Palliative Care Journal Watch

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

Queen's University
SCHOOL OF MEDICINE | DEPARTMENT OF
Medicine

McMaster University | Family Medicine

Host: Dr. Leonie Herx

Guest Panelists: Dr. Anna Voeuk and Dr. Jean Mathews

Date: November 28th, 2022

Welcome to the Palliative Care Journal Watch!

- Keeps you up to date on the latest peer-reviewed palliative care literature
- Led by palliative care experts from the divisions of palliative care at 2 Canadian Universities:
  - McMaster University (Hamilton, Ontario)
  - Queen's University (Kingston Ontario)
- We regularly monitor over 20 journals and highlight papers that challenge us to think differently about a topic or confirm our current practices

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.

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.

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What to Expect from Today's Session

- We will present and discuss the top 4 article selections and provide a list of honourable mentions.
- Please submit questions through the Q&A function.
- This session is being recorded and will be shared with registrants within the next week.
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.
- Check out the Palliative Care Journal Watch Podcast.
- 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).

Introductions

Host

Dr. Leonie Herx, MD, PhD, CCFP(PC), FCFP
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Guest Panelist

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Dr. Anna Voeuk, MD, MPH, CCFP(PC), FCFP, DTM&H
Assistant Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada

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 licenses, sales of Pallium Palliative Pocketbook.

This program has received financial support from:

- Health Canada in the form of a contribution program

Disclosures of Co-hosts/ Guest Panelists:

- Dr. Leonie Herx: No conflicts of interest to declare
- Dr. Jean Mathews: No conflicts of interest to declare
- Dr. Anna Voeuk: No conflicts of interest to declare

Mitigating Potential Biases:

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

Featured articles

1. Hiratsuka, Y., Suh, S., Hui, D., Maeda, I., Hamano, J., Inoue, A., (2022). **Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models.** Journal of Pain and Symptom Management. 2022; 64(4): 391-399. https://pubmed.ncbi.nlm.nih.gov/35724924/
2. Pesut B, Duggleby W, Warner G, Ghosh S, Bruce P, Dunlop R, Puurveen G. **Scaling out a palliative compassionate community innovation: Nav-CARE.** Palliat Care Soc Pract. 2022 May 13; Vol.16:1–19. https://pubmed.ncbi.nlm.nih.gov/35592240/
3. Carson MA, Reid J, Hill L, et al. **Exploring the prevalence, impact and experience of cardiac cachexia in patients with advanced heart failure and their caregivers: A sequential phased study.** Palliative Medicine. 2022;36(7):1118-1128. https://pubmed.ncbi.nlm.nih.gov/35729767/
4. Janet Ho J, Jones KF, Sager Z, Neale K, Childers JW, Loggers E, Merlin JS. **Barriers to Buprenorphine Prescribing for Opioid Use Disorder in Hospice and Palliative Care.** J Pain Symptom Manage. 2022 Aug;64(2):119-127. https://pubmed.ncbi.nlm.nih.gov/35561938/

Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management.

Article Reference:
Hiratsuka, Y., Suh, S., Hui, D., Maeda, I., Hamano, J., Inoue, A., (2022). Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management. 2022; 64(4): 391-399.

Selected by:
Jean Matthews

Presented by:
Jean Matthews

Background

Several prognostic models such as the Palliative Performance Scale (PPS), Palliative Prognostic Index (PPI), Palliative Prognostic Score (PaP) have been developed to complement clinician's prediction of survival (CPS). However, few studies with large samples have been conducted to show which prognostic tool had better performance than CPS in patients with weeks of survival.

Tools:

- PPI: Developed and validated in Japan. Five variables are measured by the PPI- oral intake, edema, dyspnea at rest, delirium, and performance status based on the PPS. The PPI generates a numerical score between 0 and 15. The score divides the patients into three groups: predicted survival of less than three weeks (PPI >6), less than six weeks (PPI: 5–6), and more than six weeks (PPI: 0–4).
- PaP: Developed in Italy and is comprised of CPS, Karnofsky Performance Status, dyspnea, anorexia, leukocyte count, and lymphocyte percentage. The PaP aims to predict 30-day survival. The maximum PaP score is 17.5 points. The 30-day survival probability is judged to be over 70% for 0 to 5.5 points, 30% to 70% for 5.6 to 11.0 points, and less than 30% for 11.1 to 17.5 points.
- CPS was obtained from the palliative care physician based on the question “How long do you think this patient will live (days)?” upon enrollment.

Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management.

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Hiratsuka, Y., Suh, S., Hui, D., Maeda, I., Hamano, J., Inoue, A., (2022). Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management. 2022; 64(4): 391-399.

Selected by:
Jean Matthews

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Objective

- To compare the prognostic performance of the PPS, PPI, PaP, and CPS in inpatients with advanced cancer admitted to palliative care units (PCUs).

Methods

- This study was part of a multi-center prospective observational study involving patients admitted to PCUs in Japan. Prognostic performance was computed using the area under the receiver operating characteristics curve (AUROC) and calibration plots for seven, 14-, 30- and 60-day survival.

Results

- Included 1896 patients with a median overall survival of 19 days. All four models -the Palliative Performance Scale (PPS), Palliative Prognostic Index (PPI), Palliative Prognostic Score (PaP), and clinician's prediction of survival (CPS)-showed good performance in predicting survival of patients in their last weeks. Notably, CPS and PaP consistently had significantly better performance than the PPS and PPI from one-week to two-month timeframes.

Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management.

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Hiratsuka, Y., Suh, S., Hui, D., Maeda, I., Hamano, J., Inoue, A., (2022). Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management. 2022; 64(4): 391-399.

Selected by:
Jean Matthews

Presented by:
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Strengths

This was the first large-scale and multicenter study to compare the prognostic performance of the PPS, PPI, PaP, and CPS in PCU inpatients with advanced cancer.

Limitations

- First, this was a study conducted in PCUs in Japan. Therefore, the findings may not be generalizable to other countries or different palliative care settings, such as general wards or home hospice care.
- Second, this study required laboratory data to calculate the PaP. They used available bloodwork results obtained within the range of routine practice conducted from one week before to three days after study enrollment. Thus, if the timing of the laboratory data collection was different in other studies, the PaP total score may differ from theirs.
- Third, considering the nature of the secondary analysis of this study, future prospective studies are needed to generalize these results.

Are Prognostic Scores Better Than Clinician Judgment? A Prospective Study Using Three Models. Journal of Pain and Symptom Management.

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Selected by:
Jean Matthews

Presented by:
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Additional comments:

Several studies have reported that prognostic scales were more accurate than CPS. In contrast, some studies revealed that CPS was equal to or more accurate than other prognostic tools. Therefore, whether established prognostic models are superior to CPS is controversial.

These findings showed that the performance of CPS could differ according to the patient population, physician's characteristics, and timeframes evaluated.

Discussion

Scaling out a palliative compassionate community innovation: Nav-CARE

Article Reference:
Pesut B, Duggleby W, Warner G, Ghosh S, Bruce P, Dunlop R, Puurveen G. Scaling out a palliative compassionate community innovation: Nav-CARE. Palliat Care Soc Pract. 2022 May 13; Vol.16:1–19.

Selected by:
Leonie Herx and Anna Voeuk

Presented by:
Anna Voeuk

Background

- A public health/compassionate community approach acknowledges that palliative care is “everyone’s responsibility”.
- There is a need for community-based interventions that can be scaled up to meet the growing demand for palliative care. A social navigation intervention called Nav-CARE (Navigation: Connecting, Advocating, Resourcing, Engaging) involves experienced, trained, and mentored volunteers who provide quality of life (QoL) navigation in the home for adults with declining health.

Objective

To scale out a volunteer navigation intervention called Nav-CARE by replicating the program in multiple contexts and evaluating feasibility, acceptability, sustainability, and impact.

Methods

- Scale-out implementation and mixed-method evaluation study.
- Implemented in 12 hospice & 3 nonhospice community-based organizations.
- Qualitative evaluation data collected from key informants (n = 26), clients/family caregivers (n = 57), and volunteers (n = 86) using semi-structured interviews.
- Quantitative evaluation data included volunteer self-efficacy, satisfaction, and (QoL), and client engagement and (QoL).

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Selected by:
Leonie Herx and Anna Voeuk

Presented by:
Anna Voeuk

Results

- 87 volunteers trained, 50 clients and 7 family caregivers received services & participated in research; 7 sites sustainable, 2 unsure, 6 not sustainable.
- Nav-CARE training was effective in preparing volunteers for role (reported self-efficacy and satisfaction).
- Nav-CARE had a positive impact on QoL of clients (connecting; advocating; resourcing, engaging); reported improved QoL but no statistically significant quantitative measures).
- Organizational capacity, stable/engaged leadership, targeted client population, & skillful messaging influenced implementation.

Why is this article important?

- Demonstrates that strong intraorganizational leadership can support feasibility, acceptability, and sustainability of a program.
- Shows that volunteers can have a meaningful and relational role with patients and families and a positive impact on their QoL.
- Provides an example of a compassionate community strategy that moves beyond a pilot study to a scale-out intervention that improves the quality of palliative care.

Scaling out a palliative compassionate community innovation: Nav-CARE

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Selected by:
Leonie Herx and Anna Voeuk

Presented by:
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Strengths

- Novel program that prepares and uses specially trained volunteers to engage in relationally based, QoL navigation.
- Replicated findings from previous studies and added to knowledge of feasibility, acceptability, and impact of the intervention.

Limitations

- COVID-19 led to difficulty recruiting clients; volunteers did virtual visits or did not see clients.
- Some clients who received services chose not to participate the research; family caregiver data not reported because of the small sample size.
- Scale of project did not allow for collection of detailed implementation data.
- Referrals for clients whose needs were beyond what was considered appropriate for volunteers.

Discussion

Exploring the prevalence, impact and experience of cardiac cachexia in patients with advanced heart failure and their caregivers: A sequential phased study.

Article Reference:
Carson MA, Reid J, Hill L, et al. Exploring the prevalence, impact and experience of cardiac cachexia in patients with advanced heart failure and their caregivers: A sequential phased study. Palliative Medicine. 2022;36(7):1118-1128.

Selected by:
Leonie Herx, Jose Pereira

Presented by:
Leonie Herx

Background

- Cardiac cachexia is a debilitating wasting syndrome which frequently is not assessed in clinical practice & often goes underrecognized.
- Malnutrition in heart failure is associated with increased mortality: Anker at al, 1997 - individuals with cachexia had a 50% mortality rate at 18months f/up.
- Research effort to date has primarily focused on cancer cachexia and, as such, the impact of cardiac cachexia on patients and caregivers remains poorly understood.

Objective

- To identify the prevalence of cardiac cachexia in patients with advanced NYHA functional class (III & IV) and to explore its impact on patients & caregivers.

Methods

- Exploratory cross-sectional sequential phased study, 2 UK healthcare trusts.
- Phase 1 – assessed patients with NYHA II—IV heart failure for characteristics of cardiac cachexia (anthropometric, biochemical/hematological, self-report outcomes).
- Phase 2 – semi-structured qualitative interviews of patients with cardiac cachexia and their caregivers.

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Selected by:
Leonie Herx, Jose Pereira

Presented by:
Leonie Herx

Results

Phase 1

- 30/200 met criteria for cardiac cachexia = prevalence of 15%.
- 65.5% male, average age 74.4 yrs, no significant difference in comorbidities.
- Cachexia group:
  - Significantly reduced weight, BMI; increased weight loss, greater NYHA IV
  - Reduced mid-upper arm circumference & triceps skinfold thickness
  - Significantly increased CRP levels (30.7 vs 15.3 mg/L), significantly decreased albumin & RBC count
  - Greater fatigue, issues with mobility, appetite & diet; reduced physical wellbeing; greater changes to usual activities and reduced overall QOL

Phase 2 – 4 themes associated with cardiac cachexia syndrome:

- Changed relationship with food and eating
- Not me in the mirror
- Lack of understanding regarding cachexia
- Uncertainty regarding the future

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Selected by:
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Presented by:
Leonie Herx

Why is this article important?

- Shows cardiac cachexia syndrome is relatively common within the advanced heart failure population and has a debilitating effect on patients and caregivers.
- Comprehensive assessment of cardiac cachexia is crucial to its management – clinicians need to be more aware of cardiac cachexia.
- Patients and caregivers need to be better informed about the syndrome including its associated prognosis.
- Future work should focus on establishing a specific definition and clinical pathway to aid in identification and to enhance patient and caregiver support.

Strengths

- Provides an updated prevalence rate for cardiac cachexia and novel insight into the impact of this syndrome on patients and caregivers.

Limitations

- Possible referral bias in recruitment of class III & IV patients.
- Recruitment impacted by COVID-19 restrictions, reached 85% of intended sample size, data saturation for Phase 2 not reached.
- Possibility of misdiagnosis of sarcopenia, cachexia and frailty which are also common in the older heart failure patient.

Discussion

Barriers to Buprenorphine Prescribing for Opioid Use Disorder in Hospice and Palliative Care

Article Reference:
Janet Ho J, Jones KF, Sager Z, Neale K, Childers JW, Loggers E, Merlin JS. Barriers to Buprenorphine Prescribing for Opioid Use Disorder in Hospice and Palliative Care. J Pain Symptom Manage. 2022 Aug;64(2):119-127.

Selected by:
Jose Pereira

Presented by:
Jean Mathews

Background

Palliative care (PC) providers are frequently asked to manage complex pain and opioids in individuals with serious illness, including those with opioid use disorders (OUD). Buprenorphine is a partial mu-opioid agonist and an evidence-based medication for the treatment of OUD. There are several barriers to Buprenorphine prescribing in PC.

Methods

An online survey was sent to Buprenorphine Peer Support Network (BPSN) members 1 week before the first educational webinar delivered by BPSN faculty on the basics of buprenorphine use in PC. Participants were asked about their X-waiver status (yes/no), active buprenorphine prescription status (yes/no), and barriers to getting waivered or prescribing buprenorphine. Content analysis was used to analyze responses.

Results

100/127 participants responded (79%). 26/100 were prescribing Buprenorphine.

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Selected by:
Jean Matthews

Presented by:
Jean Matthews

Results

- Common responses:
  - What dose do I use for OUD but also pain?
  - When and how can I use a full mu-opioid agonist?
  - I worry that since it is such low potency, it will not make a big difference for patients with severe pain related to cancer
  - I'm not comfortable with dosing buprenorphine, nor converting to buprenorphine from other opioids or vice versa.
  - Inductions are challenging when people are on high dose opioids. Many palliative care clinicians see even brief withdrawal as suffering or a failure of our care.
  - No protocol for prescribing or monitoring in palliative and/or hospice setting.
  - There are few partners with comfort to cover patients when I'm out.

Conclusion

This survey of PC clinicians on barriers to incorporating buprenorphine treatment of OUD and opioid misuse for patients with painful serious illness highlights the need for education, mentorship, and culture change.

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Selected by:
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Strengths

First to describe barriers to buprenorphine prescribing in a sample of palliative care clinicians. Strong recommendation that palliative care clinicians must possess a primary addiction medicine skill set, which includes providing evidence-based buprenorphine treatment for OUD. Just as HPC clinicians are deeply knowledgeable in treating adverse opioid effects like constipation and hyperalgesia, one could argue that treating OUD with buprenorphine when it arises during opioid pain management is a similar responsibility.

Limitations

- The primary limitation of this study is that findings are unlikely to be generalizable to all PC clinicians given research subjects were clinicians participating in BPSN.
- Second, the online free-text response format precluded further exploration or clarification of responses, such as barriers that may differ between more and less experienced buprenorphine prescribers.
- Lastly, information about survey participant demographics, disciplines, or region of practice were not explicitly collected, though we know BPSN includes a national membership. This may limit extrapolation of barriers to wider national populations.

Discussion

Honourable Mentions

1. King C, Khamis A, Ross J, Murtagh FEM, Johnson MJ, Ramsenthaler C. **Concurrent Validity and Prognostic Utility of the Needs Assessment Tool: Progressive Disease Heart Failure**. J Pain Symptom Manage. 2022 May;63(5):635-644.e3. https://pubmed.ncbi.nlm.nih.gov/35081445/
2. Reidy, J.A., Clark, M. A., Berman, A., Chan, S.H., Gawande, A. A., Streid, J., Vesel, T., Young, M.E., Zehm, A & Schaefer, K.G. (2022). **Paving the Way for Universal Medical Student Training in Serious Illness Communication: The Massachusetts Medical Schools' Collaborative.** *BMC Medical Education,* 22, 654; https://pubmed.ncbi.nlm.nih.gov/36050708/
3. Carter, A. J., Harrison, M., Kryworuchko, J., Kekwaletswe, T., Wong, S. T., Goldstein, J., & Warner, G. (2022). **Essential Elements to Implementing a Paramedic Palliative Model of Care: An Application of the Consolidated Framework for Implementation Research.** Journal of Palliative Medicine. https://pubmed.ncbi.nlm.nih.gov/35727113/
4. Razmovski-Naumovski V, Luckett T, Amgarth-Duff I, Agar MR. **Efficacy of medicinal cannabis for appetite-related symptoms in people with cancer: A systematic review.** Palliative Medicine. 2022;36(6):912-927. https://pubmed.ncbi.nlm.nih.gov/35360989/

Wrap-up

- Please fill out our feedback survey- a link will come up in your browser after this webinar ends.
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week.
- Recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.
- To listen to this session and previous sessions, check out the Palliative Care Journal Watch podcast.
- We hope to see you at our next session on January 23rd, 2023 from 12-1pm ET.

Thank You to our Journal Watch Contributors!

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Thank You

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