

Prognostic Disclosure Can Benefit, Not Harm, Patients with Terminal Illness

KEY FINDINGS

- Patients reporting prognostic disclosure were more likely than those with no prognostic recall to acknowledge that they were terminally ill (60.8% vs 28.7%); adjusted odds ratio [AOR], 3.21; 95% confidence interval [CI], 2.00 to 5.15).
- Of those patients willing to estimate their own life expectancy, those who recalled a prognostic discussion offered more realistic life-expectancy estimates compared with those with no prognostic recall (median, 12 mo. vs 48 mo.; $P < .001$).
- Self-estimates of longer life expectancy were associated with lower likelihood of having a DNR order (AOR, 0.439; 95% CI, 0.296 to 0.630) and a higher likelihood of preferring life-prolonging over comfort-oriented care (AOR, 1.493; 95% CI, 1.091 to 1.939).

No association was found between prognostic disclosure and worried/anxious mood or the likelihood of meeting criteria for major depression or generalized anxiety disorder. Neither were there differences associated with prognostic disclosure in the percentage of patients reporting strong patient-physician relationships.

Source: "Outcomes of Prognostic Disclosure: Associations with Prognostic Understanding, Distress, and Relationship with Physician among Patients with Advanced Cancer," *Journal of Clinical Oncology*; Epub ahead of print, October 5, 2015; DOI: 10.1200/JCO.2015.61.9239. Enzinger AC, et al; Dana-Farber Cancer Institute, Harvard Medical School, Boston; Weill Cornell Medical College, New York City.

Most patients with advanced cancer indicated they would want their physician to discuss their life expectancy, a recent study has found. Those who remembered being given a prognosis suffered no associated distress, and were more likely to engage in advance care planning than were those patients with no prognostic recall, according to a report published in the *Journal of Clinical Oncology*.

"Our findings suggest that more frequent prognostic discussions would be welcomed by most patients and could have substantial benefits without harming patients' emotional well-being or the patient-physician relationship," write the authors.

"Recall of prognostic disclosure was associated with substantially more realistic and accurate perceptions of prognosis, which was in turn associated with higher rates of advance care planning and preference for comfort-oriented care."

Investigators assessed the impact of prognostic disclosure among 590 patients from a multisite observational study conducted among patients with metastatic solid malignancies who had disease progression after one or more lines of palliative chemotherapy. Median patient survival from baseline to survey completion was 5.4 months.

OVERALL

- 71% of patients wanted to be told their life expectancy.
- Only 17.6% recalled receiving a prognostic disclosure from their physician.
- There was no significant difference in survival between patients reporting prognostic disclosure and those who did not.

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Late-Stage Lung Cancer Patients Need to Avoid Overtreatment, Find ‘Delicate Balance’ in Radiation Therapy Near End of Life

Nearly half of patients with metastatic non-small cell lung cancer (NSCLC) — the leading cause of cancer death in the U.S. — are treated more aggressively with radiotherapy (RT) for symptom palliation than national guidelines recommend, placing an unnecessary and non-beneficial burden on these terminally ill patients, according to a report published in the *Journal of the National Cancer Institute*.

The most recent evidence-based guidelines recommend that patients with advanced lung cancer receive fewer than 15 treatments of thoracic radiation given for symptom palliation, the authors note. Yet, not only did almost one-half receive more than the recommended maximum of 15, nearly one-third received more than 25 radiation treatments near the end of life.

National guidelines also recommend against delivery of concurrent chemotherapy and RT in the palliative setting, yet almost one-fifth of patients were found to be receiving both RT and chemotherapy at the same time, “a practice that is not only unsupported by the evidence, but one that places the patient at increased risk for toxicity without an established palliative or survival advantage,” the authors note.

“These intensive treatments are associated with higher risks of morbidity — esophagitis, in particular — without a meaningful clinical gain,” write the authors. “The chosen approach must strike a delicate balance between symptom relief and local control on one hand and toxicity and patient convenience on the other, which is particularly important given the relatively short life expectancy of this population.”

Investigators analyzed national patterns of care in the use of palliative chest RT among a large cross-section of patients diagnosed with stage IV NSCLC (n = 46,803; median age, 67 years), using data from 2004 to 2012 collected by the National Cancer Database, a hospital-based cancer registry.

OVERALL

- 49% of patients received a palliative RT regimen greater than the recommended maximum of 15 treatments (long-course RT).
- 37% and 28% received more than 20 and 25 treatments, respectively.
- 19% received chemotherapy concurrent with RT.
- The median duration of standard-course RT (≤ 15 fractions) was 10 treatments, while the median duration of long-course RT (≥ 15 fractions) was 28 treatments.

Patients who were younger, white, had private insurance, and had a more favorable (lower) comorbidity score were more likely than others to be treated with long-course RT. Patients treated in community cancer centers rather than in academic medical centers and those treated in low-volume facilities were also more likely to receive long-course RT.

The strongest predictors of long-course RT were private insurance (odds ratio [OR], 1.40; 95% confidence interval [CI], 1.28 to 1.53) and treatment in community cancer centers (OR, 1.49; 95% CI, 1.38 to 1.58; compared with academic research programs).

The strongest predictors of concurrent palliative RT and chemotherapy were private insurance (OR, 1.38; 95% CI, 1.23 to 1.54) and treatment in community cancer programs (OR, 1.44; 95% CI, 1.33 to 1.56; compared with academic programs).

While some physicians could be motivated to overtreat privately insured patients because the billing structure reimburses services per treatment, “it could also be because these patients may be perceived to have better potential for a more positive outcome,” says lead author Matthew Koshy, MD, radiation oncologist at the University of Illinois Hospital & Health Sciences System, Chicago. “More education is needed for radiation oncologists to

prevent overtreatment — which has not been proven to further improve symptoms or quality of life, and can have some significant side effects.”

Radiation therapy is used to relieve symptoms of advanced lung cancer such as chest pain, hemoptysis, cough, and shortness of breath, the authors note. However, delivery of long-course palliative RT regimens not only increases risk for toxicity in these terminally ill patients, but it also increases patient inconvenience and requires an investment in time from patients who have only a limited amount of time to live.

Encouragingly, some decrease in treatment intensity over the eight-year study period was observed. Patients treated in the later years of the study period were less likely to receive long-course palliative RT than those treated in earlier years (45.1% vs 53%; OR, 0.73; 95% CI, 0.70 to 0.75 for 2009-2012 vs 2004-2008). However, patients treated from 2009 to 2012 were only slightly less likely to receive chemotherapy concurrent with radiation, compared to those treated from 2004 to 2008.

“The reduction in the use of long-course RT between 2004 to 2008 and 2009 to 2012 suggests that population-level progress can be made, and that clinical practice guidelines can change practice patterns,” write the authors. “Furthermore, early involvement with palliative care specialists can meaningfully improve outcomes and adherence to evidence-based treatment choices in the non-curative setting.”

Source: “Prevalence and Predictors of Inappropriate Delivery of Palliative Thoracic Radiotherapy for Metastatic Lung Cancer,” Journal of the National Cancer Institute; Epub ahead of print, September 30, 2015; DOI: 10.1093/jnci/djv278. Koshy M, et al; Departments of Radiation Oncology and Radiation and Cellular Oncology, University of Illinois at Chicago, Chicago; Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston; Department of Radiation Oncology, Yale University, New Haven, Connecticut; Department of Radiation Oncology, Rush University Medical Center, Chicago.

Caregivers Express High Satisfaction with Hospice Regardless of Patient Diagnosis

Caregivers of hospice patients with a diagnosis of heart failure report satisfaction with their loved ones' care in the same high percentages as caregivers of cancer patients, a national study has found. Despite clinical, demographic, and hospice utilization differences between the two groups, no significant differences were found in the satisfaction with the care provided, according to a report published in the *Journal of Palliative Medicine*.

"Our research hypothesis that diagnosis would affect caregiver satisfaction with hospice care was not supported by our study results," write the authors. "From the perspective of family caregivers, hospice professionals currently provide equally satisfactory care to heart failure and cancer [patients], particularly in the area of symptom management."

Although in its early years, hospice was perceived as a service for oncology patients, the percentage of patients with noncancer diagnoses using hospice services has steadily increased, reaching 63.5% of all hospice enrollments in 2013. Cardiovascular admissions, primarily end-stage heart failure, comprise the second-largest

group in this category, following dementia.

"Half of heart failure patients will die within five years of diagnosis, making them an ideal population for hospice to reach," the authors write. They note that the study is "one of the first to use a large, national dataset to compare caregiver satisfaction between the heart failure and cancer populations."

Investigators analyzed responses of 7370 matched pairs of heart failure caregivers and cancer caregivers, using data from the Family Evaluation of Hospice Care survey conducted in 2011 by the National Hospice and Palliative Care Organization.

KEY FINDINGS

- 93.8% of heart failure caregivers and 93.6% of cancer caregivers were satisfied with symptom management.
- 81.8% (heart failure) and 81.3% (cancer) of caregivers were satisfied with the coordination of care.
- Overall satisfaction was rated as "excellent" on a five-point scale by 74.6% (heart failure) and 75.7% (cancer) of caregivers.

"We found little difference in caregiver satisfaction by diagnosis despite previous studies showing that heart failure patients are more likely to use emergency care services and leave hospice care than cancer patients," write the authors. Similar results were found in an earlier study comparing satisfaction rates in dementia and cancer caregivers: the authors note that no significant differences based on diagnosis were found.

"Caregiver perceptions of hospice care do not appear to be altered by disease process, despite differences in objective quality measures," they conclude. "Overall, hospice care was perceived in a positive light by the informal caregivers in this national study as evidenced by high satisfaction rates with care provided to the patients."

Source: "Does Diagnosis Make a Difference?: Comparing Hospice Care Satisfaction in Matched Cohorts of Heart Failure and Cancer Caregivers," Journal of Palliative Medicine; Epub ahead of print, August 14, 2015; DOI: 10.1089/jpm.2015.0078. MacKenzie, MA, et al; College of Nursing, Villanova University, Villanova; School of Nursing, University of Pennsylvania, Philadelphia.

Poll: 89% of Americans Favor End-of-Life Discussions with Physicians

Most Americans think physicians should conduct conversations about care options for the end of life, but relatively few report ever having had such a discussion with their physician or other health care professional, according to the results of a public opinion poll released in September 2015 by the Kaiser Family Foundation (KFF).

Researchers analyzed results of telephone interviews conducted among a nationally representative sample of 1202 U.S. adults aged 18 years and older. This was the most recent of periodic health tracking polls conducted by KFF, which is a non-profit, non-partisan organization focusing on national health care and health policy issues. It is not affiliated with Kaiser Permanente or Kaiser Industries.

KEY FINDINGS

- 89% of U.S. adults say physicians should discuss end-of-life care issues with their patients.
- Only 17% indicated they have had such a discussion with a physician or other health care professional.
- Adults aged ≥ 65 years and those with a chronic condition were more likely than others to have had an advance care planning discussion with their physician (27% and 31%, respectively).
- Most respondents would feel very comfortable talking about their end-of-life medical wishes with a spouse or partner (83%), but fewer say they would feel comfortable discussing preferences

with a physician (57%), friend/parent (51%), or spiritual advisor (50%).

"More and more Americans are facing advanced illness and are aging with multiple chronic health conditions, so it's now more important than ever to have these vital conversations," says J. Donald Schumacher, PsyD, president and CEO of the National Hospice and Palliative Care Organization. "Patients deserve assistance with advance care planning, and it's essential that these conversations take place before a crisis happens."

The Kaiser Health Tracking Poll results are available at <http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-september-2015/>.



WHEN TO REFER TO HOSPICE

Call us if your patient exhibits the following indicators:

- Physical / functional decline
- Weight Loss >10% in last 6 months
- Multiple comorbidities

When life expectancy can be measured in weeks or months, hospice is usually the best option.

For patients with **heart disease or CHF**, look for the following indicators:

- NYHA Class IV; discomfort with physical activity
- Symptomatic despite maximal medical management with diuretics and vasodilators
- Arrhythmias resistant to treatment
- Ejection fraction < 20%

Call us any time, any day.

Geoffrey Coleman, MD
Medical Director
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Short Hospice Stay, Hospital Death Yield Low Caregiver Ratings for Quality of Care

Bereaved caregivers of advanced cancer patients rated the quality of their loved ones' end-of-life care poorest when hospice enrollment was for less than one week, or when death occurred in the hospital. Ratings of quality of care were higher among caregivers who considered that their loved ones had felt they were seen as whole persons by their physicians, according to a report published in the *Journal of Palliative Medicine*.

“Our findings related to hospice length of stay are...consistent with existing research suggesting that shorter hospice length of stay is associated with worse bereaved caregiver outcomes, and that ‘late-stage’ hospice admissions often feel chaotic, emotional, and like a crisis for cancer caregivers,” the authors write.

Investigators analyzed data derived from the Coping with Cancer study, a 2002 to 2008 longitudinal study of end-of-life care preferences among advanced cancer patients and their caregivers. Subjects were 275 patient-caregiver dyads. Interviews were conducted at baseline with patients as well as their caregivers; postmortem interviews were then conducted with the caregivers.

KEY FINDINGS

- Caregiver scores for quality of care were

significantly lower when the patient had less than one week of inpatient hospice care (unstandardized regression coefficient [B] = -1.98; standard error [SE] = 0.70; $P = 0.006$).

- Caregiver scores were also low when the patient died in a hospital ($B = -1.40$; $SE = 0.40$, $P = 0.001$).
- The patient's being seen as a whole person by their physician and caregiver religiosity were predictive of perception of high-quality care in unadjusted analyses, but lost significance following adjustment.

Proactive consideration of the best plan of care for dying patients and their caregivers is needed on the part of clinicians, urge the authors, and should include measures “to prevent unnecessary or unwanted hospital deaths and to foster earlier hospice enrollment for patients who desire it.”

Source: “Factors Predicting Bereaved Caregiver Perception of Quality of Care in the Final Week of Life: Implications for Health Care Providers,” *Journal of Palliative Medicine*; October 2015; 18(10):849-857. Higgins PC, et al; Brigham & Women's Hospital and the Dana-Farber/Brigham & Women's Cancer Center, Boston; James J. Peters Veterans Affairs Medical Center, Bronx, New York; Icahn School of Medicine at Mount Sinai, New York City; Center for Research on End-of-Life Care, Weill Cornell Medical College, New York City.