Role of Outpatient Palliative Care for Cancer Patients
Linda King, MD

Case: MW is a 64 year old woman with newly diagnosed pancreatic cancer. She had been experiencing progressive abdominal pain for several months as well as anorexia and weight loss. Her primary care physician conducted a work-up which ultimately included an abdominal CT scan which revealed a pancreatic mass. Biopsy confirmed adenocarcinoma of the pancreas.

MW was referred to the UPMC Pancreatic Cancer Center at the Hillman Cancer Center and was evaluated by a team of providers including a surgical oncologist, medical oncologist, radiation oncologist, palliative care physician and dietician. After this initial visit, MW and her family had a plan established for management of her cancer as well as strategies to address her symptoms. She was prescribed pain medication, laxatives to prevent constipation, and given strategies to increase her food intake. She was also screened for depression and given resources for coping with her new diagnosis.

She was scheduled for follow-up with the Cancer Pain and Supportive Care clinic at the Hillman Cancer Center at a time that coincided with her planned chemotherapy schedule. The outpatient Palliative Care physician continues to see her 1 – 2 times per month to assure she has optimal symptom control and is coping well with her disease and its treatments.

Discussion: Patients with cancer can benefit from involvement of palliative care specialists from the time of diagnosis to assist with managing the physical symptoms of a serious illness as well as the anxiety and life changes that go along with the loss of one’s sense of health and well-being.

Outpatient palliative care consultation facilitates early attention to symptoms and quality of life issues and can help prevent crises by anticipating likely events and complications and by addressing advanced care planning issues.

One study (1) of patients with newly diagnosed metastatic non-small-cell lung cancer confirmed that these patients benefit from early palliative care consultation with improvements in quality of life and mood. These patients also received less aggressive care at the end of life but had longer survival. Patients in the study were seen at least monthly by a Palliative Care specialist in an outpatient setting. Attention was paid to assessing physical symptoms, establishing goals of care, assisting with decision making regarding treatment, and coordinating care on the basis of the individual needs of the patient.

The Cancer Pain and Supportive Care program at the Hillman Cancer Center is an outpatient clinic staffed daily by board-certified Palliative Medicine specialists who provide comprehensive palliative care to cancer patients at all stages of their illness. The palliative care physicians collaborate with the treating oncologists to enable patients to tolerate their cancer therapies while maintaining the best possible quality of life. Patients and families report that early involvement of a Palliative and Supportive Care team is beneficial rather than waiting until the patient is approaching the end of life. Patients or providers can contact the Cancer Pain and Supportive Care Program at the Hillman Cancer Center by calling (412)623-3395 for information or (412)692-4724 to schedule an appointment.

References:

For palliative care consultations please contact the Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, beeper 412-647-7243 pager # 8513 or call 412-623-3008, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644 –1724, Interventional Pain 784-4000, Magee Women’s Hospital, beeper 412-647-7243 pager #: 8510, VA Palliative Care Program, 688-6178, beeper 296. Hillman Outpatient: 412-692-4724. For ethics consultations at UPMC Presbyterian-Montefiore, and Children’s page 958-3844. With comments about “Case of the Month” call David Barnard at 647-5701.