Palliative Care Journal Watch

Brought to you by a partnership between Pallium Canada and the Divisions of Palliative Care at Queen's University in Kingston, Canada, and McMaster University in Hamilton, Canada

Project ECHO
Palliative Care - Canada
BY
Pallium Canada

Co-hosts: Dr. José Pereira & Dr. Leonie Herx
Guest Panelists: Lisa Weatherbee BN RN CHPCN(c) & Dr. Jordan Lafranier
Date: May 30th, 2022

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

Welcome to the Palliative Care Journal Watch!

What it is

- A regular series of webinars, and accompanying podcasts, where teams from two academic Divisions of Palliative Care in Canada (at McMaster University and Queens University) share papers from peer-reviewed journals that caught their attention.

Why we do it

- To help us stay up to date with the literature
- Challenge us to think differently about a topic
- Or confirm our current practices

Who it is for

- Clinicians, educators, managers or policymakers with an interest or role in providing or organizing palliative care

How we do it

- Teams of Division members (academic clinicians) monitor about 15 palliative care and general journals looking for new papers that could change or confirm current practices and thinking
    - Clinical care, education, quality improvement, health services organization and policymaking.
- The articles are selected based on their potential to change or confirm practice or thinking.
- Articles of interest are identified, summarized by our contributors and submitted to our editorial team who then selects the top ten, or so, for presentation and honourable mentions.

Welcome to the Palliative Care Journal Watch!

Accompanying Podcasts

- These webinars will be transformed into accompanying podcasts, which will be made available on Pallium's Journal Watch Webpage- www.pallium.ca/journal-watch-program/ , the Apple Store, Google Play and Spotify

Frequency

- These webinars and their accompanying podcasts will be delivered every 1-2 months
- If all goes well, we may see webinars and shows broadcast more often.

Accreditation

- This 1 credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to 8 Mainpro+ credits (each 1-hour session is worth 1 Mainpro credit)
- Pallium Canada is applying to the Royal College of Physicians and Surgeons of Canada for Maintenance of Competence certification.

What to expect from today's session

- We will present 4 papers; short summaries followed by a chat between us as co-hosts and episode guests.
- Feel free to submit questions using the "Q&A" box; these will be addressed at the end of the summaries.

Disclaimer

- This is a "Journal Watch", and not a "Journal Club".
  - No in-depth critical appraisals of each article.
- It is your responsibility to further discern its applicability and relevance to your practice.

- A list of "honourable mentions" are provided at the end, other articles that we thought are noteworthy but time does not allow us to discuss them today. The links to all the articles discussed today, including the honourable mentions, will be provided on the Pallium ECHO website.
- This session is being recorded and will be emailed to registrants within a week, followed by publishing of its accompanying podcast a few weeks later—please check this webpage for updates: www.pallium.ca/journal-watch-program

Introductions

Co-hosts

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
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Scientific Officer and Co-Founder, Pallium Canada

Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP
Division Chair & Associate Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada
Medical Director of Palliative Care, Kingston Health Sciences Centre and Providence Care Hospital

Guest panelists

Lisa Weatherbee, BN RN CHPCN(c)
Provincial Practice Leader- Palliative Care
Nova Scotia Health

Dr. Jordan Lafranier MD, CCFP (PC)
Palliative care physician. Hamilton Health Sciences, Ontario
Adjunct Clinical Professor, Division of Palliative Care, Department of Family Medicine, McMaster University

Disclosures

Pallium Canada

- Not-for-profit.
- Funded by:
  - Health Canada (through contribution agreements 2001-2007, 2013-2018), Patrick Gillin Family Trust (2013-2016), Li Ka Shing Foundation (2019 to current), CMA (2019 to 2022), Boehringer Ingelheim (dissemination of LEAP Lung courses 2019 to current).
  - Partnerships with some provincial bodies
  - Revenues from LEAP course registration fees and licences, sales of Pallium Palliative Pocketbook.

This ECHO program has received financial support from:

- Health Canada in the form of a contribution program

Disclosures of Co-hosts/ and Guest Panelists

- Dr. José Pereira: Receives stipend from Pallium Canada as Scientific Officer
- Dr. Leonie Herx: No conflicts to declare
- Lisa Weatherbee: No conflicts to declare
- Dr. Jordan Lafranier: No conflicts to declare

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content

Featured Articles

Featured articles

1. Tros, W., van der Steen, J. T., Liefers, J., Akkermans, R., Schers, H., Numans, M. E., ... & Groenewoud, A. S. (2021). **General practitioners' evaluations of optimal timing to initiate advance care planning for patients with cancer, organ failure, or multimorbidity: A health records survey study**. *Palliative Medicine*, 0269216321106869 2.

2. Costantino, R. C., Barlow, A., Gressler, L. E., Zarzabal, L. A., Tao, D., & McPherson, M. L. (2022). **Variability among Online Opioid Conversion Calculators Performing Common Palliative Care Conversions**. *Journal of Palliative Medicine*, *25*(4), 549-555.

3. Ho, K., Wang, K., Clay, A., & Gibbings, E. (2021). **Differences in goals of care discussion outcomes among healthcare professionals: an observational cross-sectional study**. *Palliative Medicine*, 0269216321105860 7.

4. Agar MR, Chang S, Amgarth-Duff I, Garcia MV, Hunt J, Phillips JL, Sinnarajah A, Fainsinger R. (2022). **Investigating the benefits and harms of hypodermoclysis of patients in palliative care: A consecutive cohort study**. *Palliative medicine*, 0269216322108224 5

Article 1

Tros, W., van der Steen, J. T., Liefers, J., Akkermans, R., Schers, H., Numans, M. E., ... & Groenewoud, A. S. (2021). **General practitioners' evaluations of optimal timing to initiate advance care planning for patients with cancer, organ failure, or multimorbidity: A health records survey study**. *Palliative Medicine*, 02692163211068692.

Article selected by our team of contributors:
Drs. Jose Pereira & Leonie Herx

Presented by: Dr. Jose Pereira

Background

- GPs find it difficult to determine the right time to initiate advance care planning (ACP), especially in patients with non-malignant diseases.
- Appropriate timing of advance care planning is important;
  - too early could lead to plans not reflecting patient wishes, too late could result in rushed decisions about EOL care.

Objectives

- To determine what GPs consider the optimal ACP timing and important clinical indicators to initiate it.
- Do these differ between three illness disease groups (cancer; organ failure; frailty/comorbidity) and between GPs.

Methods

- Setting: Nijmegan, Netherlands. GP practices
- 90 real life, anonymized patient charts representing the three different illness trajectories (ACP information removed)
- 83 GPs recruited
  - From local PBRN, and by snowball method.
  - Each GP asked to review at least 3 of the charts, one for each of the illness trajectories, and indicate when they would have started ACP discussions.

Article 1

Tros, W., van der Steen, J. T., Liefers, J., Akkermans, R., Schers, H., Numans, M. E., ... & Groenewoud, A. S. (2021). **General practitioners' evaluations of optimal timing to initiate advance care planning for patients with cancer, organ failure, or multimorbidity: A health records survey study**. *Palliative Medicine*, 02692163211068692.

Article selected by our team of contributors:
Drs. Jose Pereira & Leonie Herx

Presented by: Dr. Jose Pereira

Results

- Perceptions of the optimal time to initiate ACP differed significantly:
  - among GPs; and
  - Across disease groups (cancer, organ failure, multimorbidity).
- Median optimal ACP timing according to GPs was:
  - Overall, 228 days before death (IQR 392 days).
  - For cancer: 87.5 days before death (IQR 302)
  - For organ failure: 266 days before death (IQR 401)
  - Multimorbidity: 290 days before death (IQR 389) ($p < 0.001$).
- Most frequent reasons for initiating ACP by disease group:
  - Cancer: "receiving a diagnosis", "no curative treatment options", "poor prognosis", expression of patients"
  - Organ failure: "after a period of illness", "appropriate setting", "expressions of patients", "exacerbations of organ disease"
  - Multimorbidity: "age", "patients expressing", "acute symptoms""

Why is this article important?

- The optimal timing to initiate ACP could be seen as a "window of opportunity."
- Timing for ACP needs to tailored to individual patients
- What about waiting for patients to solicit discussion?

Strengths and Limitations

- Strengths: Unique study & design, use real life examples
- Limitations: Does not depict real life (predicting death and trajectory), about 20% of the participants had more advanced experience with palliative care,

Discussion

Article 2

Costantino, R. C., Barlow, A., Gressler, L. E., Zarzabal, L. A., Tao, D., & McPherson, M. L. (2022). **Variability among Online Opioid Conversion Calculators Performing Common Palliative Care Conversions**. *Journal of Palliative Medicine*, *25*(4), 549-555.

Article selected by our team of contributors: Drs. Alan Taniguchi, Jesse Soloman & Jordan Lafranier

Presented by: Dr. Jordan Lafranier

Objectives

- The purpose of this study was to describe and characterize variability among OOCC used by health care practitioners when converting common opioids and doses encountered in the hospice and palliative care setting

Methods

- Study participants included 58 adult learners, primarily practicing physicians, nurses and pharmacists, enrolled in an online palliative Masters of Science program. Learners were asked to choose three separate online opioid conversion calculators (OOCC) and utilize these tools in three separate case based scenarios.

Results

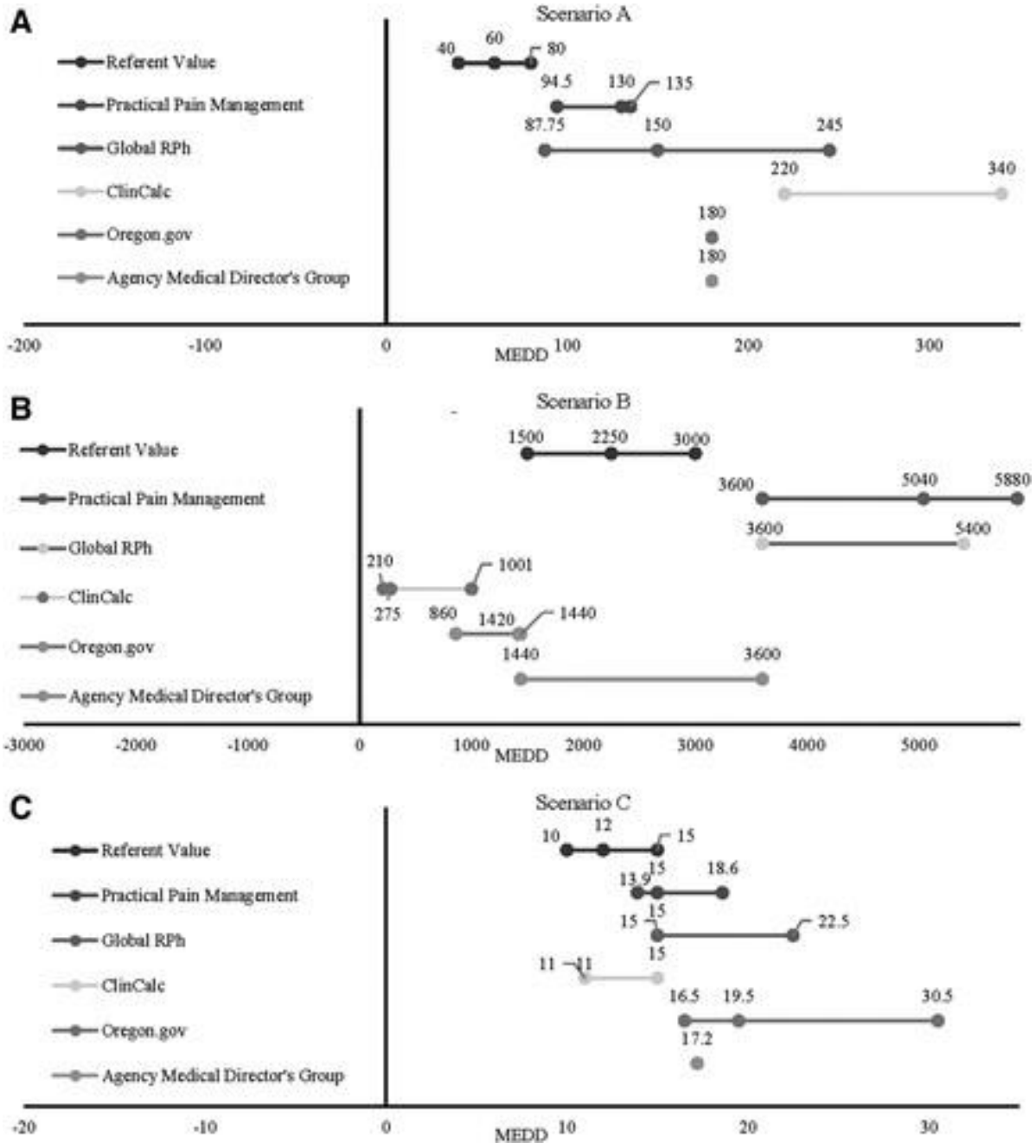
- OOCC have substantial variability leading to a wide range of outputs, which may put patients at risk for opioid-related harm. Most participants held a negative sentiment towards these tools.

Why is this article important?

- This article highlights the inconsistencies and potential dangers of relying on OOCC and underscores the complexities of opioid rotations and equianalgesic dosing.

Strengths and Limitations

- Strengths: Investigators attempted to mimic “real world conditions” i.e. learners selected their own calculators and utilized real world clinical scenarios.
- Limitations: Conducted in Baltimore, USA with variabilities in profession and palliative care experience.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Discussion

Article 3

Ho, K., Wang, K., Clay, A., & Gibbings, E. (2021). **Differences in goals of care discussion outcomes among healthcare professionals: an observational cross-sectional study**. *Palliative Medicine*, 026921632110586O7.

Article selected by our team of contributors: Drs. Jose Pereira & Leonie Herx

Presented by: Dr. Jose Pereira

Background

- Goals of care (GoC) discussions are important.
- Physicians and medical residents often considered the default professional groups to engage in GoC discussions
- Recent studies have recognized the opportunity for allied health professionals, such as nurses, in facilitating these discussions.
- Nurses often share a strong therapeutic relationship with patients and are in a unique position to contribute to GoC discussions.
- Studies show that nurse-led GoC initiatives increase engagement in these discussions and documentation.

Objectives

- Compare outcomes of GoC discussions led by nurses and MDs; on CPR decisions.

Methods

- Setting: hospital in Regina, SK, Canada.
- Normal practice is that nurses (RNs and LPNs) are trained to initiate and establish patients' GoC independently, responsibility shared with physicians
- Retrospective cohort study of patients admitted to an Internal Medicine unit from January 2018 to August 2019 (200 pt charts)
- Chart review was performed on random sample of patients.
- Patient's decision to accept or refuse CPR recorded and analyzed.
- Analysis stratified by patients' comorbidity burden and illness severity: Charlson Comorbidity index, National Early Warning Score 2.
- Excluded patients with an established code status prior to admission

Article 3

Ho, K., Wang, K., Clay, A., & Gibbings, E. (2021). **Differences in goals of care discussion outcomes among healthcare professionals: an observational cross-sectional study**. *Palliative Medicine*, 026921632110586O7.

Article selected by our team of contributors: Drs. Jose Pereira & Leonie Herx

Presented by: Dr. Jose Pereira

Results

- 52% of GoC discussions completed by nurses, 48% by physicians.
- Patients were more likely to accept cardiopulmonary resuscitation in nurse-led discussions compared to physician-led ones (80.8% vs 61.4%, p = 0.003).
- Charlson Comorbidity Index:
  - Mild or moderate index: No difference nurse- vs physician-led discussions
  - Severe Index: Significant difference (69.4% versus 40.0% accepting CPR between nurses versus physicians, $p = 0.005$), pts more likely to accept CPR after nurse-led discussions
- National Early Warning Score 2.
  - Low or medium scores: No difference nurse- vs physician-led discussions
  - High scores: Significant difference (81.0% vs 42.9% accepting CPR, nurses versus physicians, $p = 0.01$), pts more likely to accept CPR after nurse-led discussions

Article 3

Ho, K., Wang, K., Clay, A., & Gibbings, E. (2021). **Differences in goals of care discussion outcomes among healthcare professionals: an observational cross-sectional study**. *Palliative Medicine*, 026921632110586O7.

Strengths and Limitations

- Strengths: Unique study. Relatively simple research design. No significant differences between the physician and nurse patient cohorts Warning Score 2.)
- Limitations:
  - Retrospective study therefore cannot address causation.
  - Only addresses CPR aspects of GoC discussions, and also not quality of discussions
  - May not be generalizable as study took place only in 1 hospital internal medicine ward in a hospital in SK, Canada.

Why is this article important?

Authors conclude:

- "*Nurses and non-physician healthcare professionals are key participants in the goals of care discussion process and further education is needed to empower all individuals to lead effective goals of care discussions*."

Article selected by our team of contributors: Drs. Jose Pereira & Leonie Herx

Presented by: Dr. Jose Pereira

Discussion

Article 4

Agar MR, Chang S, Amgarth-Duff I, Garcia MV, Hunt J, Phillips JL, Sinnarajah A, Fainsinger R. (2022). **Investigating the benefits and harms of hypodermoclysis of patients in palliative care: A consecutive cohort study**. *Palliative medicine*, 0269216 3221082245

Article selected by our team of contributors: Drs. Andre Moolman, Jose Pereira & Leonie Herx

Presented by: Dr. Leonie Herx

Background

- Hypodermoclysis (HDC) is commonly used in palliative care (PC) to provide hydration & address symptoms whilst reducing need for intravenous fluids
- Current research is inconclusive with contradictory recommendations regarding its use

Objectives

- To prospectively identify the **benefits and harms of HDC** in palliative care patients with advanced disease felt to require supplementary fluids

Methods

- Design: Multisite, multinational consecutive cohort study.
- Setting: patients receiving HDC in inpatient PC settings across 20 sites in 5 countries (Australia, Germany, UK, Canada, Malaysia)
- Predefined set of clinical symptoms for potential benefit/harms, grading severity with NCI CTCAE scales
- Data collected via standardized form at T0 – primary assessment and T1 – 24 hr post-infusion of SC fluids on target symptoms. Change in score of at least 1 considered clinically significant.
- Data collected for 99 patients, 88 had benefits & harms data collected

Article 4

Agar MR, Chang S, Amgarth-Duff I, Garcia MV, Hunt J, Phillips JL, Sinnarajah A, Fainsinger R. (2022). **Investigating the benefits and harms of hypodermoclysis of patients in palliative care: A consecutive cohort study**. *Palliative medicine*, 0269216 3221082245

Article selected by our team of contributors: Drs. Andre Moolman, Jose Pereira & Leonie Herx

Presented by: Dr. Leonie Herx

Results

- Most common primary indications for HDC: supplementation hydration (31.8%), family request (29.4%).
- In family request, 35.7% did not have a primary target symptom and 32.1% had generalized weakness.
- Benefits in primary target symptom were experienced in 33%
- Harms occurred in 38.7%, predominately edema of the limbs.
- More frequent harms & less benefit seen in those in the terminal phase of their illness.

.Why is this article important?

- Hypodermoclysis may improve certain symptoms in patients in palliative care but frequency of harms and benefits may differ at certain timepoints in the illness trajectory.
- carefully designed research trials are required to consider performance status & predictions of life expectancy when evaluating the potential benefits ofHDC

Strengths and Limitations

- Strengths: prospective study, multiple sites in multiple countries, providing a real-world review of hypodermoclysis and its indications, minimising selection bias.
- Limitations: majority of patients had malignant conditions which may limit generalizability; majority of sites from Australia (14/20, 70%) - limits understanding of practice variation by country & not known for other countries; 24 hr timeframe captures more immediate effects of HDC and may not long-term effects from ongoing infusions.

Discussion

Honourable Mentions

Honourable Mentions

1. El Khoury, J., Hlais, S., Helou, M., Mouhawej, M. C., Barmo, S., Fadel, P., & Tohme, A. (2022). **Evaluation of efficacy and safety of subcutaneous acetaminophen in geriatrics and palliative care (APAPSUBQ)**. *BMC Palliative Care*, *21*(1), 1-9.

2. Beaudet, M. É., Lacasse, Y., & Labbé, C. (2022). **Palliative Systemic Therapy Given near the End of Life for Metastatic Non-Small Cell Lung Cancer**. *Current Oncology*, *29*(3), 1316-1325.

3. Stone, P. C., Chu, C., Todd, C., Griffiths, J., Kalpakidou, A., Keeley, V., ... & Vickerstaff, V. (2022). **The accuracy of clinician predictions of survival in the Prognosis in Palliative care Study II (PiPS2): A prospective observational study**. *Plos one*, *17*(4), e0267050.

4. Cohen, M. G., Althouse, A. D., Arnold, R. M., Bulls, H. W., White, D. B., Chu, E., ... & Schenker, Y. (2022). **Hope and advance care planning in advanced cancer: Is there a relationship?**. *Cancer*, *128*(6), 1339-1345.

5. Shoulder, R., Taylor, J., & Stiel, H. (2022). **Use of long term aprepitant as a treatment for refractory nausea following oesophageal stent insertion - a case report**. Palliative medicine, 36(2), 395–398.

6. Palmer, E., Kavanagh, E., Visram, S., Bourke, A. M., Forrest, I., & Exley, C. (2021). **Which factors influence the quality of end-of-life care in interstitial lung disease? A systematic review with narrative synthesis**. *Palliative Medicine*, 026921632110593 40.

7. Austin, P. D., Siddall, P. J., & Lovell, M. R. (2022). **Feasibility and acceptability of virtual reality for cancer pain in people receiving palliative care: a randomised cross-over study**. *Supportive Care in Cancer*, 1-11.

Wrap-up

- Please fill out our feedback survey (a link has been added into the chat)
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week
- You can access the list of articles we have highlighted in this episode as well as a list of honorable mentions at our website and register for upcoming sessions at www.pallium.ca/journal-watch-program (this link has also been added into the chat)
- We aim to publish this session on the Palliative Care Journal Watch podcast within the month. The Palliative Care Journal Watch podcast is available wherever you get your podcasts (Apple Podcasts, Google Podcasts, Spotify).
- We hope to see you at our next session on September 26th, 2022

Thank You to our Journal Watch Contributors!

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Thank You

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