

ESMO PRACTICE GUIDELINES ESMO POSITION PAPER

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DISCLOSURE OF INTEREST

Prof. Dr. Karin Jordan

- **Personal financial interests, honoraria for speaker, consultancy or advisory role, royalties, direct research funding:** MSD, Merck, Amgen, Hexal, Riemser, Helsinn, Tesaro, Kreussler, Voluntis, Pfizer, Pommed, Pharma Mar, Prime Oncology, OnkoUpdate, Annals of Oncology, UpToDate
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- **Non-financial interests:** Track Chair Supportive and Palliative Care ESMO 2016 and 2018, ESMO Chair supportive and palliative Care Faculty, MASCC/ESMO Antiemetic guideline Committee, ASCO Antiemetic guideline Committee, S3 Guideline Chair on Supportive Care of the Guideline Program in Germany, ESMO Guideline Chair for Supportive and Palliative Care

MANY ASPECTS OF SUPPORTIVE CARE



Nutrition

Venous Thromboembolism

Anaemia

Diarrhoe/Obstipation

Pulmonary Tox.

Cardiotoxicity

Neutropenia

Antiemesis

Fertility

Tumorlysis

Infections

Fatigue

Thrombocytopenie

Neurotoxicity

Paravasation

Psychological support

Supportive measures in radiation therapy

Renal toxicity

Bone complications

Lymphedema

„New Toxicities“ (Targeted drugs)

Pain

ESMO CLINICAL PRACTICE GUIDELINES

Supportive and Palliative Care

Management of Cancer Pain in Adult Patients: ESMO Clinical Practice Guidelines	M. Fallon, 2018
Diagnosis, Assessment and Management of Constipation in Advanced Cancer: ESMO Clinical Practice Guidelines	P.J. Larkin, 2018
Diarrhoea in Adult Cancer Patients: ESMO Clinical Practice Guidelines	P. Bossi, 2018
Management of Anaemia and Iron Deficiency in Patients With Cancer: ESMO Clinical Practice Guidelines	M. Aapro, 2018
Management of Infusion Reactions to Systemic Anticancer Therapy: ESMO Clinical Practice Guidelines	S. Roselló, 2017
Management of Toxicities from Immunotherapy : ESMO Clinical Practice Guidelines	J. Haanen, 2017

2017/2018

<https://www.esmo.org/Guidelines/Supportive-and-Palliative-Care>

FREE DOWNLOAD FROM THE ESMO WEBPAGE



Annals of Oncology 28 (Supplement 4): iv119–iv142, 2017
doi:10.1093/annonc/mdx225

CLINICAL PRACTICE GUIDELINES

Management of toxicities from immunotherapy:
ESMO Clinical Practice Guidelines for diagnosis,
treatment and follow-up[†]

J. B. A. G. Haanen¹, F. Carbonnel², C. Robert³, K. M. Kerr⁴, S. Peters⁵, J. Larkin⁶ & K. Jordan⁷, on behalf of the ESMO Guidelines Committee*



Already cited 120 times



FREE DOWNLOAD FROM THE ESMO WEBPAGE



Annals of Oncology 0: 1–15, 2018
doi:10.1093/annonc/mdx758

CLINICAL PRACTICE GUIDELINES

Management of anaemia and iron deficiency in patients with cancer: ESMO Clinical Practice Guidelines[†]

M. Aapro¹, Y. Beguin^{2,3}, C. Bokemeyer⁴, M. Dicato⁵, P. Gascón⁶, J. Glaspy⁷, A. Hofmann⁸, H. Link⁹, T. Littlewood¹⁰, H. Ludwig¹¹, A. Österborg¹², P. Pronzato¹³, V. Santini¹⁴, D. Schrijvers¹⁵, R. Stauder¹⁶, K. Jordan¹⁷ & J. Herrstedt^{18,19}, on behalf of the ESMO Guidelines Committee*

CLINICAL PRACTICE GUIDELINES

Management of cancer pain in adult patients: ESMO Clinical Practice Guidelines[†]

M. Fallon¹, R. Giusti², F. Aielli³, P. Hoskin⁴, R. Rolke⁵, M. Sharma⁶ & C. I. Ripamonti⁷, on behalf of the ESMO
Guidelines Committee*

26 pages

REALTIVE ANALGESIC RATIOS FOR OPIOID SWITCHING

Opioids	Analgesic ratio	LoE	GoR
Oral morphine to oral oxycodone	1:1.5	II	B
Oral oxycodone to oral hydromorphone	1:4	II	B
Oral morphine to t.d. buprenorphine ^a	75:1	IV	C
Oral morphine to t.d. fentanyl ^b	100:1	III	B
Oral morphine to oral methadone	1:5 to 1:12	III	B
Oral morphine to oral hydromorphone	1:5 to 1:7.5	II	B

^aExample: 60 mg oral morphine to 35 µg/h t.d. buprenorphine (equivalent to 0.8 mg/24 h).

^bExample: 60 mg oral morphine to 25 µg/h t.d. fentanyl (equivalent to 0.6 mg/24 h).

GoR, grade of recommendation; LoE, level of evidence; PCT, uncontrolled prospective cohort trial;

Adapted from [68] with permission.

MANY ASPECTS OF SUPPORTIVE CARE AND UPCOMING GUIDELINES



Neurotoxicity

Venous Thromboembolism

Skin Toxicity

Neutropenia

Fertility

Extravasation

Bone complications

ESMO POSITION PAPER ON SUPPORTIVE AND PALLIATIVE CARE



SPECIAL ARTICLE

European Society for Medical Oncology (ESMO) position paper on supportive and palliative care

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J. Herrstedt^{11,12}, D. Keefe¹³, B. Laird^{14,15}, D. Walsh¹⁶, J. Y. Douillard¹⁷ & A. Cervantes¹⁸

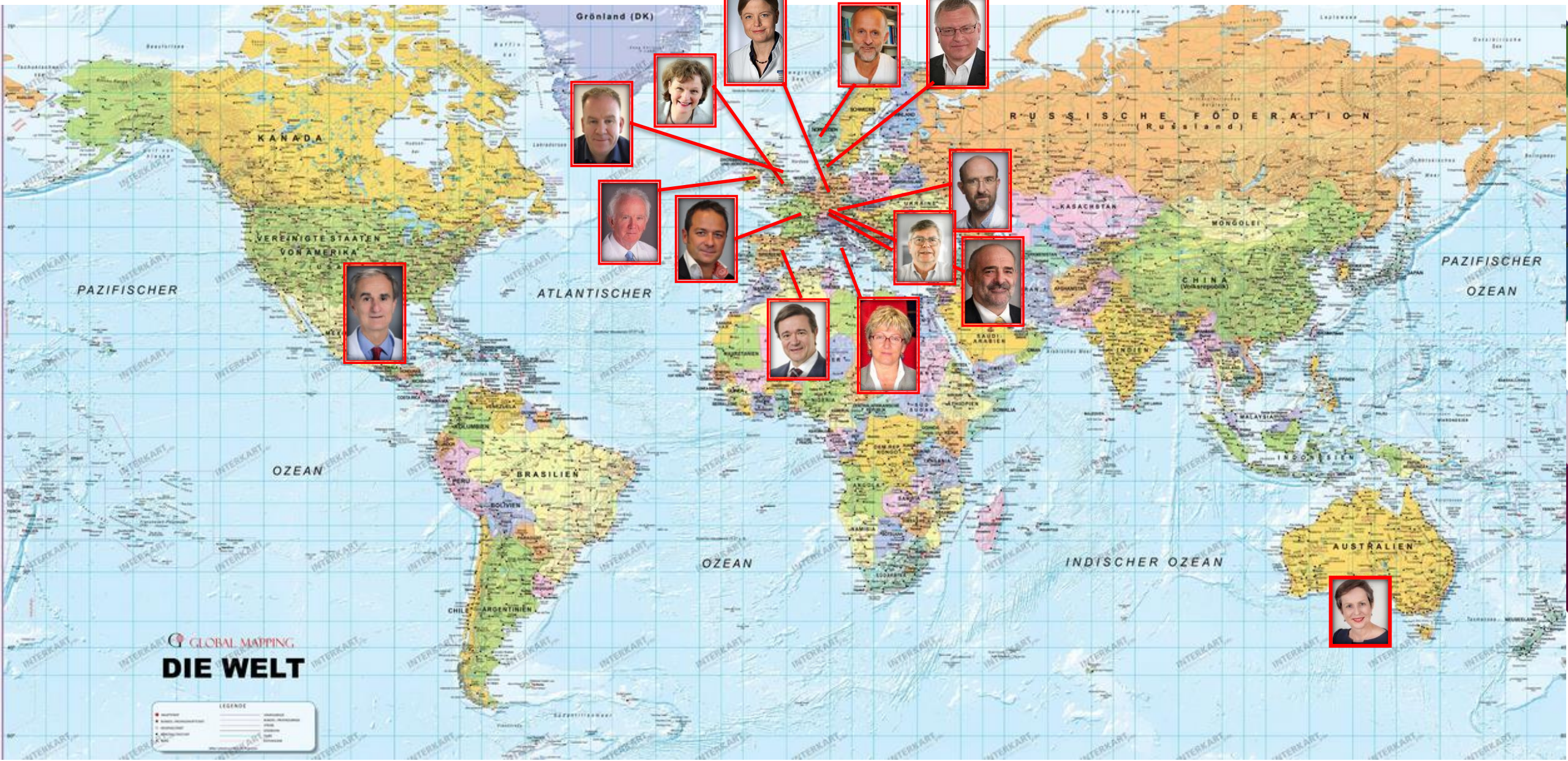
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...and thanks to Jackie Partarrieu for editorial assistance

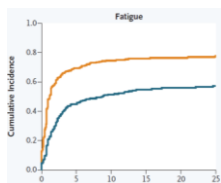
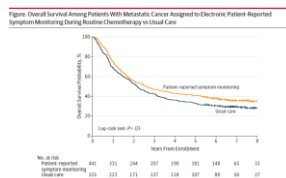
*Correspondence to: Prof. Karin Jordan, Department of Medicine V, Hematology, Oncology and Rheumatology, Universitätsklinikum Heidelberg, Im Neuenheimer Feld 410, 69120 Heidelberg, Germany. Tel: +49-6221-56-6435; E-mail: karin.jordan@med.uni-heidelberg.de



This paper was prepared by parts of the ESMO Faculty Group Supportive and Palliative Care



EXAMPLES OF ACHIEVEMENTS*



The voice of the patient: PRO, Basch, NEJM 2010
 Early integration of SC and PC, Temel 2011, NEJM 2011
 OS benefit through PRO assessment, Basch JAMA 2017
 Integration of oncology and palliative care, Kaasa, Lancet Oncol 2018

2003

2018

ESMO takes a stand on supportive and palliative care

Cherny, N
Ann Oncol 2003

European Society for Medical Oncology (ESMO)
position paper on supportive and palliative care

Jordan, K
Ann Oncol 2018



*excluding supportive care drugs

Supportive and palliative care: all about the patient

„This position paper goes beyond the debate about the standard definition of supportive and palliative care“

MASCC definition Supportive Care

“Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of both physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship, and end-of-life care are integral to SC.”

WHO definition Palliative Care

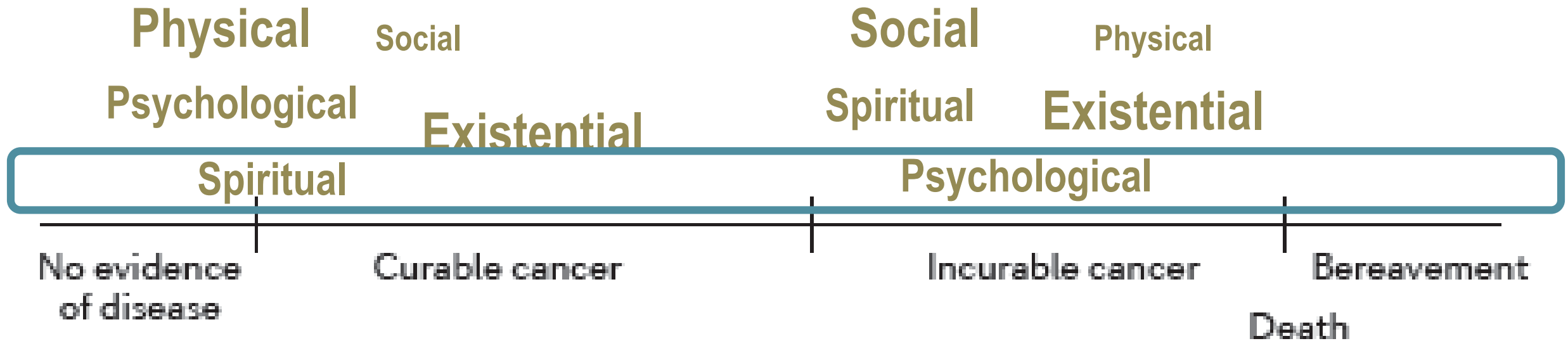
“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”



„patient centred care“

The patient-centred care approach

Individual Needs of cancer patients at different stages of the disease



**Patient centred care cannot be standardised, BUT
it should be provided through a standard framework**

How? →

Key patient-centred care interventions

Assessment, Monitoring and Management

Table 1. Key patient-centred care interventions (examples)

Assessment

Monitoring and intervention: regular changes in patients' health status preferably assessed with PROMs or other validated assessment tools

Management of cancer-related symptoms and other needs

Management of anticancer treatment-related toxicities and complications, including prevention

Strictly to be avoided



e.g. with PRO

- Monitoring of adverse events
- Coping mechanisms

- Management of PNP, CINV, Pain, ...
- Coping with life limiting expectancies

PRO: Patient reported outcome

PNP: Polyneuropathy

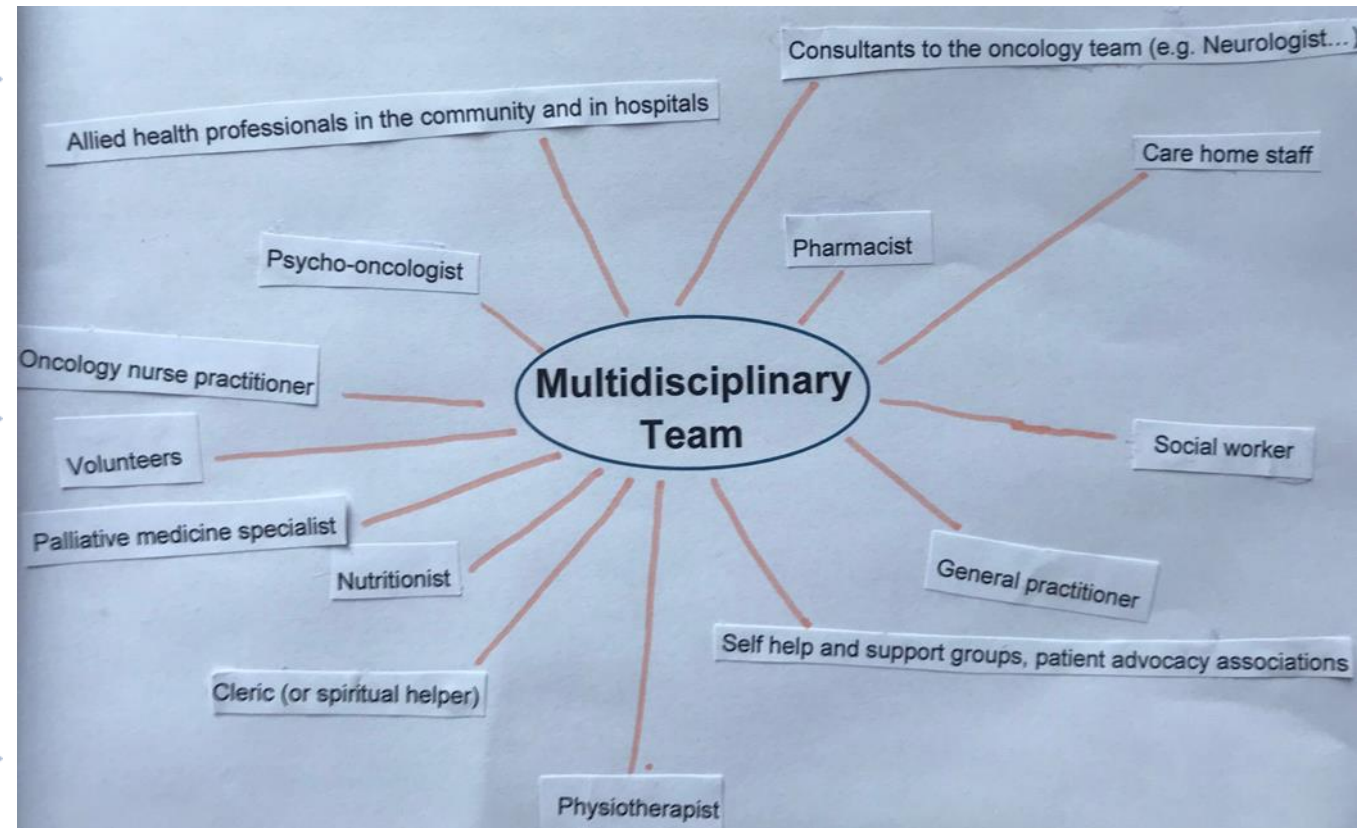
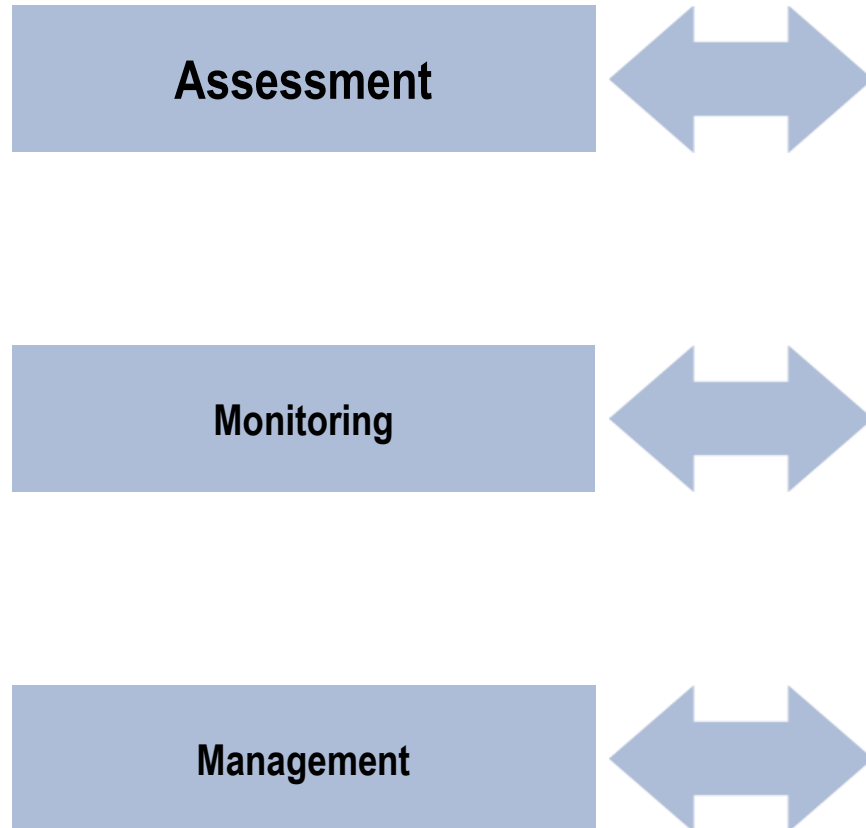
CINV: Chemotherapy induced nausea and vomiting

Table 1. Key patient-centred care interventions (examples)

Assessment	Monitoring and intervention: regular changes in patients' health status preferably assessed with PROMs or other validated assessment tools	Management of cancer-related symptoms and other needs	Management of anticancer treatment-related toxicities and complications, including prevention
<ul style="list-style-type: none">• Cancer and anticancer-treatment related symptoms, toxicities, complications• Psychological disorders, distress• Sleeping problems• Spiritual and existential issues• Comorbidities• Nutritional status• Sexuality concerns• Prognosis and coping with cancer disease• Family and/or caregiver issues• Socioeconomic issues• Other unmet needs	<ul style="list-style-type: none">• Adverse events of anticancer treatment, specifically under immunotherapy• Compliance/adherence to oncologic treatments (e.g. oral antineoplastic agents)• Frequency of unplanned visits and/or unplanned hospitalisation• Special survivors' needs• Coping mechanisms• Understanding of illness, treatment and care options• Patient and caregiver information (including help from cultural mediators when needed)	<ul style="list-style-type: none">• Pain• Fatigue• Nausea and vomiting• Constipation, diarrhoea• Anorexia, cachexia, early satiety• Dyspnoea/breathlessness• Hydro electrolytic disorders• Prevention of skeletal related events in patients with bone metastases• Anxiety• Depression• Sleeping disorders• Evacuative paracentesis• Endurance, resistance and balance	<ul style="list-style-type: none">• Nausea and vomiting• Anaemia• Febrile neutropenia• Fatigue• Pain• Infections• Dermatotoxicity• Neurotoxicity• Immune-related adverse events• Diarrhoea/constipation• Mucositis• Renal impairment,• Cardiotoxicity• Problems with sexuality• Endocrine disorders



Multidisciplinary teams





Multidisciplinary teams

- Composition of the multidisciplinary team,
 - will vary according to patient needs,
 - resources and
 - national settings.
- Team should encompass medical and non-medical professionals
- In case of financial or organisational limitations
 - Referral if possible → Medical oncologist is in charge

... but 

Insights from a case presentation at the ESMO Supportive and palliative Care Preceptorship 2018

Palliative care in developed vs. developing country

Developed country	Developing country
Palliative Care Unit	Oncology ward
Experienced team	Non-experienced team
Available therapy	Limited therapy
Hospices	Elderly nursing homes
Oncologic/Supportive/Palliative approach	Oncologic/Supportive approach
Specialized care	General care

Survivorship, pre- and rehabilitation

Millions of patients today survive and live with a history of cancer

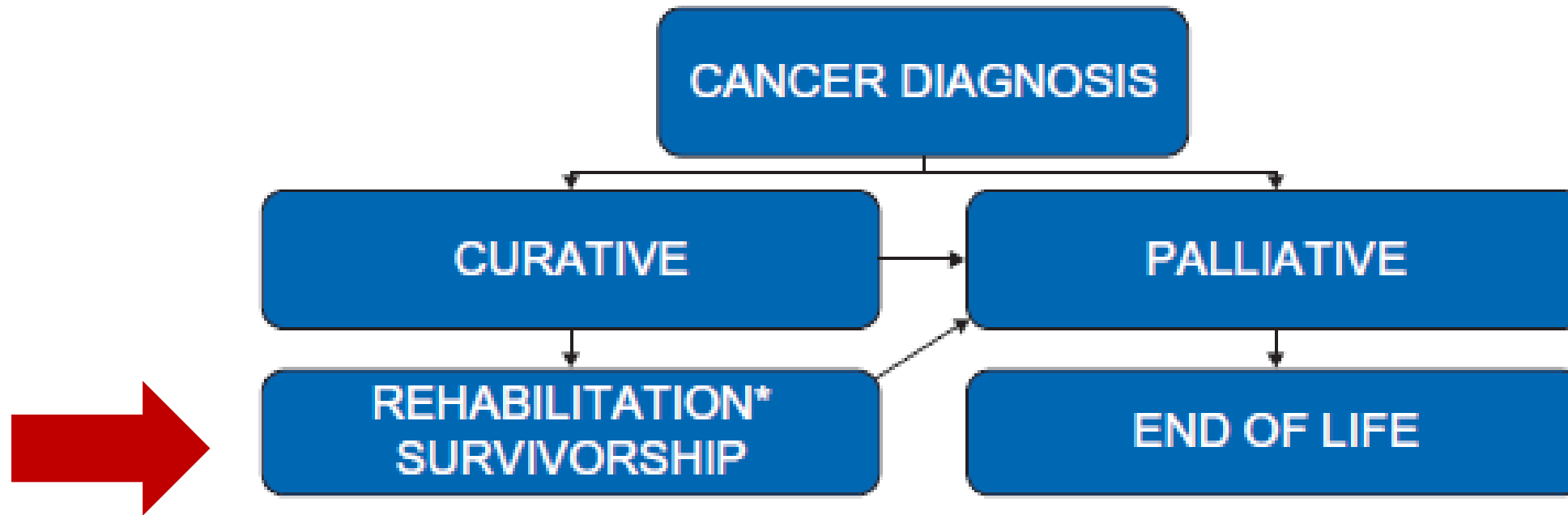


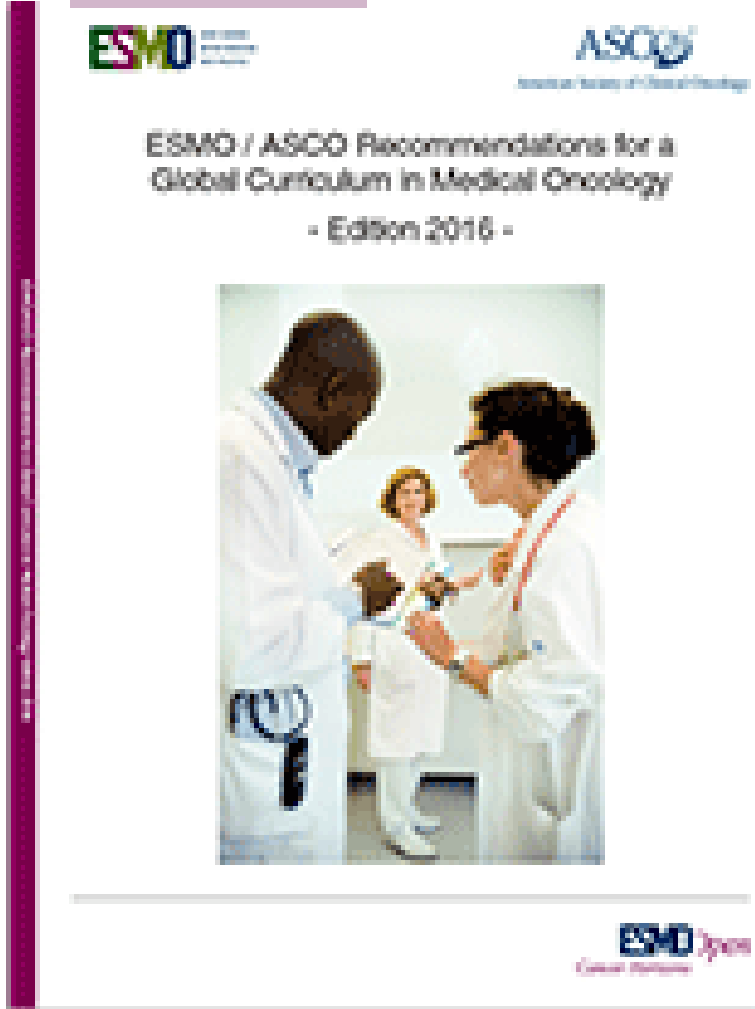
Figure 1. Schematic diagram of the cancer pathway. *Rehabilitation may also apply in the palliative setting.

ESMO resources for integrated patient-centred care education

Table 3. ESMO resources for integrated patient-centred care education

- **E-learning modules^a** on supportive and palliative care
- **ESMO Palliative Care Fellowships^b** ESMO provides two palliative care fellowships allowing recipients observation or research at one of the ESMO Designated Centres
- **ESMO Clinical Practice Guidelines^c** including guidelines on supportive care and palliative care.
- **ESMO Patient Guides^d** include, e.g. how to deal with side-effects
- **ESMO Handbooks** for physicians^e
- **ESMO Academy^f** includes an overview of standards of care and future perspective in supportive care
- **ESMO Preceptorships in supportive care and palliative care^g**
- **Oncology Pro Webcasts and Slides, Scientific Meeting Reports** (using search function) <http://oncologypro.esmo.org/Slide-Resources>
- **ESMO Congress track on supportive care and palliative care**
- **Core Curriculum** slide sets: <http://www.esmo.org/Career-Development/Global-Curriculum-in-Medical-Oncology>
- ESMO collaboration with other entities with interest in supportive care and palliative care (e.g. MASCC, EAPC, ESO)
- Other resources on the ESMO website: <http://www.esmo.org/Topics/Palliative-and-supportive-care>

Need for specific training in patient-centred care



Medical oncologists should be trained in the supportive and palliative care of patients, including basic knowledge about physical, psychological, social and spiritual aspects of cancer, as set out in the ESMO/ASCO Recommendations for a Global Curriculum in Medical Oncology

<https://www.esmo.org/Career-Development/Global-Curriculum-in-Medical-Oncology>

Integrating healthcare resources

One aspect of integration of supportive and palliative care



The banner features a light green background with a white curved shape on the right. At the top left, the text "ESMO Designated Centres of Integrated Oncology & Palliative Care" is written in a bold, dark green font. To the right of this text are social media icons for Facebook, Twitter, Email, Google+, LinkedIn, and Print. Below the main title, there are two green speech bubbles. The first bubble on the left contains the text "ESMO DESIGNATED CENTRES" in white. The second bubble on the right contains the text "WHY NOT JOIN THE GROWING COMMUNITY!" in white. On the right side of the banner, there is a circular logo consisting of two overlapping curved shapes, followed by the "ESMO" logo in blue and green, and the text "Designated Centres of Integrated Oncology and Palliative Care" in a smaller, dark green font.

ESMO encourage and sustain supportive and palliative care development through its "ESMO Designated Centre of Integrated Oncology and Palliative Care" programme

<http://www.esmo.org/Patients/Designated-Centres-of-Integrated-Oncology-and-Palliative-Care>

Hui D et al. *Ann Oncol*. 2017 Sep 1;28(9):2057-2066.

ESMO DESIGNATED CENTRES OF INTEGRATED ONCOLOGY AND PALLIATIVE CARE PROGRAMME



The accreditation programme was initiated in 2003



Cancer centres can receive special recognition for achieving a high standard of integration of medical oncology and palliative care



Cancer centres which provide comprehensive services in supportive and palliative care as part of their routine care can apply



Research needs and resources in supportive and palliative care

- Evaluate impact of palliative and supportive interventions on **outcomes** and **Quality of Life**
- ESMO is willing to **promote more research** fellowships in supportive and palliative care
- Research is needed on **short- and long-term side effects** of new therapeutics
- Integrating **new technologies for self-monitoring and reporting symptoms** (e.g. web programmes, apps)

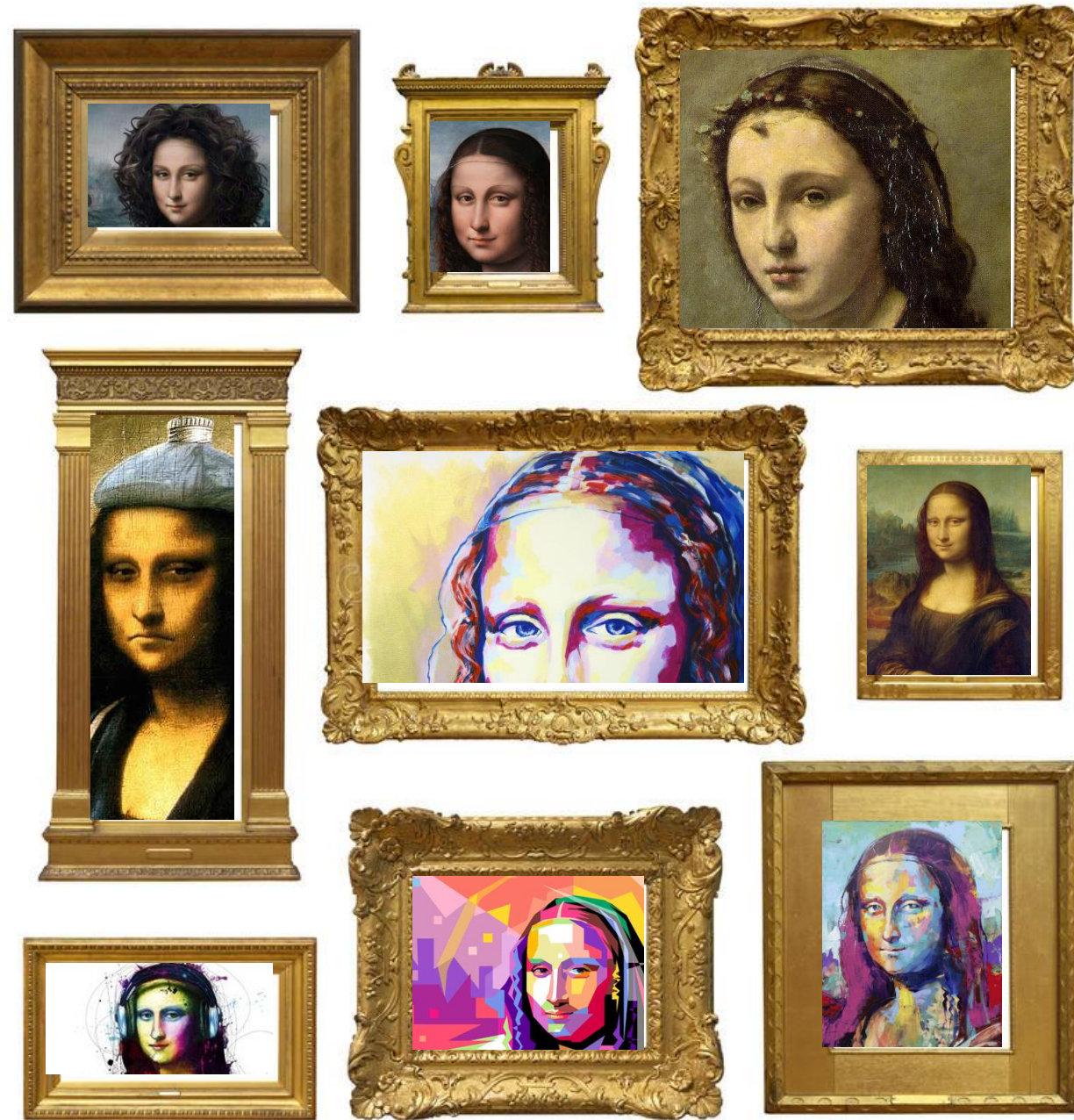
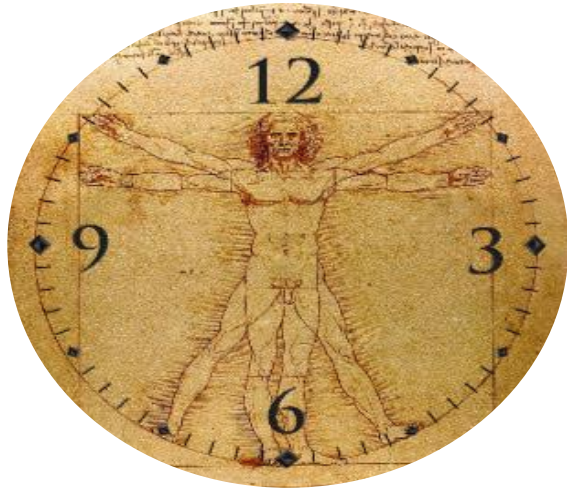
CONCLUSIONS

Create

Accurate multidisciplinary framework

Right for the individual patient

Early



Kindly provided by J. Brandt