Living with Advanced Colorectal Cancer: A Balancing Act

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Symptom Management & Palliative Care Disease Site Group
Presenter Disclosure

- **Faculty:** Simone Stenekes

- **Relationships with commercial interests:** NONE
Learning Objectives

- Describe two common issues that arise with the transition of patients to palliative care
- Identify two strategies to utilize in advance care planning discussions and difficult conversations
- Name one strategy to implement in practice to help maintain hope for a patient
- List three common palliative care symptoms experienced by patients with advanced colorectal cancer
Listen to lecture

Nap
Transition to Palliative Care

- Transition is a process

- 2756 deaths in Manitoba due to cancer (2011)

- Oncology patients represent the majority of patients registered on Palliative Care Programs in Manitoba

- CCMB is in the process of developing a transition appointment for patients living with advanced cancer
<table>
<thead>
<tr>
<th>Mortality</th>
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<table>
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<tr>
<th>Male</th>
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<tr>
<td>Colorectal</td>
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<tr>
<td>Prostate</td>
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<td>Pancreas</td>
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<td>Esophagus</td>
<td>60</td>
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<tr>
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<tr>
<td>Kidney</td>
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<tr>
<td>Stomach</td>
<td>47</td>
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<tr>
<td>Bladder</td>
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<td>Other digestive system</td>
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<table>
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<tr>
<td>Breast</td>
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<tr>
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<tr>
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<tr>
<td>Colorectal</td>
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<tr>
<td>Breast</td>
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<td>Non-Hodgkin lymphoma</td>
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Most Common Cancer Diagnoses, 2011
Staging

**Colon Excluding Rectum**

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<tr>
<th>Stage</th>
<th>Frequency</th>
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<tr>
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<td>Stage III</td>
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<td>Stage IV</td>
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<tr>
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**Rectum & Rectosigmoid**

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<th>Frequency</th>
<th>Percent</th>
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<tr>
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<td>Stage III</td>
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Palliative Care Services Model for Cancer Patients

- importance of maintaining a connection with primary care throughout the cancer experience
- a palliative care philosophy should be integrated early
- goal setting addressed as a part of the cancer experience

FIGURE 1. A model of concurrent oncology palliative care. © Marie Bakitas, DNSc, APRN; with permission.

Palliative Transition – What do we know?

- Cancer patients are referred to palliative care too late.
- Patients are often unclear about what to expect.
- Patients may not realize what ‘palliative chemotherapy’ and ‘palliative radiation’ really mean.
- Patients do not often initiate discussions about disease progression or dying.
- Poor communication has consequences for the patient and their interactions with the health care system.
Difficult Conversations - Breaking Bad News

SPIKES

S – Setting up the Interview
P – assess the patient’s Perception
I – obtain the patient’s Invitation
K – give Knowledge and information
E – address the patient’s Emotions with Empathic responses
S – Strategy and Summary

Setting up the Interview

- Mental rehearsal
- Physical setting
  - Private
  - No distractions
- Involve significant others (family and possibly providers)
- Sit down
- Make connection with the patient
  - Eye contact
  - Touch
Assess the Patient’s Perception

- Determine the patient’s understanding
- Use open-ended questions
  - “What have you been told about your medical situation so far?”
  - “What is your understanding of the MRI results?”
  - “How have things been since I last saw you?”
- Correct misinformation
Obtain the Patient’s Invitation

- Ask how much information the patient desires to hear
- Provide information in small chunks
- Check in periodically to affirm understanding
Give Knowledge and Information

- Warn patient bad news is coming
  - “Unfortunately, the test results I will share with you today are not what we had hoped”
- Given medical facts, avoid jargon and complex terminology
- If prognosis poor:
  - Depending on context of discussion, ask if the patient wants to know prognosis
    - Utilize general time frames
      - Months, days, years
      - Momentum of change
Address the Patient’s Emotions with Empathic Responses

4 steps:

- Observe for any emotion from the patient or family
- Identify the emotion
- Identify the reason for the emotion
- After allowing the patient a brief period to express their feelings, let the patient know you are connecting with their emotion
Strategy and Summary

- Assess readiness to discuss a plan
- Identify issues
  - Symptoms
  - Communication with others/family
  - Fears
  - Questions?
- Present options (if available)
- Develop a clear plan
What is hope?

1) Positive Expectation
2) Personal Qualities
3) Spirituality
4) Goals
5) Comfort
6) Help/Caring
7) Interpersonal Relationships
8) Control
9) Legacy
10) Life Review

Strategies for Supporting Hope

- Normalize the patient’s feelings
- Affirm values, do not deny hope
- Acknowledge hopes that have changed but also affirm that prior hopes are not worthless
- As health status declines, support the patient’s hopes for an acceptable death
- Facilitate the patient’s desire to leave a legacy
- Look for hope-giving clues (rationalizing information, selective hearing of facts)

Strategies for Supporting Hope

- ‘Presence’ conveys true caring and support
- Provide clear and accurate information to the patient and team members
- Assist the patient in managing uncertainty
- Tailor amount of information, approach to hope, and prognosis needs to match the patient’s wishes
- Support the patient’s goals as appropriate
- Reinforce information provided to the patient
- Help the patient to assimilate medical information into their lives

Language with unintended consequences (HOPE CRUSHING)

- “Do you want to be aggressive / do everything?”
- “There is nothing more we can do.”
- “It’s time we talk about pulling back.”
- “I think we should stop fighting.”
- “You have failed treatment.”
A more gentle way. . .

- “I wish things were different.”
- “The focus on how we manage your cancer is changing.”
- “We want to give you the best care possible and want to ensure you are comfortable.”
- “We will focus on your quality of life.”
- “We need to discuss what makes sense based on where things are at right now.”
- “The tumor is growing and we need to talk about what this means.”
Random Information about CRC Patients

- Health-related quality of life
  - Decreased in palliative care stage
  - Financial difficulties associated with lower HRQoL

- Fatigue is symptom causing the greatest burden

- Patients overestimate their survival

- Relationships, positivity and life is for living


Symptoms in advanced CRC

- Pain
- Fatigue
- Bowel Issues
- Anorexia (Lack of Appetite)
- Functional decline
We need your help to let patients know about this event!

Next session: October 28th, 2014

An information evening for patients and families

Tuesday, October 28th, 2014

Registration & Refreshments: 5:30 pm
Session: 6:00 - 8:00 pm

Questions: Contact Simone Steneke
Phone: 204-235-3363

Telehealth link available

Brochures available