

The trajectory of patients facing life-threatening illness

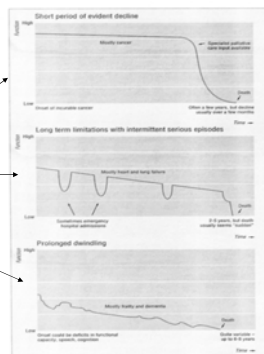
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- What is a person like when he/she is found to have incurable cancer ?
- ? Wasted ? In great pain or discomfort ? Will die very soon ? Sad ? Hopeless ? Withdrawn ? Isolated ? Depressed ? Time bomb starts ticking

Illness trajectories

- There are different patterns of functional decline at the end of life
 - Terminal illness
 - Organ failure
 - Frailty
 - Sudden death



Illness trajectories

- Large retrospective study confirming different patterns
- Established Populations for Epidemiologic Studies of the Elderly (EPESE) study
 - Followed a group of cohort of 65yrs or above
 - Baseline in-person interview between 1981-1987 then 6-10 annual in-person or telephone interviews

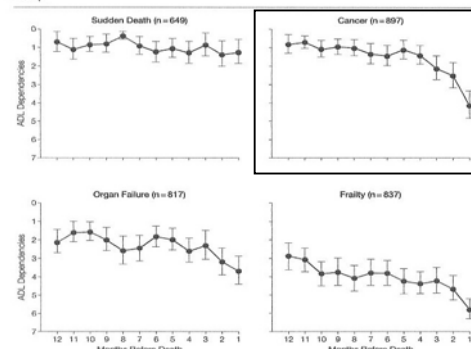
J Lunney et al. JAMA. 2003. 289: 18-

Table 1. Decedent Group Characteristics*

Characteristic	Sudden Death (a)	Cancer (b)	Organ Failure (c)	Frailty (d)	Other (e)	All
No.	649	897	817	837	990	4190
Age, mean (SD), y	80.4 (7.8) ^{a,c,d}	78.7 (6.9) ^{c,d}	82.3 (7.7) ^{a,c,d}	85.1 (7.2) ^{a,b,c,d}	79.2 (7.0) ^{b,c,d}	81.1 (7.6)
Women, No. (%)	321 (49.5) ^d	424 (47.3) ^d	441 (54.0) ^d	514 (61.4) ^{a,c,d}	501 (50.6) ^d	2201 (52.5)
Nonwhite, No. (%)	157 (24.3) ^d	178 (19.9)	122 (15.0) ^{a,b}	134 (16.1) ^{a,b}	243 (24.6) ^d	834 (20.0)
Education, mean (SD), y	7.9 (3.9) ^{a,c,d}	9.1 (4.3) ^{a,b}	8.6 (3.8) ^{a,b}	8.7 (3.9) ^a	8.2 (3.9) ^a	8.6 (3.9)
Currently married, No. (%)	282 (44.1) ^d	412 (50.3) ^d	322 (42.2) ^{a,d}	257 (34.1) ^{a,b,c,d}	446 (47.7) ^d	1698 (44.0)
No. of reported medical conditions, mean (SD) [†]	0 ^{b,c,d}	1.05 (0.91) ^{a,b}	1.04 (0.94) ^{a,b}	1.08 (0.96) ^{a,b}	1.45 (0.66) ^{a,b,c,d}	0.99 (0.92)

*Each superscript letter represents a significant difference (P<.05) with the group bearing that label, with a Bonferroni correction for multiple comparisons.
[†]Self report of cancer, heart disease, diabetes, history of hip fracture, or stroke.

Figure 2. Dependent Activities of Daily Living (ADLs) for Each Month Cohort, by Trajectory Group



Local Data

Study design

- Retrospective study
- Single centre
- Setting: palliative care clinic within the Department of Clinical Oncology, QMH
- Population
 - Patients with advanced cancer referred to a palliative care clinic
- Data collection
 - ECOG score on each visit
 - Unscheduled attendance
 - Date of death

ECOG Performance Status (Eastern Cooperative Oncology Group)

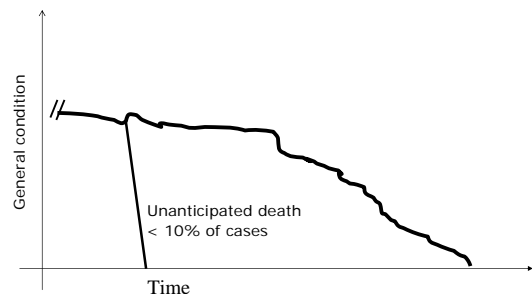
- 0:** Fully active, able to carry on **all pre-disease performance** without restriction
- I:** Restricted in physically strenuous activity but ambulatory and able to carry out **work of a light or sedentary nature**, e.g., light house work, office work
- II:** Ambulatory and capable of **all self-care** but unable to carry out any work activities. Up and about more than 50% of waking hours
- III:** Capable of only **limited self-care**, confined to bed or chair more than 50% of waking hours
- IV** Completely disabled. **Cannot carry on any selfcare**. Totally confine to bed or chair
- Suggested questions:**
1. Can the patient carry out usual work? (if Yes-ECOG 0)
 2. Can the patient carry out light work? (if Yes-ECOG I)
 3. Does the patient need self-care assistance?
 4. Is the patient up and about >50% of waking hours? (if 3 No, 4 Yes-ECOG II; if both 4 No - ECOG III)
 5. Is the patient bed or chair bound? (Yes for ECOG IV)

Results

- Study period: 1/02 -5/03
- Number of subjects: 71
- M:F 31:40
- Mean age : 63 (24-81)
- Diagnosis:
 - lung (35%)
 - colorectal (15%)
 - breast(8%)
 - pancreas (8%)
 - ovary (6%)

Conclusions

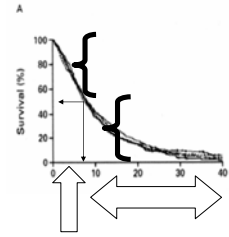
- Data showed that patients with advanced cancer can be divided into 2 board phases
 - ECOG ≤ 2 : being relatively asymptomatic, performance status is anticipated to be maintained.
 - Risk of unanticipated and rapid deterioration resulting in death 8.25%
 - Feeling uncertain of the future or like carrying a “time bomb” can be reduced. Patients can be encouraged to do more and consider taking action to fulfill their wishes.
 - ECOG ≥ 3 : could be the beginning of deterioration. More emphasis is put on end of life discussion.
 - Introduction of hospice service and, for some, more intense counselling re issues relating to death and dying



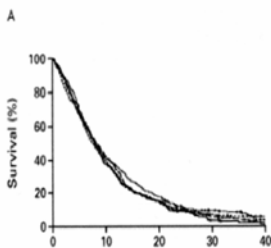
- Incurable disease \neq time bomb for most

Survival

- Most quoted is median survival
- Measures duration at 50% survival
- Survival range can be wide



Is median survival a reasonable predictor of life expectancy for an individual ?



Maintaining hope

- Median survival is a guide only
- Some achieve long survival
 - 1% NSCLC after palliative radiotherapy
- Patient may have good response to palliative therapies

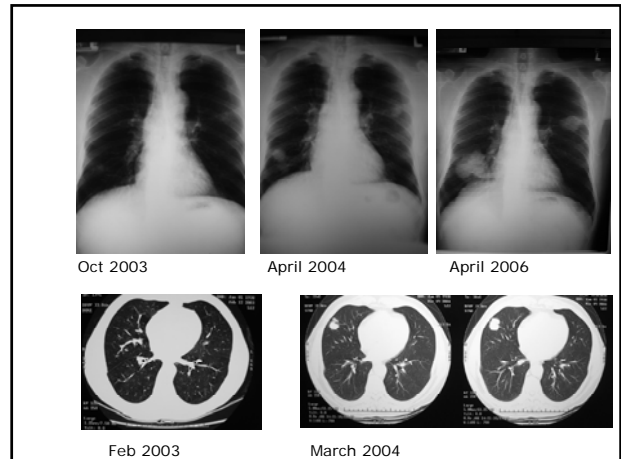
Long-term survival in patients with non-small cell lung cancer treated with palliative radiotherapy. Quidus AM et al. Clin Oncol 2001;13(2):95-8

- No curative treatment \neq no HOPE

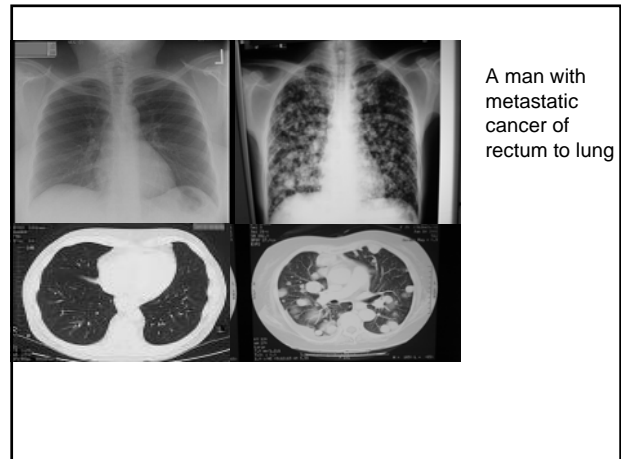
Case Sharing

A man with slow disease tempo

- M/68
- Biopsy confirmed cancer of lung since April 2004
- Not received any cancer specific treatment

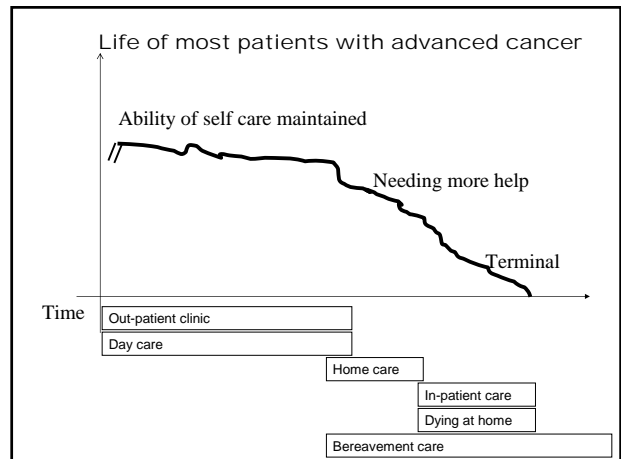


- June 2007
 - In excellent health with no symptoms
 - Median survival of this group 6-8/12



Caring for patients with incurable cancer

- Incurable disease \neq time bomb for most
- No curative treatment \neq no HOPE
- Combining hope and plan in caring process
- Importance of idea of living with cancer



Thank You