2025 Oncology Fellows Program:
New Horizons in Quality Cancer Care™

The Spectrum of End-of-Life Care

PRESENTED BY:

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The Spectrum of End of Life Care

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Objectives

- Provide clear, consistent, and empathetic communication to patients and their caregivers regarding prognosis and goals of treatment.
- Integrate advance care planning and end-of-life care practices into a patient's comprehensive cancer treatment plan.
- Describe interventions that should be addressed during end-of-life care planning for patients with advanced cancer and their caregivers.

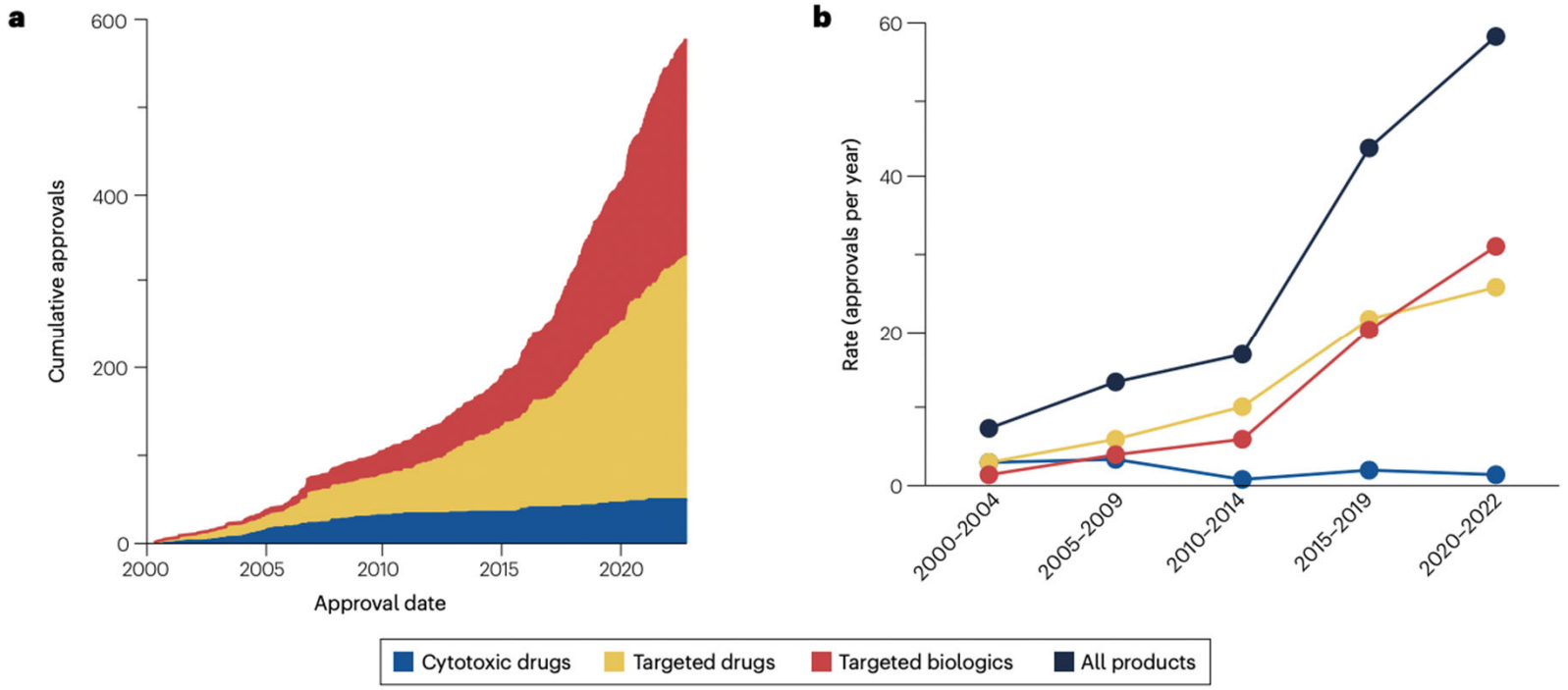
Increasing complexity of cancer care

Genotype- and molecularly-driven treatment

Fragmentation of care

Prognostication challenges

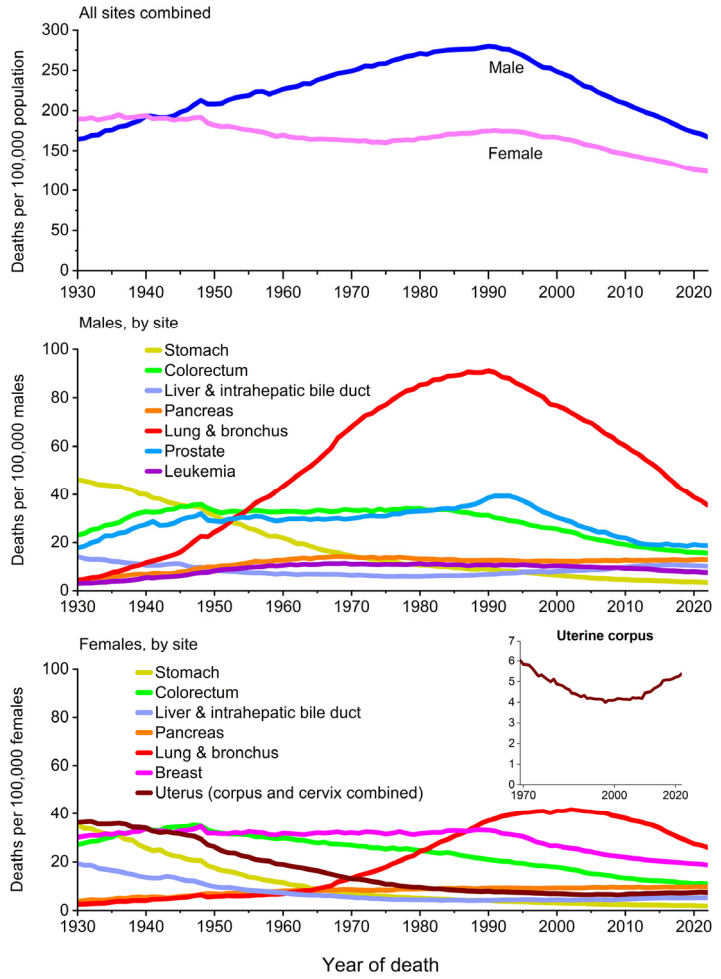
Cancer therapeutics: a new era



Scott EC et al. . Nat Rev Drug Discov. 2023 Aug;22(8):625-640. doi: 10.1038/s41573-023-00723-4. Epub 2023 Jun 21. PMID: 37344568.

Cancer mortality

- 5 year survival has improved
  - ~50% (1970s)→~70% (2020)
- Poor prognosis cancers remain highly lethal
  - Lung (25%)
  - Esophagus (22%)
  - Pancreas (13%)
  - Liver (22%)



Siegel RL et al. . Cancer statistics, 2025. CA Cancer J Clin. 2025 Jan-Feb;75(1):10-45.

Cancer care at the end of life

- Trend towards aggressiveness
  - Chemotherapy at the end of life (EOL)
  - High health resource utilization
  - Suboptimal use of hospice care
- Care inconsistent with goals
- Caregiver distress

Earle CC, Neville BA, Landrum MB, et al. . JCO 2004;22:315–21. 10.1200/JCO.2004.08.136
Mack JW, Weeks JC, Wright AA, et al. . J Clin Oncol 2010;28:1203–8.
Wright AA, et al. JAMA 2008;300:1665–73. 10.1001/jama.300.14.1665
https://www.nfcr.org/blog/reducing-racial-disparities-in-cancer-health-through-research-funding/

EOL communication predicts EOL care

Table 3. Medical Care Received in the Last Week of Life by End-of-Life Discussion

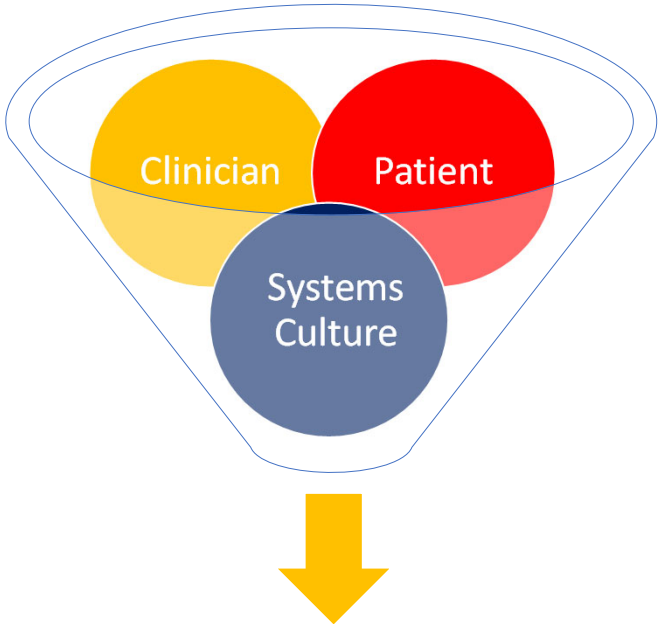
	No. (%)			Adjusted OR (95% Confidence Interval)[a]	*P* Value
	Total (N=332)	End-of-Life Discussion			
		Yes	No		
Medical care received in the last week	332	123 (37.0)	209 (63.0)		
ICU admission	31 (9.3)	5 (4.1)	26 (12.4)	0.35 (0.14-0.90)	.02
Ventilator use	25 (7.5)	2 (1.6)	23 (11.0)	0.26 (0.08-0.83)	.02
Resuscitation	15 (4.5)	1 (0.8)	14 (6.7)	0.16 (0.03-0.80)	.02
Chemotherapy	19 (5.7)	5 (4.1)	14 (6.7)	0.36 (0.13-1.03)	.08
Feeding tube	26 (7.9)	11 (8.9)	15 (7.3)	1.30 (0.55-3.10)	.52
Outpatient hospice used	213 (64.4)	93 (76.2)	120 (57.4)	1.50 (0.91-2.48)	.10
Outpatient hospice ≥1 wk	173 (52.3)	80 (65.6)	93 (44.5)	1.65 (1.04-2.63)	.03

Abbreviation: ICU, intensive care unit; OR, odds ratio.
[a]The propensity-score weighted sample was used for these analyses. Logistic regression models were also adjusted for patients' treatment preferences, desire for prognostic information, and acceptance of terminal illness.

- Wright AA, et al. *JAMA*. 2008;300:1665-73.

The Challenge: communication

Benefits	Current State
Quality of life (QoL)	Infrequent
Goal-concordance	Late
Resource Utilization	Limited
Coping	Inaccessible



Advance Care Planning

Serious illness communication

POLST: Physician orders for life-sustaining treatment

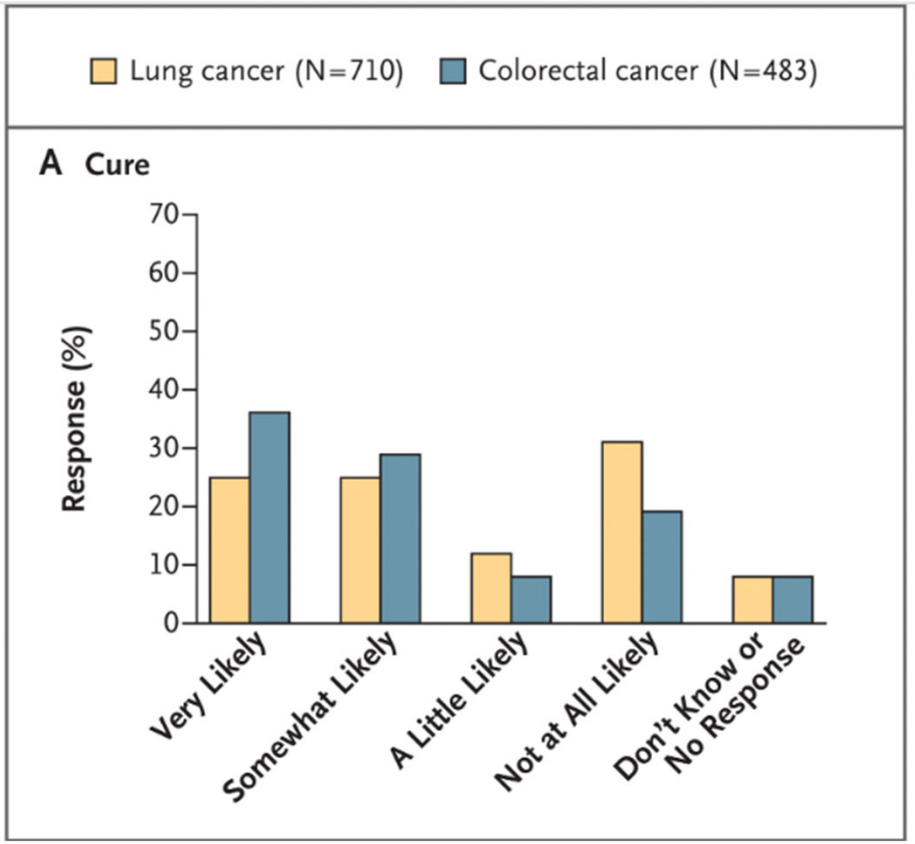
DNR: Do-Not-Resuscitate

What is serious illness communication?

- Beyond “code status”
- Focus on prognosis, goals, values, care preferences
- Person/family-centered v. intervention-focused
- Ideally:
  - Early, iterative, and longitudinal
  - Adaptive
  - Space for emotion

Prognostic awareness

A **significant** proportion of patients believe their metastatic cancer is curable



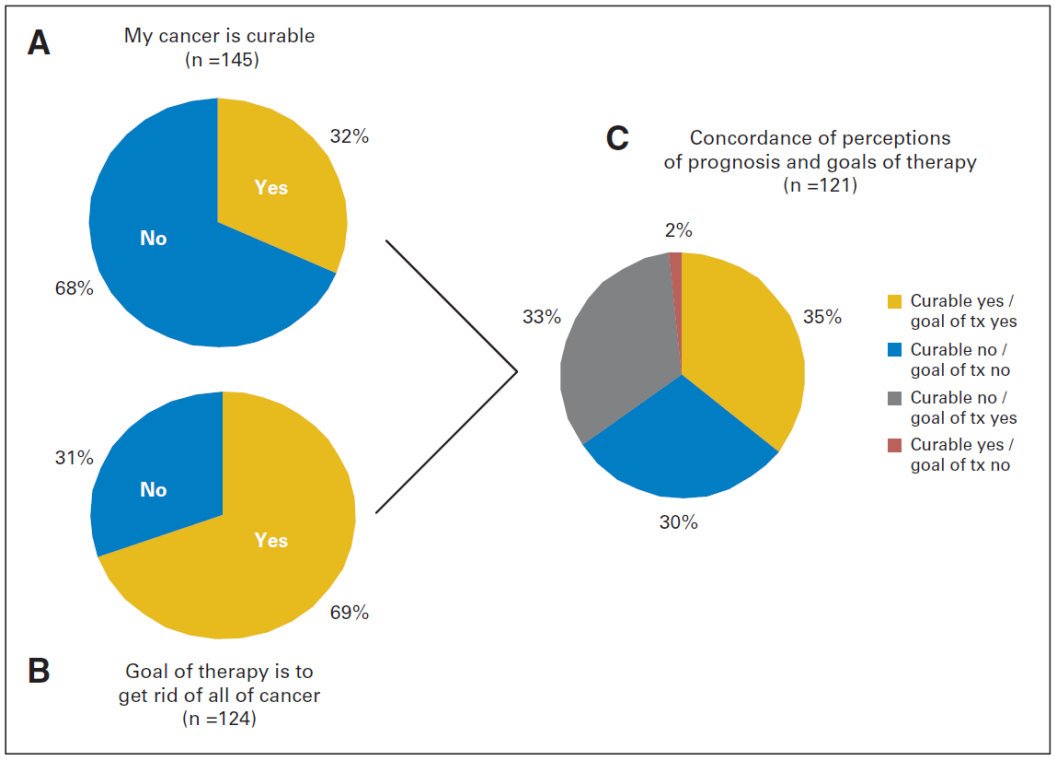
Weeks JC et al. N Engl J Med. 2012 Oct 25;367(17):1616-25. doi: 10.1056/NEJMoa1204410.

Prognosis sharing

- Curability
- Reframing how we think about prognosis
  - Time
  - Function
  - Uncertainty
- Discussing statistics

Treatment intent

- Significant discordance between prognostic perception and treatment intent



Temel JS et al. J Clin Oncol. 2011 Jun 10;29(17):2319-26. doi: 10.1200/JCO.2010.32.4459.

Treatment Intent

- Curative vs. non-curative

- Discussing statistics
  - Use frequencies >> percentages
  - Convey absolute risk >> relative risk
  - Translate median overall survival
    - "…half of patients live for shorter than X months and half live for longer than X months."
  - Use **plain** language:
    - "At 5 years, 80 out 100 people with this cancer have died..."
    - "Even with treatment, about half of patients with pancreas cancer die within a year."

Case 1: Medical Oncology Clinic

- Ms. Quinn is a 70-year-old with metastatic colon cancer here for cycle 3 of FOLFOX. You have reviewed her labs which are adequate to proceed with therapy today.

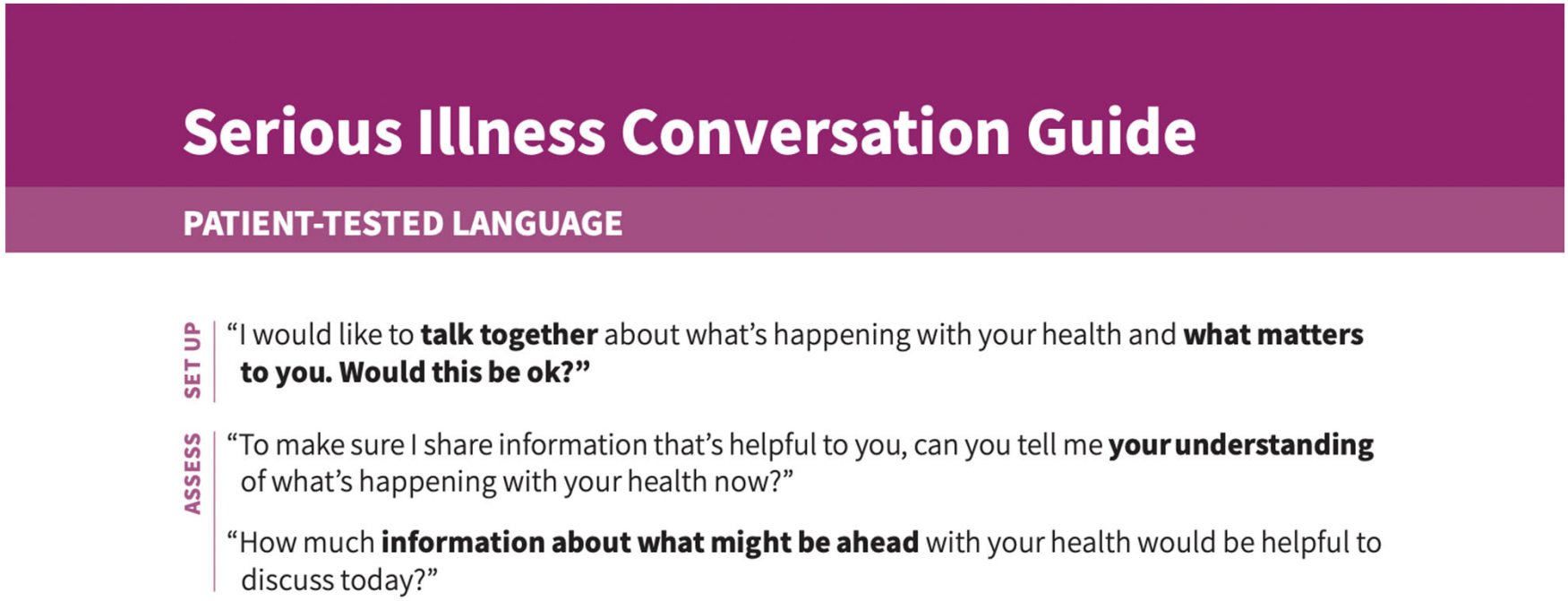
- Review of systems (ROS): moderate fatigue, daily naps, cannot go for walks anymore. Mild nausea days 3-4, relieved by ondansetron. +Cold sensitivity, resolves by day 5. 1-2 days of loose stools, took loperamide with relief.

- You decide that since you have some time – it would be a good day to explore Ms. Quinn's goals and values.

Serious illness conversations

- How to initiate?
- Can I share prognosis without a scan to review?
- What topics to cover?
- There's no crisis – why now?

Practical Tools



Serious Illness Conversation Guide

PATIENT-TESTED LANGUAGE

SET UP

"I would like to **talk together** about what's happening with your health and **what matters to you. Would this be ok?"**

ASSESS

"To make sure I share information that's helpful to you, can you tell me **your understanding** of what's happening with your health now?"

"How much **information about what might be ahead** with your health would be helpful to discuss today?"

https://www.ariadnelabs.org/resources/downloads/serious-illness-conversation-guide/

Sharing prognosis: wish(hope)/worry

SHARE

"Can I share my understanding of what may be ahead with your health?"

Uncertain: "It can be difficult to predict what will happen. **I hope you will feel as well as possible** for a long time, and we will work toward that goal. **It's also possible that you could get sick quickly**, and I think it is important that **we prepare** for that."

OR

Time: "I **wish** this was not the case. I am **worried** that time may be as short as *(express a range, e.g. days to weeks, weeks to months, months to a year).*"

OR

Function: "It can be difficult to predict what will happen. **I hope you will feel as well as possible** for a long time, and we will work toward that goal. **It's also possible that it may get harder to do things** because of your illness, and I think it is important that we prepare for that."

Pause: Allow silence. Validate and explore emotions.

https://www.ariadnelabs.org/resources/downloads/serious-illness-conversation-guide/

NURSE: responding to emotions

Name the emotion	"It sounds like this has been overwhelming…"
Understand the emotion	"I can only imagine how hard this news is..."
Respect (praise) patient	"I am so impressed you have been able to…"
Support the patient	"I will be with you at every step…"
Explore the emotion	"Tell me more about how … is affecting you…"

Consider turning the emotion down a notch: "I can tell this is frustrating" v. "You seem very angry"

Consider a "3rd person" statement: "Anyone in your shoes would be upset by this…"

Elicit goals and values

EXPLORE

- "If your health was to get worse, what are your **most important goals**?"
- "What are your biggest **worries**?"
- "What **gives you strength** as you think about the future?"
- "What **activities** bring joy and meaning to your life?"
- "If your illness was to get worse, **how much would you be willing to go through** for the possibility of more time?"
- "How much do the **people closest to you know** about your priorities and wishes for your care?"
- "Having talked about all of this, **what are your hopes** for your health?

https://www.ariadnelabs.org/resources/downloads/serious-illness-conversation-guide/

Summarize/Recommend/Align

CLOSE

"I'm hearing you say that ___ **is really important to you** and that you are **hoping for** ___. Keeping that in mind, and what we know about your illness, I **recommend** that we ___. This will help us make sure that your **care reflects what's important to you. How does this plan seem to you?"**

"I will do everything I can to support you through this and to make sure you get the **best care possible."**

www.ariadnelabs.org/resources/downloads/serious-illness-conversation-guide/

Case 2: Inpatient Oncology Service

- Mr. Smith is a 62-year-old man with COPD, metastatic NSCLC (bone, liver, adrenal) on 2nd line chemotherapy, admitted for confusion, abdominal pain, and jaundice.
- ROS: 20 lb. weight loss in 6 weeks, spending 18 hours/day in bed/chair
- Admission data notable for:
  - Labs: Calcium 14.2, Cr 3.1 (baseline 0.9), bilirubin 5.1 (baseline 0.8)
  - Imaging: marked progression in hepatic metastases
- Mental status and abdominal pain improve with IV fluids, zoledronic acid

- You are the oncology consult fellow and are asked to "weigh in about treatment options."

REMAP: a roadmap for transitions

- Reframe where we are
- Expect emotion and empathize
- Map the future
- Align with patient's values
- Plan for the future.

- R: Serious news. "We're in a different place."
- E: NURSE "Is it okay to talk about what this means?" "This must be overwhelming."
- M: "Given this situation, what's most important for you?"
- A: "As I listen to you, it sounds like the most important things are x,y,z…"
- P: "Here is what I can do now to help with those important issues…"

https://www.vitaltalk.org/guides/transitionsgoals-of-care/

Crafting a headline

- ONE sentence
- Big picture statement
- A middle schooler could understand it
- I wish/hope...and I worry...

Take-home points

- Prognostic awareness is the foundation for advance care planning
- Acknowledge uncertainty and respond to emotion
- Focus on patients' goals and values
- Make recommendations about what interventions **align** with patients' goals and values
- Use tools to guide conversations and to help stay on track in high stress situations
  - Serious Illness Conversation Guide
  - VitalTalk

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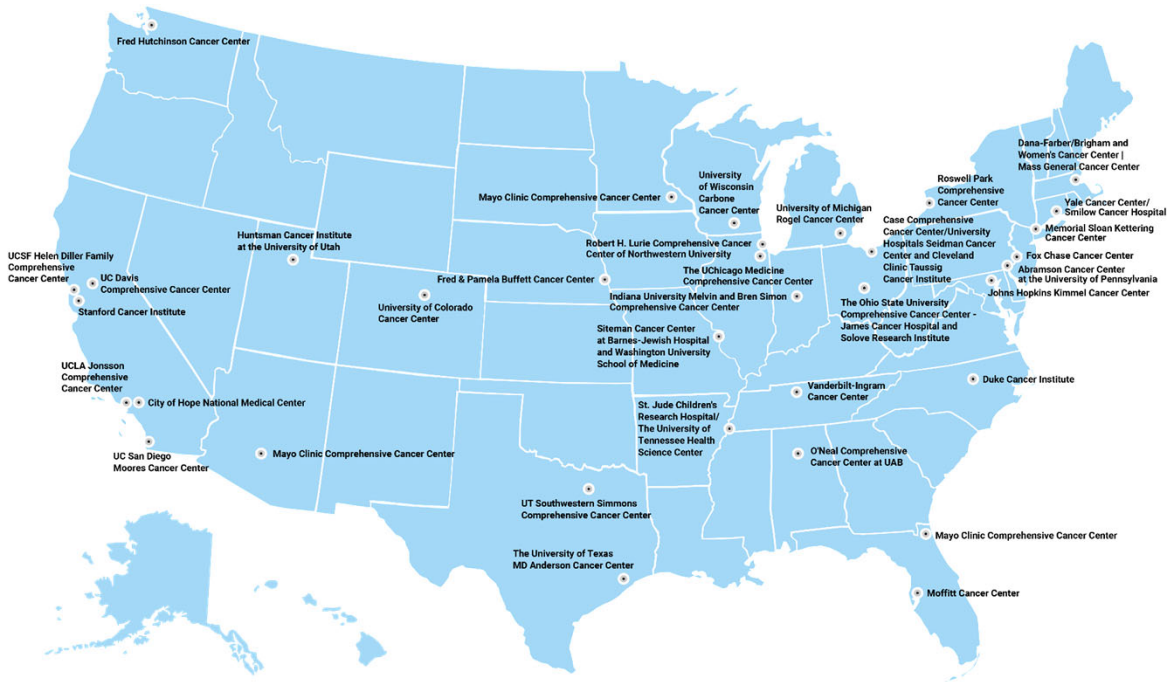
An alliance of leading cancer centers devoted to patient care, research, and education

Our Mission

To define and advance quality, effective, equitable, and accessible cancer care and prevention so all people can live better lives

Our Vision

Access to high-quality, high-value, patient-centered cancer care for all people globally



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