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QOLP-12. EMBEDDING OUTPATIENT PALLIATIVE CARE INTO NEURO-ONCOLOGY CLINIC – RESULTS FROM A ONE YEAR PILOT

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(GBM) patients. **BACKGROUND:** GBM patients experience significant distress due to their prognosis and neurologic involvement. All subjects in the neuro-oncology clinic at our institution routinely receive the Patient Health Questionnaire-4 (PHQ4) which is a validated screening tool that comprises a section for generalized anxiety disorder (GAD2) and a depression screen (PHQ2). **DESIGN:** This prospective study was approved by the institutional review board. GBM patients who started radiation therapy on 1/1/2019 or later were included. Patients with a GAD2 or PHQ2 of 3 or above were categorized as present for anxiety or depression. A logistic mixed-effects model was used to test the trend of anxiety or depression over time and the impact of PC referral and visit. **RESULT:** 131 PHQ4 questionnaires from 39 newly diagnosed GBM patients (mean age: 59.9yrs \pm 15.0; 23M/16F) at the pre-radiation, post radiation and at least every 2 months thereafter were reviewed. Before radiation, 54.8% of patients reported anxiety, higher than at 1-month post radiation (23.5%), 2-3 months (41.4%), 4-6 months (20.0%), and after 6 months (25.0%). This temporal trend is significant ($P = 0.0385$) after adjusting for patient characteristics such as age, gender and performance status. The proportions of anxiety were not different among visits without PC referral (23.7%), with PC referral and no PC visit (42.4%), and with PC visit (32.4%, $P = 0.64$). We did not identify a similar temporal trend in depression. **CONCLUSION:** Our data suggests that anxiety is more prevalent than depression in this cohort. This study identifies subjects to be at a greatest likelihood of experiencing anxiety at the pre-radiation time point. Focused interventions at this time point may help improve the patient's overall quality of life.

QOLP-11. QUALITY OF END-OF-LIFE CARE IN PATIENTS WITH HIGH GRADE GLIOMAS

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BACKGROUND: Patients with high-grade gliomas (HGG) face unique challenges toward the end of life (EoL), given their aggressive disease trajectory and progressive neurologic deterioration. The discipline of supportive care (SC) has been beneficial in improving quality of EoL care in patients with non-CNS cancers, however data on its contribution to EoL care in patients with HGG is lacking. **METHODS:** We retrospectively reviewed charts of MDA patients from 2010-2017 to compare the demographic factors and clinical and quantitative EoL outcomes between patients with HGG—who were either referred ($n=54$) or not referred ($n=85$) to SC—and patients with non-CNS cancers who were referred to SC ($n=72$). A composite score for poor EoL quality outcomes was used with the following variables: death in hospital, chemotherapy within 14d of death, ≥ 2 hospitalizations, ≥ 2 ER visits, ICU admission and >14 days hospitalization within the last 30 days of life. Patients were eligible for SC based on poor/declining performance status, < 6 month prognosis, or recurrent GBM. **RESULTS:** Patients with HGG had similar EoL quality regardless of SC referral, and these patients in general had better EoL quality than patients with non-CNS cancers ($p=0.005$). EoL quality was significantly worse in HGG patients who received late versus early SC referrals ($p=0.0066$). Both weakness ($OR=1.27$, $p=0.0289$) and number of disease progressions ($OR=2.618$, $p=0.001$) at the time of eligibility for SC were predictive of poorer quality of EoL. The majority of HGG patients (61.2%) eligible for SC were not referred. **CONCLUSIONS:** EoL outcomes in patients with malignant gliomas are overall better than those of patients with non-CNS cancer, however certain clinical features and later SC referral remain significantly associated with poorer EoL quality. Our data suggest that the role of SC in improving EoL outcomes in our patient population warrants further evaluation.

QOLP-12. EMBEDDING OUTPATIENT PALLIATIVE CARE INTO NEURO-ONCOLOGY CLINIC – RESULTS FROM A ONE YEAR PILOT

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BACKGROUND: Glioblastoma (GBM) patients fall within NCCN and ASCO guidelines for early palliative care (PC). However, data suggests they are less likely than systemic cancers to be referred to PC and often later in their illness. This results in potential missed opportunities, both for improving symptom control and earlier completion of important tasks, like advance care planning. Data on how to best incorporate comprehensive PC into routine neuro-oncology (NO) patient care is needed. **METHODS:** We piloted a program embedding a PC physician into UCSF's NO clinic one half-day per week. NO physicians were encouraged to refer GBM patients within 3 months of diagnosis and other patients with PC needs. PC visits were offered in-person, by telemedicine, or at home. PC physician and NO

social worker made joint visits when possible; chaplaincy support was available by telemedicine. Data was collected using Palliative Care Quality Network (PCQN) database and patient satisfaction survey. **RESULTS:** To date, 37 patients have been referred resulting in 103 visits (average 2.8 visits/person): 25% in-person; 68% telemedicine; 6% at home. PC physician and NO social worker met jointly with 46% visits. Median age was 58 years, 41% female, 81% non-Hispanic white, 84% GBM, median 9 months from diagnosis, and 73% receiving first line treatment. Interventions addressed across visits: 94% non-pain symptoms, 76% psychosocial needs; 71% pain; and 70% GOC. Results from satisfaction survey demonstrated 79% would recommend seeing PC embedded in NO to others and highest benefits were attention to practical considerations to staying healthy at home, discussing preferences for future medical care, and help with coping. **CONCLUSIONS:** Embedding PC into NO clinics is a unique model for addressing symptoms and GOC early, is well received by patients and caregivers, and provides opportunities for collaboration and PC physicians to specialize in caring for needs of NO patients.

QOLP-13. COMPARISON OF SYMPTOM BURDEN AND ASSOCIATED IMPACT ON DAILY LIFE IN GLIOBLASTOMA PATIENTS TREATED WITH AND WITHOUT TUMOR TREATING FIELDS

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INTRODUCTION: Clinical trials have demonstrated that the use of low intensity alternating electric fields, known as Tumor Treating Fields (TTFields), via the Optune™ device extends overall survival times in patients with glioblastoma when combined with standard chemotherapy. In addition to survival time, quality of life (QOL) is an important factor in treatment decisions for life-limiting diagnoses. Examinations of the impact of TTFields on QOL have yielded mixed **RESULTS:** Here, we describe patient-reported symptoms in patients with glioblastoma undergoing treatment with TTFields and compare symptom burden and associated interference with daily life to that of a historic non-TTFields cohort. **METHODS:** Patients with primary glioblastoma who chose treatment with the Optune™ device were prospectively enrolled and asked to complete the brain tumor-specific MD Anderson Symptom Inventory (MDASI-BT) approximately every 8 weeks through cessation of active disease treatment. MDASI-BT assessments were examined for symptom frequency, severity, and relationships between symptom severity and interference with daily life. These results were also compared with a matched cohort of patients who did not choose TTFields treatment and completed MDASI-BT assessments as part of a previous study. **RESULTS:** The most commonly reported symptoms for Optune™ users were fatigue, sleep disturbance and speaking/word finding. Fatigue and sleep disturbance were also among the symptoms rated as most severe, along with feeling drowsy/sleepy. Interference with general activities and overall enjoyment of life as both were reported as both the most common and most severe impacts on daily life. When compared with historic data from non-Optune™ users at the same point in treatment, we found no difference in either symptom burden ($p=0.48$) or interference scores ($p=0.72$). **CONCLUSION:** Attention to both survival benefit and symptom experience related to treatment options can inform patient decisions and direct approaches to symptom management as well as improved QOL.

QOLP-14. FROM SYMPTOMS TO RADIOTHERAPY: A QUALITATIVE ASSESSMENT OF PATIENT EXPERIENCE IN NEWLY DIAGNOSED HIGH-GRADE GLIOMA

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INTRODUCTION: Considering the poor prognosis of high-grade gliomas, past studies focusing on the felt experience and supportive care needs of patients concentrated on the end-of-life period. Little is known on these subjects during the initial acute portion of the patient's journey, from symptom onset, through surgery, to chemoradiation. This period is one of substantial anxiety for patients and their caregivers, and one during which they struggle to comprehend a large amount of information and navigate a complex situation. **METHODS:** Adult patients with a new histopathological diagnosis of high-grade glioma who underwent radiotherapy participated in a semi-structured, face-to-face interview. Different segments of the patient's journey were explored, with a focus on patient's emotions, interactions with healthcare providers, satisfaction during the process and access to supports. Descriptive thematic analysis in the tradition of grounded theory was performed. **RESULTS:** Fifteen patients (7 males, age 34-71 years) were interviewed, and four themes emerged from the analysis. First, information conveyed by the medical team was frequently disconnected from patients' understanding regarding diagnosis and treatment. Second, specific events created a lasting impression that the medical system, and at times medical