Palliative Care Journal Watch

A partnership between Pallium Canada and several Divisions of Palliative Care and Medicine across Canada and Internationally
McMaster University, University of Calgary, University of Alberta, Queens University, University of Toronto, McGill University, University of Manitoba, Hadassah-Hebrew University Medical Center

Hosts: Dr. José Pereira & Dr. Aynharan Sinnarajah

Guest Panelists:
Dr. Anna Voeuk
Dr. Janis Miyasaki

Date: January 29th , 2024

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 several divisions of palliative care/medicine across Canada
    - McMaster University
    - Queen’s University
    - McGill University
    - University of Toronto
    - University of Manitoba
    - University of Calgary
    - University of Alberta
    - Hadassah-Hebrew University Medical Center in Israel.
- We regularly monitor over 20 journals and highlight articles 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 our featured 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.
- 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

Hosts:

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
Professor, Faculty of Medicine, University of Navarra, Spain.

Professor, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada

Scientific Advisor and Co-Founder, Pallium Canada

Dr. Aynharan Sinnarajah, MD CCFP(PC) MPH

Chair, Dr. Gillian Gilchrist Palliative Care Research, Division of Palliative Care, Queen’s University and Lakeridge Health, ON, Canada

Guest Panelists:

Dr. Janis Miyasaki MD, MEd, FRCPC
Zone Department Head Clinical Neurosciences, Alberta Health Services
Department of Medicine, University of Alberta, Edmonton, Alberta

Dr. Anna Voeuk, MD, MPH, CCFP(PC), FCFP, DTM&H
Palliative Care Consultant, Edmonton Zone Palliative Care Program, Edmonton, AB, 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 ECHO program has received financial support from:

- Health Canada in the form of a contribution program.

Disclosures of Host/Guest Panelists:

- Dr. José Pereira: Scientific Advisor, Pallium Canada.
- Dr. Aynharan Sinnarajah: No conflicts of interest to declare.
- Dr. Janis Miyasaki: Oxford University Press US Ambassador, Vice president American Academy of Neurology.
- 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. Sedney, C. L., Dekeseredy, P., Singh, S. A., & Holbein, M. (2023). **Stigmatizing Language Expressed Towards Individuals With Current or Previous OUD Who Have Pain and Cancer: A Qualitative Study**. Journal of Pain and Symptom Management, 65(6), 553–561. https://pubmed.ncbi.nlm.nih.gov/36804424/
2. Mai AS, Chao Y, Xiao B, Zhou Z, Yong JH, Lee ARYB, Tan EK. **Risk of Suicidal Ideation and Behavior in Individuals With Parkinson Disease: A Systematic Review and Meta-Analysis**. JAMA Neurol. 2023 Nov 13:e234207. PMID: 37955917; PMCID: PMC10644251. https://pubmed.ncbi.nlm.nih.gov/37955917/
3. Cobo Dols M, Beato Zambrano C, Cabezón-Gutiérrez L, Chicas-Sett R, Blancas López-Barajas MI, García Navalón FJ, Fírvida Pérez JL, Serrano Bermúdez G, Togores Torres P, et al. **One-year efficacy and safety of naloxegol on symptoms and quality of life related to opioid-induced constipation in patients with cancer: KYONAL study**. BMJ Support Palliat Care. 2023 Dec 7;13(e2):e318-e326. doi: 10.1136/bmjspcare-2020-002816. PMID: 33707299; PMCID: PMC10715504. https://pubmed.ncbi.nlm.nih.gov/33707299/
4. Hinkle, J., Wiener, L., Altschuler, A., Brock, K. E., Casperson, M., Chao, C. R., Fisher, L., Kushi, L. H., Lakin, J. R., Lefebvre, A., Schwartz, C. M., Shalman, D. M., Wall, C. B., & Mack, J. W. (2023). **What Constitutes Quality of Life? Perspectives of Adolescents and Young Adults With Advanced Cancer.** Journal of the National Comprehensive Cancer Network, 21(12), 1243-1250. Retrieved Dec 31, 2023, from https://doi.org/10.6004/jnccn.2023.7067 https://pubmed.ncbi.nlm.nih.gov/38081124/

Stigmatizing Language Expressed Towards Individuals With Current or Previous OUD Who Have Pain and Cancer: A Qualitative Study

Article Reference:
Sedney, C. L., Dekeseredy, P., Singh, S. A., & Holbein, M. (2023). Journal of Pain and Symptom Management, 65(6), 553–561. https://doi.org/10.1016/j.jpainsymman.2023.02.007

Selected by:
Jean Matthews

Presented by:
Aynharan Sinnarajah

Background

Care of patients with cancer-related pain and opioid use disorder is challenging for many reasons. One of the challenges is the healthcare provider stigma experienced by these patients when trying to access treatment for their pain.

Prior 2021 study (Ref #16), matched case-control analysis:

- 40 hospitalisations of patients with OUD : 40 without OUD
- Active advanced/metastatic cancer + Acutely worsening cancer pain
- Median survival: 2.3 months
- Home → Admission MME/day: OUD **-3mg vs** Non-OUD **37mg**
- Home → Discharge MME/D: OUD **0mg** vs Non-OUD **55mg**

Methods

- Descriptive qualitative study using thematic analysis
- N = 25 patients with current or previous OUD (40 hospitalizations)
- Health Stigma and Discrimination Framework (Stangl et. al)
  - Health related stigma
  - Acknowledge intersecting stigmas such as race, gender, sexual orientation
  - Includes both stigmatized groups and those who stigmatize them (ie health care providers)
  - Also captures manifestations of stigma on outcomes, access, acceptability of health care (e.g. pain management)
- Chart review with a focus on management of their cancer pain.

Stigmatizing Language Expressed Towards Individuals With Current or Previous OUD Who Have Pain and Cancer: A Qualitative Study

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Selected by:

Jean Matthews

Presented by:

Aynharan Sinnarajah

Main Message

Theme 1: Stigma drivers

- The authors reported evidence of healthcare provider stigma such as blame and stereotyping that impeded pain management. (“drug seekers”, “out of proportion with illness”
- Care by known providers was found to be a facilitator of improved pain management (“accidental overdose”, “well known to” treating providers)

Theme 2: Legal / Policy / Advocate

- Waiting for psychiatry / Pain consultation → Delays
- Switch to liquid to reduce abuse potential
- Friends/Family: Positive (‘Multiple calls from mother’ re: uncontrolled pain) vs Negative (Family and friends also wanting pain meds at discharge)

Theme 3: HCP stigma marking in medical chart leading to impacts on outcomes

- Patient clearly displaying methadone withdrawal asking for methadone → physician redirecting and saying would only give other analgesics
- Mechanical objectivity paradigm: Only if physical evidence, then increase pain meds
- Chronic pain or inconsistency in pain history led to decreased pain control attempts
- Treatment-limiting decisions for pain control (e.g. US hospice therapy so can get better pain control)

Theme 4: Care by known providers

- Facilitator of improved pain management (“accidental overdose”, “well known to” treating providers)
- Better continuity from inpatient to outpatient

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Selected by:

Jean Matthews

Presented by:

Aynharan Sinnarajah

Why is this article important?

This article highlights the role of healthcare provider stigma on impeding access to adequate pain management in patients with opioid use disorder and cancer pain. Being mindful of stigmatizing language used in medical charts could reduce the experience of stigma for vulnerable patients.

Strengths and Limitations

- Limitations include possible confirmation bias during the conduct of this qualitative study.
- This risk was minimized by conducting analysis with an interdisciplinary team with broad representation and areas of expertise.
- Analysis of medical charts doesn't allow for an in-depth analysis of healthcare provider perceptions and beliefs compared to direct interviews. The experiences of patients was also not directly explored.
- The specific intersection of other potentially relevant stigmas such as gender and race, were also not explored.

Discussion

Risk of Suicidal Ideation and Behavior in Individuals With Parkinson Disease: A Systematic Review and Meta-Analysis

Article Reference:

Mai AS, Chao Y, Xiao B, Zhou Z, Yong JH, Lee ARYB, Tan EK. JAMA Neurol. 2023 Nov 13:e234207. doi: 10.1001/jamaneurol.2023.4207. Epub ahead of print. PMID: 37955917; PMCID: PMC10644251.

Selected by:

Janis Miyasaki

Presented by:

Janis Miyasaki

Main message of article

- Given the focus of PD care has been on motor symptoms and maximizing motor function, there is a high risk of underestimating suicidality among PWP.
- Of note, this meta-analysis found that prospective prevalence of suicidality was 2.34% vs 0.78% for non-PD controls.
- Twenty-eight studies were included in this analysis and reported suicidal ideation affecting more than 25% of PWP.
- Suicidal behavior occurred in 1% of patients and this is higher than those with non-neurologic chronic illness or the general population.

Why is this article important?

At the time of referral to palliative care teams, PWP have significant disability, mental health challenges (including depression, anxiety and psychosis). The present work demonstrates that suicidal ideation and behavior are common among PWP and that this is often not identified. Given the holistic approach of palliative care teams and the ability to have challenging conversations, this knowledge can allow palliative care teams to address unidentified sources of suffering and in turn, address the whole person suffering of PWP.

Depression is a significant risk factor for suicidal ideation to become suicidal behavior. PWP have masked facies, apathy, motor slowing and sleep disturbance as part of their condition. Clinicians may become immune to these findings resulting in reduced identification of depression. Standardized screening of PWP for depression with the Geriatric Depression Inventory resulted in 36% detection of depression - significantly higher than many cohorts (submitted but not published).

Risk of Suicidal Ideation and Behavior in Individuals With Parkinson Disease: A Systematic Review and Meta-Analysis

Article Reference:
Mai AS, Chao Y, Xiao B, Zhou Z, Yong JH, Lee ARYB, Tan EK. JAMA Neurol. 2023 Nov 13:e234207. doi: 10.1001/jamaneurol.2023.4207. Epub ahead of print. PMID: 37955917; PMCID: PMC10644251.

Selected by:
Janis Miyasaki

Presented by:
Janis Miyasaki

Strengths

- A significant strength of this meta-analysis is that previously, suicidality was thought to be low among PWP.

Limitations

- Weaknesses include the meta-analysis format given that multiple methods were used to identify suicidal ideation and suicidal behaviour.
- Additionally, specific groups were not examined: debate still exists whether those who undergo Deep Brain Stimulation are at increased risk for suicide 1 year post surgery due to increased impulsivity.
- Given the meta-analysis format, the demographics, geographic variability of studies was heterogeneous. Subgroup analysis confirmed the difference in suicidality.

Suicide research has evolved significantly over recent years and new terminologies. Authors accounted for this be performing comparison between prospective recent studies and retrospective studies and found that differences in suicidal ideation and behaviour continues to be significantly increased for PWP.

Discussion

One-year efficacy and safety of naloxegol on symptoms and quality of life related to opioid-induced constipation in patients with cancer: KYONAL study

Article Reference:

Cobo Dols M, Beato Zambrano C, Cabezón-Gutiérrez L, Chicas-Sett R, Blancas López-Barajas MI, García Navalón FJ, Fírvida Pérez JL, Serrano Bermúdez G, Togores Torres P, et al. BMJ Support Palliat Care. 2023 Dec 7;13(e2):e318-e326. doi: 10.1136/bmjspcare-2020-002816. PMID: 33707299; PMCID: PMC10715504.

Selected by:

Leonie Herx & Anna Voeuk

Presented by:

Anna Voeuk

Background

Constipation is a common side effect associated with treatment with opioids. Opioid induced constipation(OIC) affects many patients with pain and cancer. Treatment of OIC with laxatives may not be effective. Naloxegol is a peripherally acting μ-opioid receptor antagonist indicated for treatment of OIC.

Objective

To analyse long-term efficacy, quality of life (QoL) and safety of naloxegol in patients with cancer in a real-world setting at 12 months.

Study Design

Observational study with 12 months of follow-up with 6 follow-up visits from Sep 2017 to Nov 2019. 16 investigators from 12 provinces in Spain. Sample of 126 patients with cancer and confirmed diagnosis of OIC, with laxatives inadequate response (LIR). Patients completed a diary card (number of weekly SBM, side effects of naloxegol).

Outcome Measures

Primary endpoint was assessment of impact of naloxegol in constipation-related QOL outcome (PAC-QOL questionnaire); constipation symptoms (PAC-SYM instrument); and global health QoL (EuroQoL-5D-5L).

One-year efficacy and safety of naloxegol on symptoms and quality of life related to opioid-induced constipation in patients with cancer: KYONAL study

Article Reference:

Cobo Dols M, Beato Zambrano C, Cabezón-Gutiérrez L, Chicas-Sett R, Blancas López-Barajas MI, García Navalón FJ, Fírvida Pérez JL, Serrano Bermúdez G, Togores Torres P, et al. BMJ Support Palliat Care. 2023 Dec 7;13(e2):e318-e326. doi: 10.1136/bmjspcare-2020-002816. PMID: 33707299; PMCID: PMC10715504.

Selected by:

Leonie Herx & Anna Voeuk

Presented by:

Anna Voeuk

Main Findings

Clinically & statistically significant improvement in all PAC-QOL scores and all PAC-SYM scores from baseline & between all visits. No change in global health QoL. Increase in mean # of days/week of SBM & stool consistence improved from baseline. Response to treatment with naloxegol was >70% at all visits. Total of 28 adverse reactions (GI) in 15.1% of patients (75% mild).

Strengths

- Prospective analyses over 12 months.
- “Real-world" setting.

Limitations

- No control group for comparison (observational).
- Focused on patients with cancer and pain.
- Not generalizable.

Why is this article important?

- Adds to the existing literature of data only from case reports or small retrospective studies; more research can be done.
- Shows naloxegol improves quality of life of patients experiencing OIC, and treatment of pain by opioid analgesics was not affected, as a result.
- Most side effects related to naloxegol appear to be mild, and naloxegol could be given over the long-term to patients with cancer with OIC.

Discussion

What Constitutes Quality of Life? Perspectives of Adolescents and Young Adults With Advanced Cancer

Article Reference:

Hinkle, J., Wiener, L., Altschuler, A., Brock, K. E., Casperson, M., Chao, C. R., Fisher, L., Kushi, L. H., Lakin, J. R., Lefebvre, A., Schwartz, C. M., Shalman, D. M., Wall, C. B., & Mack, J. W. (2023). Journal of the National Comprehensive Cancer Network, 21(12), 1243-1250. Retrieved Dec 31, 2023, from https://doi.org/10.6004/jnccn.2023.7067

Selected by:
Emma Polle

Presented by:
Jose Pereira

Background

- Adolescents and young adults with cancer have unique needs and priorities.
  - Disruption to their age-appropriate development.
- They identify maintaining quality of life (QOL) as important.
- Not much is known about what constitutes and contributes to QOL for these patients.
- QoL is a dynamic and subjective determination.
  - Individuals are the only ones who can reliably measure their own QoL.
  - Their perspectives may change over time.

Study Aim/Objective

- To explore what contributes to quality of life for adolescents and young adults with advanced cancer and to identify domains of quality of life in this population.

Study design

- Secondary analysis of previously collected data through semi structured interviews with adolescents and young adults with advanced cancer (+ caregivers and health care providers).
  - Goal was to identify patient-centered domains and indicators for high-quality end-of-life care.
- Purposive sampling with respect to age and racial/ethnic representation.
- English- or Spanish-speaking AYA patients aged 12 to 39 years.
- 3 tertiary cancer centres in the USA.

What Constitutes Quality of Life? Perspectives of Adolescents and Young Adults With Advanced Cancer

Article Reference:
Hinkle, J., Wiener, L., Altschuler, A., Brock, K. E., Casperson, M., Chao, C. R., Fisher, L., Kushi, L. H., Lakin, J. R., Lefebvre, A., Schwartz, C. M., Shalman, D. M., Wall, C. B., & Mack, J. W. (2023). Journal of the National Comprehensive Cancer Network, 21(12), 1243-1250. Retrieved Dec 31, 2023, from https://doi.org/10.6004/jnccn.2023.7067

Selected by:
Emma Polle

Presented by:
Jose Pereira

Results

- 23 pts, 28 caregivers, 29 health care providers.
- Pts: 18 (70%) of pt participants aged 25 to 39 years. 5 (22%) aged 12-24 yrs.

- Four domains of QoL were identified (present in each group, but sometime differing facets):
  - Psychosocial and physical well-being
  - Dignity
  - Normalcy
  - Personal and family relationships.

- 2 themes emerged across domains:
  - The importance of having a voice in the care plan.
  - QOL s dynamic and may change over time.

Limitations

- Secondary analysis of interviews focusing on priorities of care.
- Population at a three tertiary care centers in the USA (English and Spanish speakers) but results transferable.

Why is this article important?

This article identifies areas for providers to consider and explore when caring for these patients.

Discussion

Honourable Mentions

1. Mercadante S, Cascio AL, Casuccio A. **Switching to Intravenous Methadone in Advanced Cancer Patients: A Retrospective Analysis.** J Pain Symptom Manage. 2023 Oct;66(4):287-292. doi: 10.1016/j.jpainsymman.2023.04.026. Epub 2023 May 25. PMID: 37236430.
2. de Andrade DC, Mylius V, Perez-Lloret S, Cury RG, Bannister K, Moisset X, Taricani Kubota G, Finnerup NB, Bouhassira D, Chaudhuri KR, Graven-Nielsen T, Treede RD. **Pain in Parkinson disease: mechanistic substrates, main classification systems, and how to make sense out of them.** Pain. 2023 Nov 1;164(11):2425-2434. doi: 10.1097/j.pain.0000000000002968. Epub 2023 Jun 6. PMID: 37318012.
3. Bond KR, Rea E, Lawthom C. **Seizures in palliative medicine: brivaracetam.** BMJ Support Palliat Care. 2023 Dec 7;13(e2):e308-e310. doi: 10.1136/bmjspcare-2021-003228. PMID: 34257063.

Wrap-up

- Please fill out our feedback survey a link has been shared in the chat!
- A recording of this webinar and a copy of the slides will be e-mailed to registrants within the next week.
- To listen to this session and previous sessions, check out the Palliative Care Journal Watch podcast.

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Listen on Google Podcasts

Listen on Spotify

NOTE: recordings, slides and links to articles from all our sessions are available at www.echopalliative.com/palliative-care-journal-watch/.

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