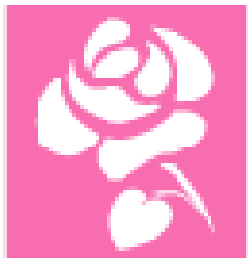


# Palliative Care in Advanced Prostate Cancer

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North Western Deanery



**Bolton Hospice**  
caring from the heart

BAUN Prostate Cancer Study Day

Manchester, December 2009

# Palliative Care in Advanced Prostate Cancer

- “ Understand the physical and psycho-social-spiritual burden of advanced prostate cancer
- “ Understand the palliative care approach to symptom management and decision making at the end of life
- “ Understand the role of supportive and palliative care services, in the context of the national end of life care strategy
- “ To know where to go for help or more information

# Advanced Prostate Cancer

- “ UK incidence rate (2006) = 35 515
- “ UK prevalence rate (2006) = 215 000
- “ UK mortality rate (2007) = 10 239
  - . accounts for 13% of male deaths
  - . second commonest cancer cause of death in men
- “ ~25% have metastatic disease at diagnosis
- “ 5 yr survival <30% with metastatic disease at diagnosis
- “ ~10% of a local Hospice patients have prostate cancer

# Supportive & Palliative Care

## What is Supportive Care?

“*Supportive care helps patients and their family to cope with their condition and treatment of it – from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment.*”

(NICE 2004)

Supportive care encompasses:

- “ Self help & support; User involvement; Information giving
- “ Symptom control; Psychological, Social & Spiritual support
- “ Rehabilitation; Complementary therapies
- “ End of life care; Bereavement care

# Supportive & Palliative Care

## What is Palliative Care?

*“Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.”*

*(NICE 2004)*

Palliative care aims to:

- “ Affirm life and regard dying as a normal process
- “ Provide relief from pain and other distressing symptoms
- “ Integrate the psychological and spiritual aspects of patient care
- “ To help patients live as actively as possible until death
- “ To help the family cope during illness and in their own bereavement

# Burden of Advanced Disease

## Physical

- “ Prostatic outflow symptoms
- “ Haematuria / haemospermia
- “ Urinary retention
- “ Renal impairment
- “ Rectal discomfort / dysfunction
- “ Bone pain
- “ Pathological fractures
- “ Spinal cord compression
- “ Hypercalcaemia
- “ Recurrent anaemia
- “ Neuropathic pain
- “ Lower limb lymphoedema
- “ Anorexia / weight loss
- “ General debility
- “ Treatment side effects

## Psycho-Social-Spiritual

- “ Living with cancer
- “ Burden of advanced disease
- “ Adjustments to multiple losses
- “ Depression
- “ Anxiety
- “ Body image
- “ Sexual dysfunction
- “ Social care needs
- “ Family / carer support

Etcõ etcõ etcõ

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# Bone Pain

- “ 68% incidence bone metastases in prostate cancer
- “ Common in vertebrae, pelvis, ribs & long bones
- “ Local pain, scattered pain, total pain
  - . Ache at rest, incident pain, local tenderness
- “ Plain XR, Bone scan
- “ Analgesia
  - . WHO ladder . paracetamol, weak opioids, strong opioids
  - . NSAIDs
- “ Bisphosphonates
- “ Radiotherapy

# Spinal Cord Compression

- “ Palliative care emergency
- “ 1-12% incidence in metastatic prostate cancer
  
- “ Red flags
  - . Back pain, especially thoracic (90%)
  - . Weakness, leg +/- arms (75%)
  - . Sensory disturbance +/- level (50%)
  - . Sphincter dysfunction (40%)
  
- “ Urgent MRI
- “ Urgent treatment - High dose steroids, Symptom control
- “ Definitive treatment - Radiotherapy, Surgery
  
- “ **Early diagnosis and treatment improves outcome**
- “ Poor prognosis 2-4 months

# Recurrent Anaemia

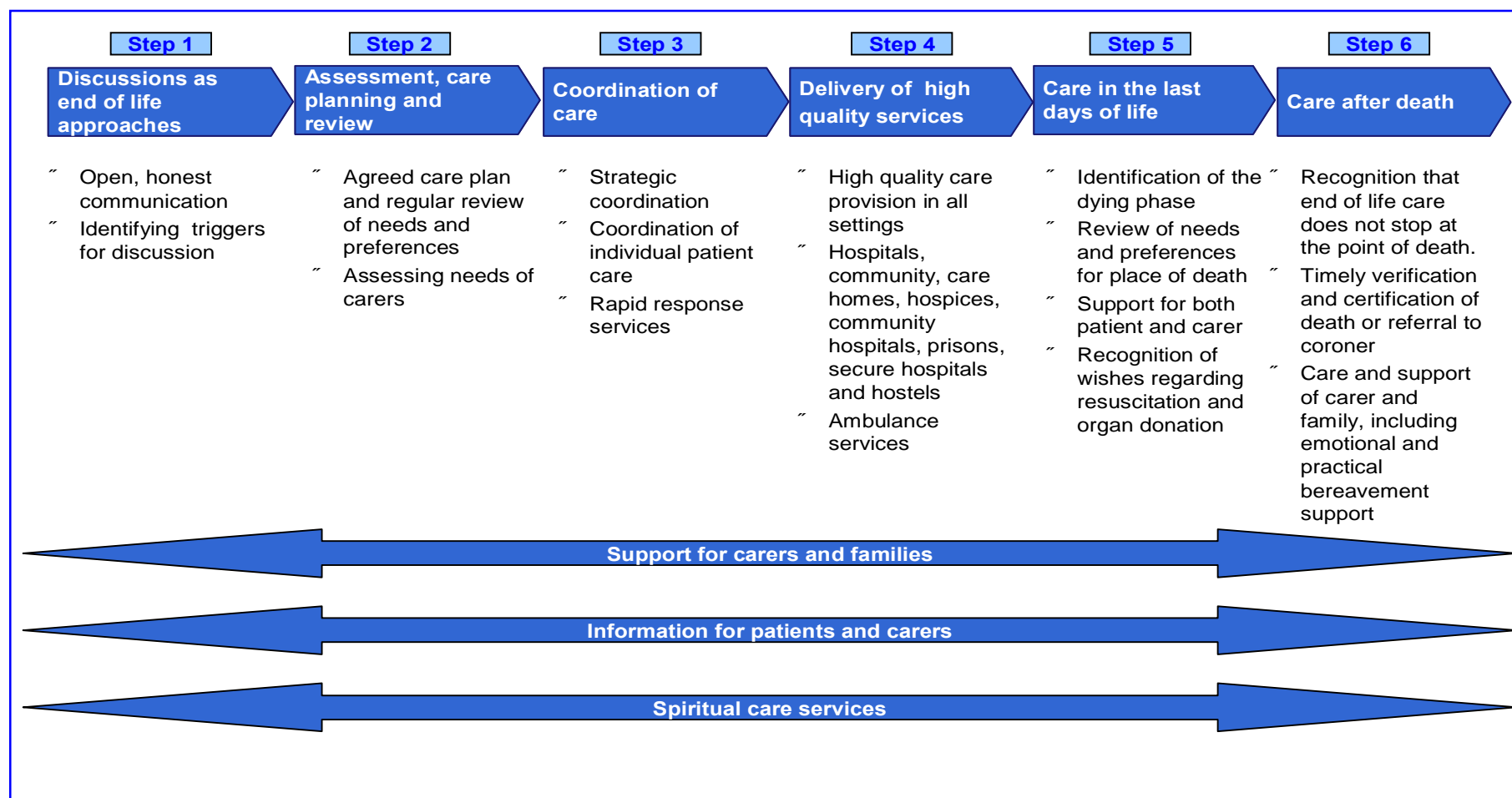
- “ Complex and multifactorial problem
  - . 30% with bone metastases at diagnosis have anaemia
  - . 78% incidence mild anaemia in metastatic prostate cancer
  - . 13% drop Hb < 9 g/dl
- “ Fatigue, malaise, lethargy, dyspnoea, impede ADLs
- “ FBC . pancytopenia with normocytic anaemia
- “ Blood (red cell) transfusion
  - . Hb < 8-10 g/dl
  - . Symptomatic (*better predictor of response*)
  - . What symptomatic improvement following transfusion?
  - . When to recheck Hb?
  - . When to re-transfuse?
  - . When are transfusions no longer appropriate?

# Decision Making at the End of Life

- “ **A Assessment**
  - “ What is the problem? Can it be reversed or treated?
- “ **B Beneficence and maleficence**
  - “ Balance of effectiveness vs toxicity of treatment
- “ **C Communication**
  - “ Clear explanation of the problems and treatment options
  - “ What does the patient and carers want?
- “ **D Disease status**
  - “ Disease status, prognosis & general physical condition
  - “ What will be the effect of treatment on the patient's overall condition?
  - “ Will treatment maintain or improve the patient's quality of life?
- “ **E Evaluate and re-evaluate**
  - “ Symptoms, benefits & side effects of treatment
  - “ Does the treatment need modifying?
- “ **F Forward planning**
  - “ Scene setting before the crisis!

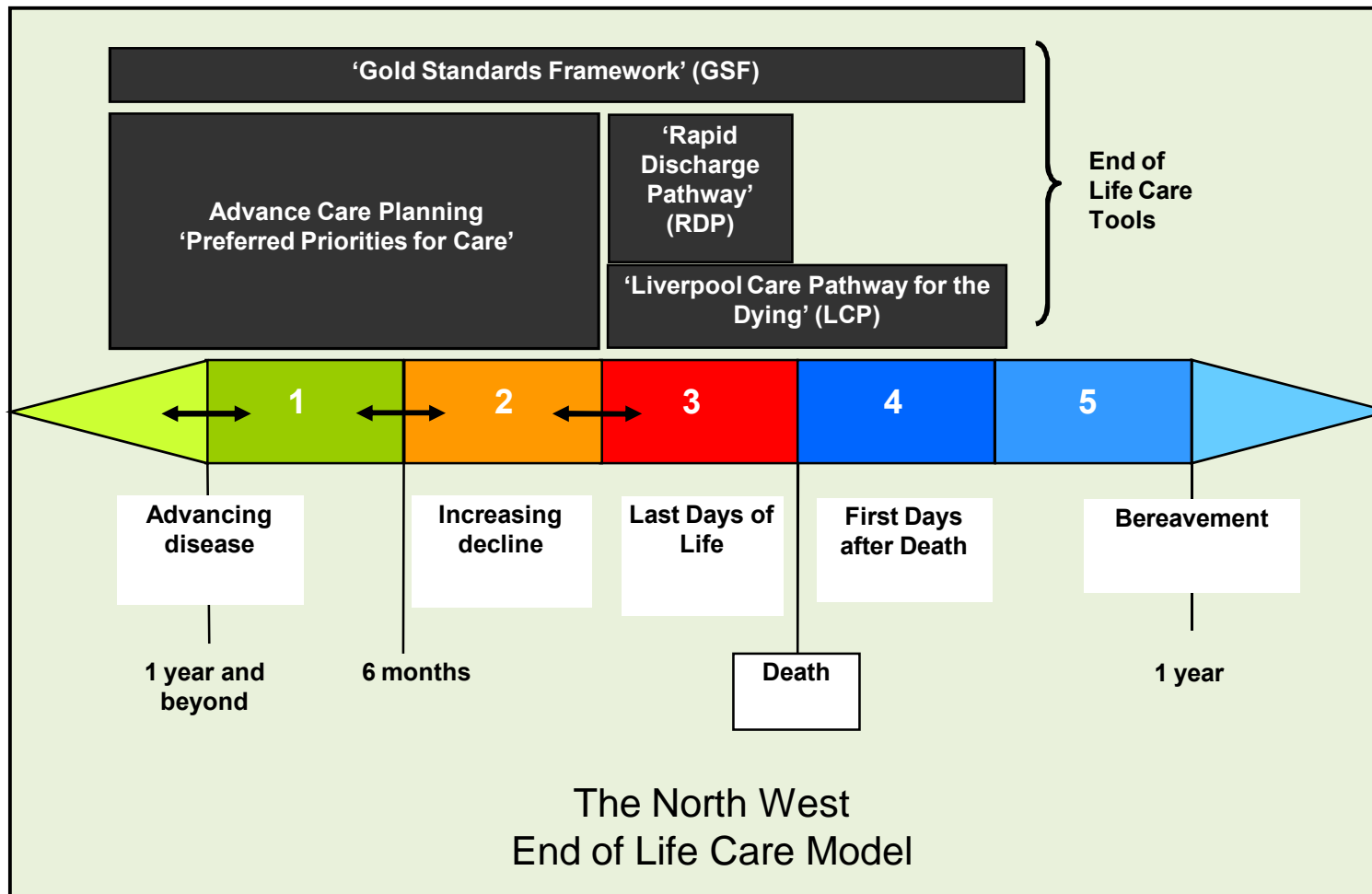
# The End of Life Care Pathway

NHS End of Life Care Strategy, DOH 2008



# End of Life Care Tools

Healthier Horizons for the North West, NHS NW 2008



# Specialist Palliative Care Team

- “ PLEASE ask for help!
- “ Specialist Palliative Care Team
  - “ Multi-professional team
  - “ Doctors, Nurses, CNSs, PTs, OTs, Social workers, Chaplains, CTs
  - “ Hospital Palliative Care Team
  - “ Community Palliative Care Team
  - “ Hospice
  - “ Work in close collaboration with GPs, Urologists and Oncologists
- “ 24 hour palliative care advice line

# More information?

- “ Thompson et al (2007). Prostate Cancer: palliative care and pain relief. *British Medical Bulletin* 2007; 1-14.
- “ Doyle et al (2005). *Oxford Textbook of Palliative Medicine*.
- “ Back (2008). *Palliative Medicine Handbook*. <http://book.pallcare.info>
- “ Hoskin et al (2003). *Oncology for Palliative Medicine*.
- “ Sykes et al (2004). *Management of Advanced Disease*.
- “ <http://www.endoflifecareforadults.nhs.uk>
- “ <http://www.goldstandardsframework.nhs.uk>
- “ <http://www.mcpcil.org.uk> (Liverpool ICP for the Dying Patient)
- “ [http://www.northwest.nhs.uk/whatwedo/end\\_of\\_life\\_care.html](http://www.northwest.nhs.uk/whatwedo/end_of_life_care.html)

Any questions?



# Lymphoedema

- “ Lower limbs, penile, scrotal, abdominal
- “ Lymphadenopathy, IVC obstruction, pelvic tumour load
- “ Pain, risk of infection, limited ambulation, difficulty voiding
- “ Psycho-social aspects
- “ Management is challenging
  - . Skin care and prompt treatment of cellulitis
  - . Compression bandaging & garments
  - . Support garments (e.g Whitaker scrotal support)
  - . Massage (e.g. manual lymphatic drainage)
- “ Treatment of co-existent DVT with LMWH anticoagulation