Symposium 2:
The Future for Palliative Oncology

2-5 Additional Comment

Palliative Oncology :
Elimination of inconsistencies in palliative care and clinical oncology

Higashi Sapporo Hospital

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Facts regarding Higashi Sapporo Hospital

Government-certified cancer hospital

Founded in 1983 by Dr. Kunihiko Ishitani for the treatment of advanced, recurrent and terminal cancer patients.

243 inpatient beds (58 for palliative care)
Outpatient and at-home services
100-bed Nursing home attached

85% of inpatients suffer cancer, with 50% receiving palliative care in combination with anti-cancer therapy

Approx. 800 cancer-related deaths per year: 15-20% of total cancer-related deaths in Sapporo

Brief chronology of Higashi Sapporo Hospital（focus on international relationships)

- 1987 Established a sister relationship with Calvary Hospital (NY).
- 1990 4th Sapporo Winter Cancer Seminar on "Cancer and QOL" with Dr. William Breitbart and Dr. Frank Brescia.
- 1993 Hawaii Conference: Cancer Care in the 1990's: Supportive Care Issues. Jointly organized by Memorial Sloan-Kettering Cancer Center, Calvary Hospital, and Higashi Sapporo Hospital.
- 1996 1st Congress of the Japanese Society for Palliative Medicine with Dr. Russell Portenoy.
- 1997 1st Annual Meeting of Hokkaido Palliative Medicine with Dr. Eduardo Bruera.
- 2008 14th Meeting of the Japanese Society for Clinical Thanatology with Dr. Frank Brescia
- 2014 1st Sapporo Conference for Palliative and Supportive Care in Cancer
- 2016 Dr Friedrich Stiefel spent a 6-month sabbatical at HSH. Education & research agreement signed with Thailand, Bureau of Technical and Academic Affairs, Department of Medical services.
- 2017 2nd Sapporo Conference for Palliative and Supportive Care in Cancer

ASCO (American Society of Clinical Oncology) Statements on Palliative Care

1. American Society of Clinical Oncology Provisional Clinical Opinion: The Integration of Palliative Care Into Standard Oncology. Smith TJ, Temin S, Alesi ER et al. J Clin. Oncol. 30:880-887, 2012

2. Integration pf palliative care into standard oncology care: American society of clinical oncology clinical practice guideline update. Ferrell BR, Temel JS, Temin S et al. J. Clin. Oncol., 35(1), 96-112,2017

Can symptoms be considered as a result of the "Tumor-host relationship"?

1. The idea of ASCO's cancer-related complications
2. Paraneoplastic syndromes
3. Cachexia and cytokines
4. Tumor fever and cytokines
5. Thiamine deficiency and delerium
6. Breakthrough cancer pain (?)

In the future,

- cancer-immunology
- exosome

Quality of palliative cancer care and CDS (continuous deep sedation)

Of 1581 patients who died in the PCU between April 2005 and August 2011, only 22 (1.39%) were treated with CDS.
Further, no patients at HSH have received CDS since September 2011.

Effectiveness of multidisciplinary team conference on decision-making surrounding the application of continuous deep sedation for terminally ill cancer patients.
Koike K, Terui T, et al. Palliat Support Care. 2015 Apr;13(2)157-64

Current situation regarding clinical oncologists and palliative care specialists

There is a general shortage of palliative care specialists so that the concept of “integrated” oncologic/palliative treatment cannot actually be implemented at present.

Total no. of cancer patients in Japan 3-5 million（Est.)

Clinical oncologists:

Society for Clinical Oncology	17,664
Society of Medical Oncology	8,392
Society of Hematology	7,200

（Certified cancer doctors 14,834）

Society for Palliative Medicine 5,902

Some cancer patients referred for palliative care require chemotherapy.

2% of patients referred to HSH for palliative care also require chemotherapy, with 20% of these patients receiving standard chemotherapy with a mean survival of over 15.5 months.

Recovery of cancer patients' social lives upon referral to palliative care units. Terui K., Ishitani K., et al.

(Palliative Care in oncology symposium 2016 Sep.9-10, San Francisco, USA)

Results for cancer patients referred for to Higashi Sapporo Hospital for palliative care

3 years (2013-2016)

Pre-referral therapy	No therapy	2nd-line CTx	Total
No. cases referred to PCU	595	940	1535
No. cases receiving CTx after referral to PCU	5 (0.84%)	26 (2.77%)	31 (2.02%)
Reason for decision by previous physician (Multiple factors)			
Diagnostic issue	3	17	20
Response toCTx	1	6	7
Lack of supportive care	3	13	15
Actual no. cases receiving CTx	5/5	18/26	23/31
Mean survival (months) receiving CTx	Average did not reach 15.5months	4.9	6.1

Extract from statement by ASCO in 1998 after participation in "Project on Death in America"

Cancer Care During the Last Phase of Life

ASCO believes that it is the oncologists' responsibility to care for their patients in a continuum that extends from the moment of diagnosis throughout the course of the illness. In addition to appropriate anticancer treatment, this includes symptom control and psychosocial support during all phases of care, including those during the last phase of life.

by Dr Robert J. Mayer et al (J. Clin. Oncol. 16:5, 1986-1996, 1998)

Concluding remarks

We believe that instead of the “integration” of clinical oncology and palliative care, the concept of more aggressive “palliative oncology,” with an understanding of psycho-oncology in which clinical oncologists play a central role, is a more appropriate approach.