



# PRC

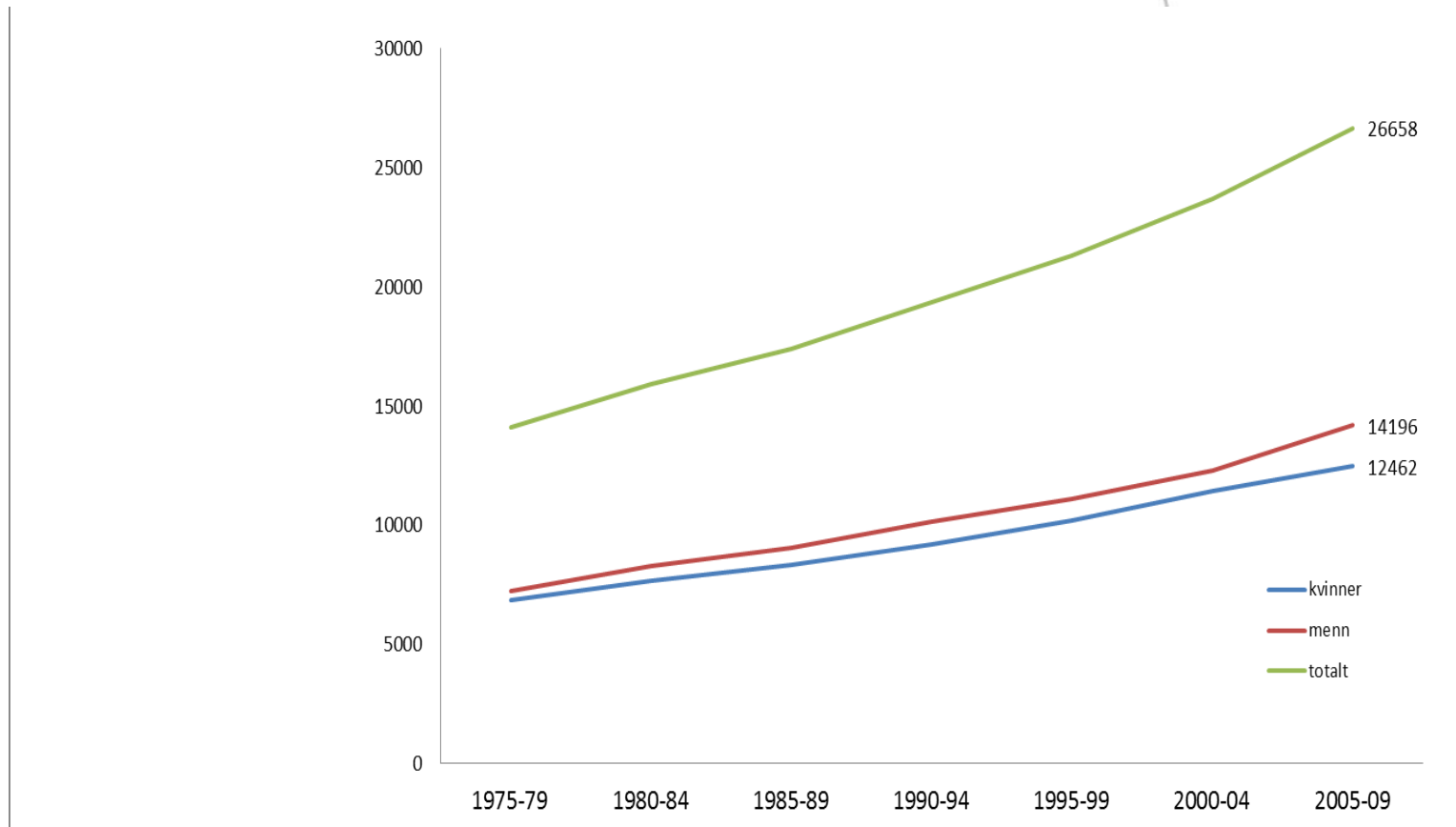
# Integration of palliative care into oncology

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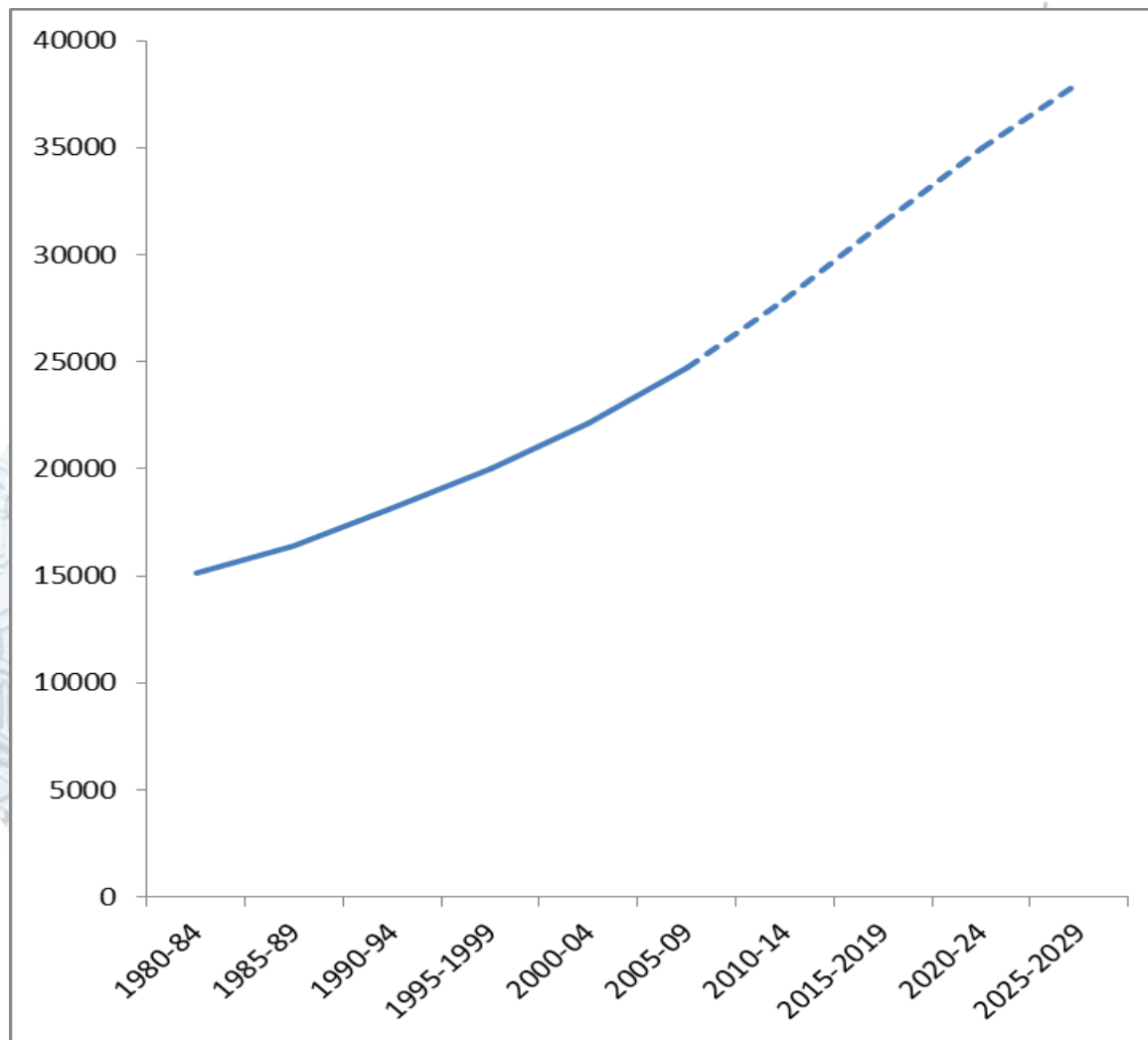
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# Several challenges for cancer care

- Incidence
- Prevalence
- Treatment complexity
- Expectations in the society



## Cancer incidence in Norway



## Cancer prevalence in Norway

# The cancer burden



1 of 3 men will get cancer



1 of 4 women will get cancer



1 of 4 will die of cancer

**The complexity and opportunity in the treatment of cancer has changed dramatically during the last 10-15 years**

# Advanced colorectal cancer

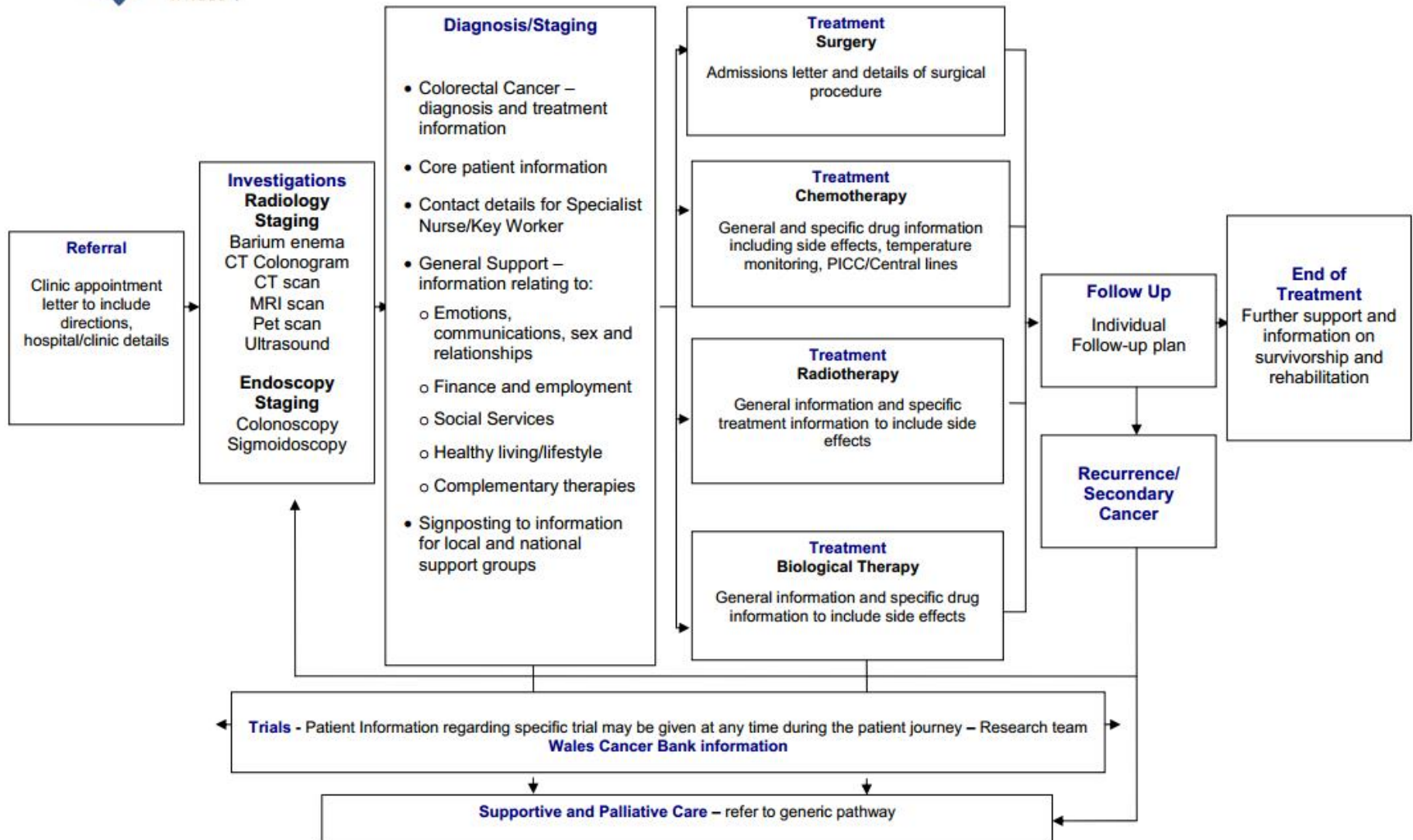
*As an example*

- 1990: Surgery ±  $\Rightarrow$

5Fu ±



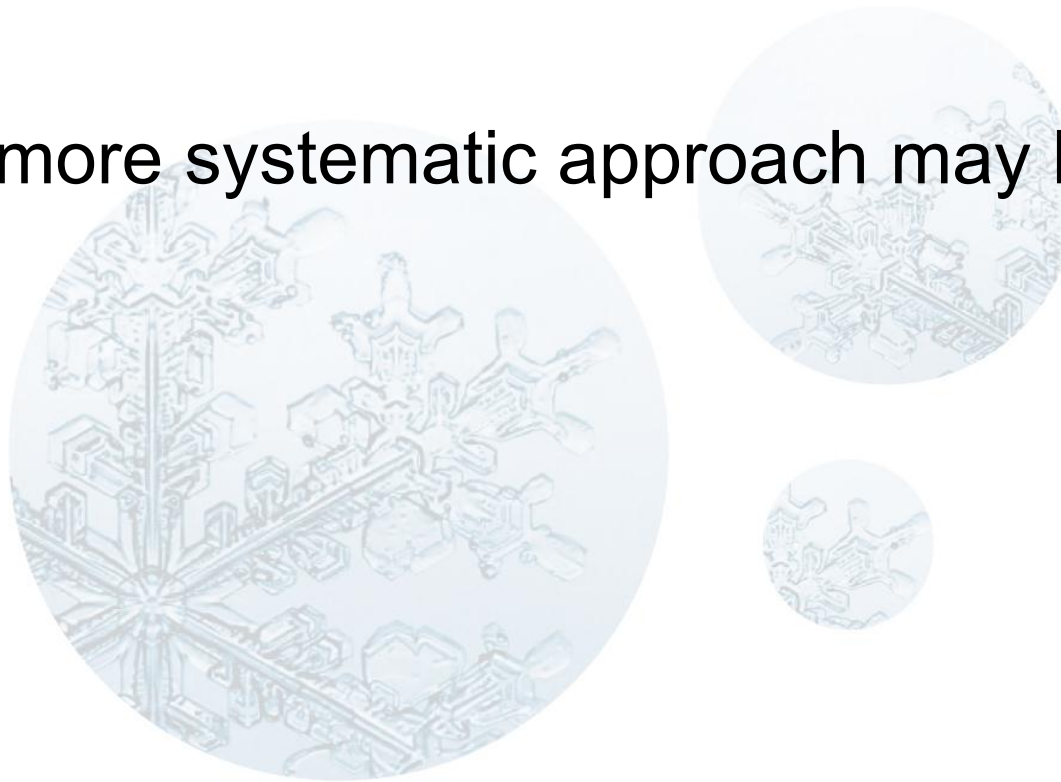






# How to overcome the complexity?

- A more systematic approach may help...



# Standardised patient treatment trajectory



# Improvement of oncology care has happened over many years

- Many small steps – over time
  - Diagnosis/classification
  - Treatment
    - Surgery
    - Radiotherapy
    - Chemotherapy
  - Treatments are systemized and evaluated

# How may symptom management be improved in all parts of the patient trajectory?

- Follow-up
  - Curative
  - Life-prolonging treatment
- During treatment
  - Palliative intervention
- Survivors
  - Late side effects

# More patients are...

- Cured
- Living longer with metastatic disease
- Receiving prolonged end-of-life care
  
- Many patients will potentially experiencing late side effects from the targeted therapies

# The health care system is getting more specialised

- Surgery
- Imaging
- Pathology
- Oncology
- Etc.
- Palliative (oncology) medicine?

# Cancer care at tertiary (university hospital) level

- Surgery - perform specialised surgery
- Pathology - specialised in cancer
- Radiology - specialised in cancer
- Oncology - specialised in cancer subgroups
- Palliative medicine - also in the need of more specialisation?

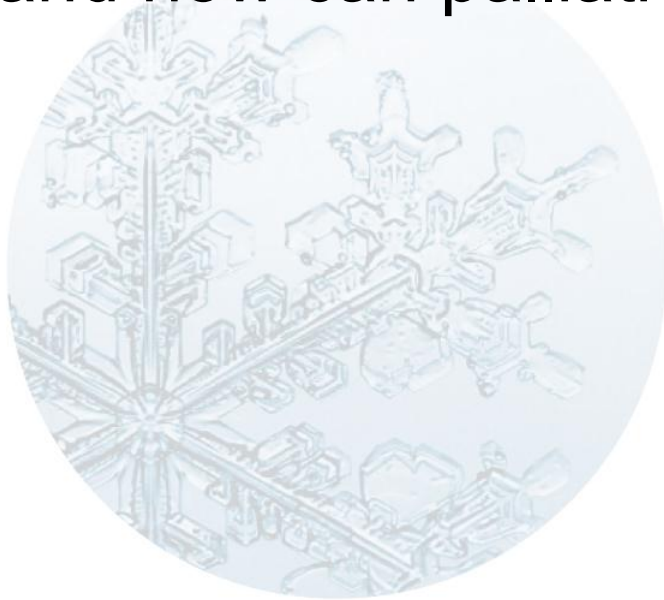


# How to optimize the care?

- Outcomes or quality indicators should not be under estimated in guiding the health care system
  - Cure rate
  - Survival
  - Symptom control
  - Level of function
  - Place of care
  - Place of death
  - etc

# How to deal with these challenges?

- ...and how can palliative care contribute?



**Curative**  
treatment  
intention

**Life-  
prolonging**  
treatment  
intention

**Palliative**  
treatment  
intention

**End-of-life  
care**

# The competence of palliative care

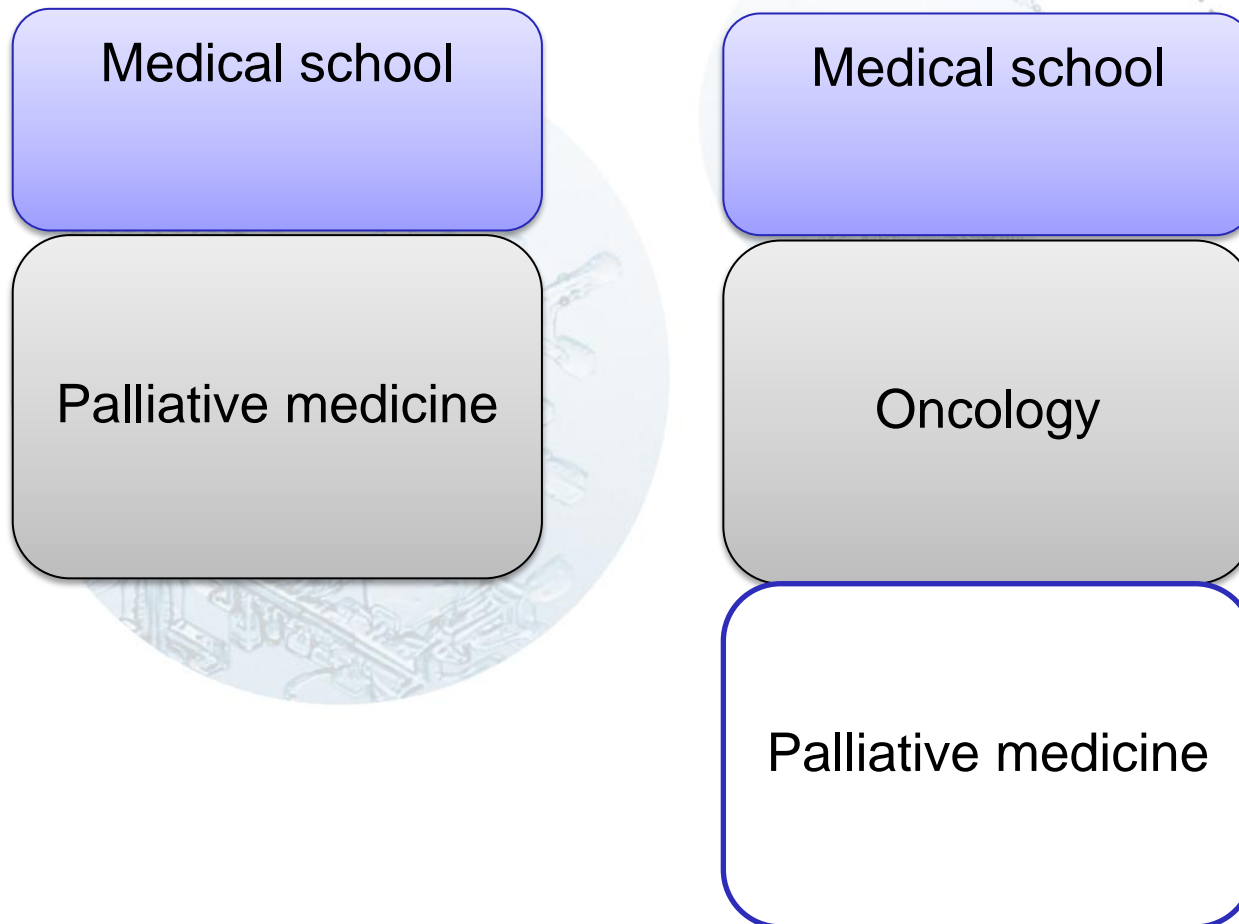
Psychological and social issues

Existential/spiritual issues

# How much specialisation is needed in palliative care?

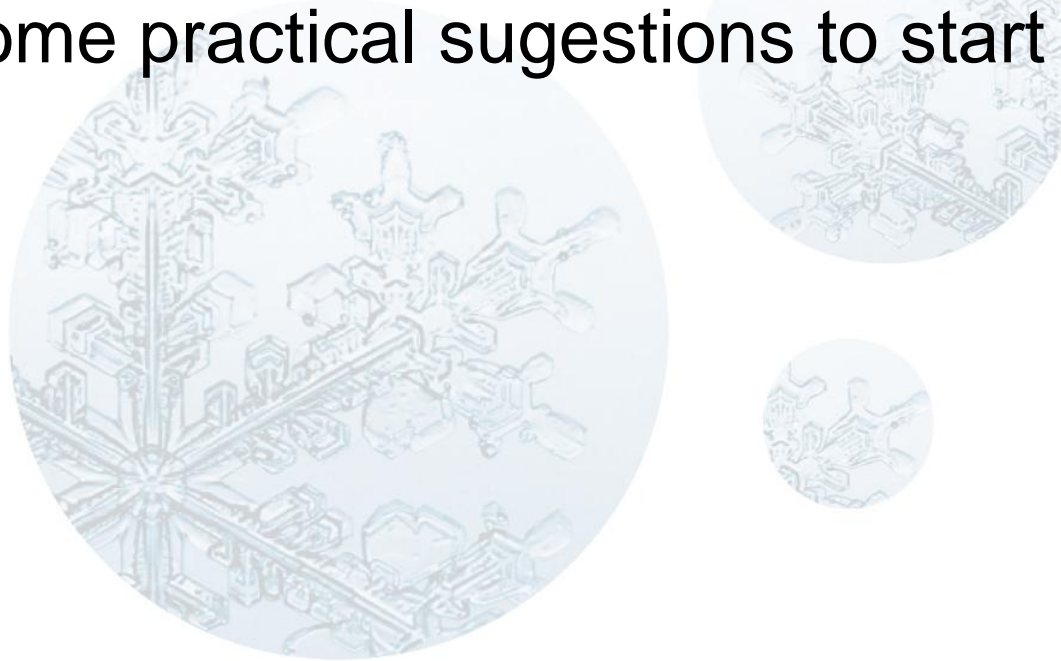
- At university hospitals
  - In research?
  - In clinical skills and knowledge?

# Two education models



# Integration of palliative care into oncology care

- Some practical suggestions to start with...



## ***Lung cancer***

Pulminologist  
Thoracic surgery  
Oncology  
Medical oncology  
Radiotherapy  
Pathology  
Radiology

## ***Breast cancer***

Breast cancer surgery  
Oncology  
Medical oncology  
Radiotherapy  
Pathology  
Radiology



## ***The palliative care team***

Palliative medicine  
Palliative care nursing  
Social worker  
Physiotherapist  
Psychologist



# Key features to be fulfilled

- Common understanding and acceptance of the organisational structure
- The organisational structure needs to be incorporated at each institution
- All patients in oncology and palliative care teams need level three competence
- Communication and structure needs to be established, understood and followed
- The patients must be in the centre