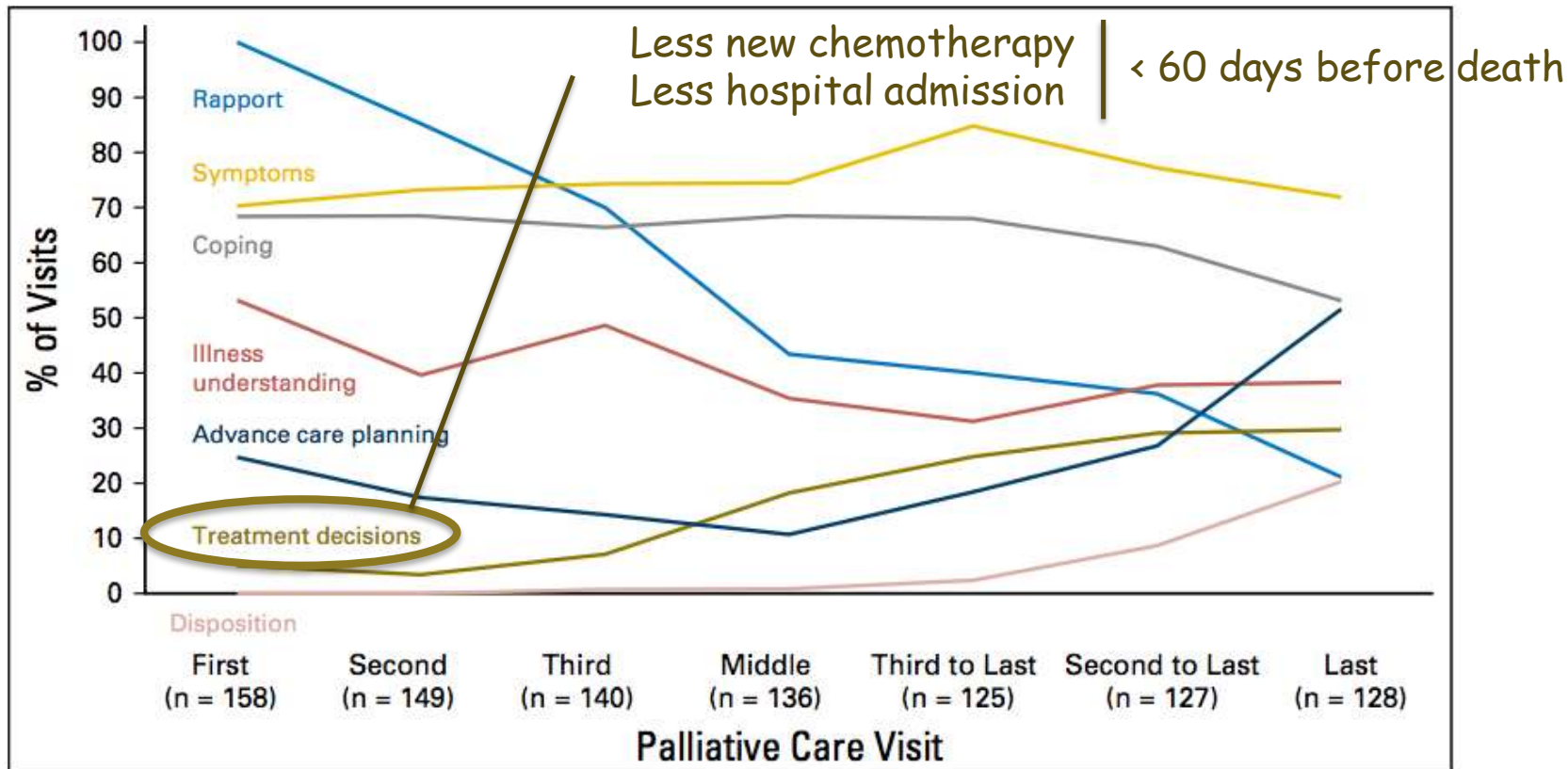
# Richtlijn Vroegtijdige Zorgplanning

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[www.pallialine.be](http://www.pallialine.be)

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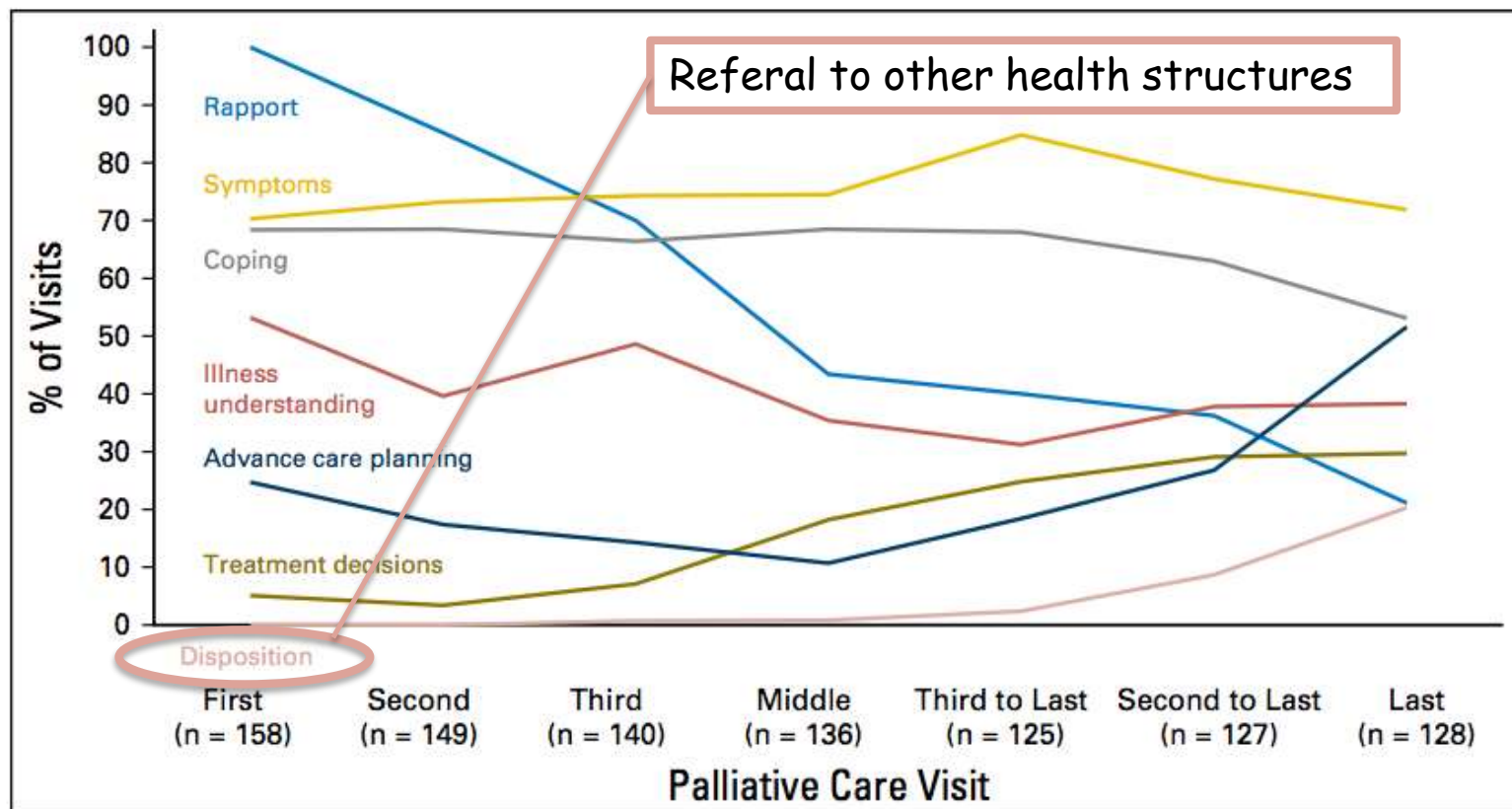
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Minimum 18 month of follow-up



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Anticipative directives and early palliative care integration  
: a way towards peace for patients and care workers?

Prof. L. Knoops