Supportive Care In Metastatic Breast Cancer Patients

Challenge the status quo

張黎露主任
護理進階教育中心
和信治癌中心醫院

前　言

轉移性乳癌

乳癌第四期

約10%的病人初診斷即是乳癌第四期
約20%早期診斷的病人之後發生轉移

轉移性乳癌

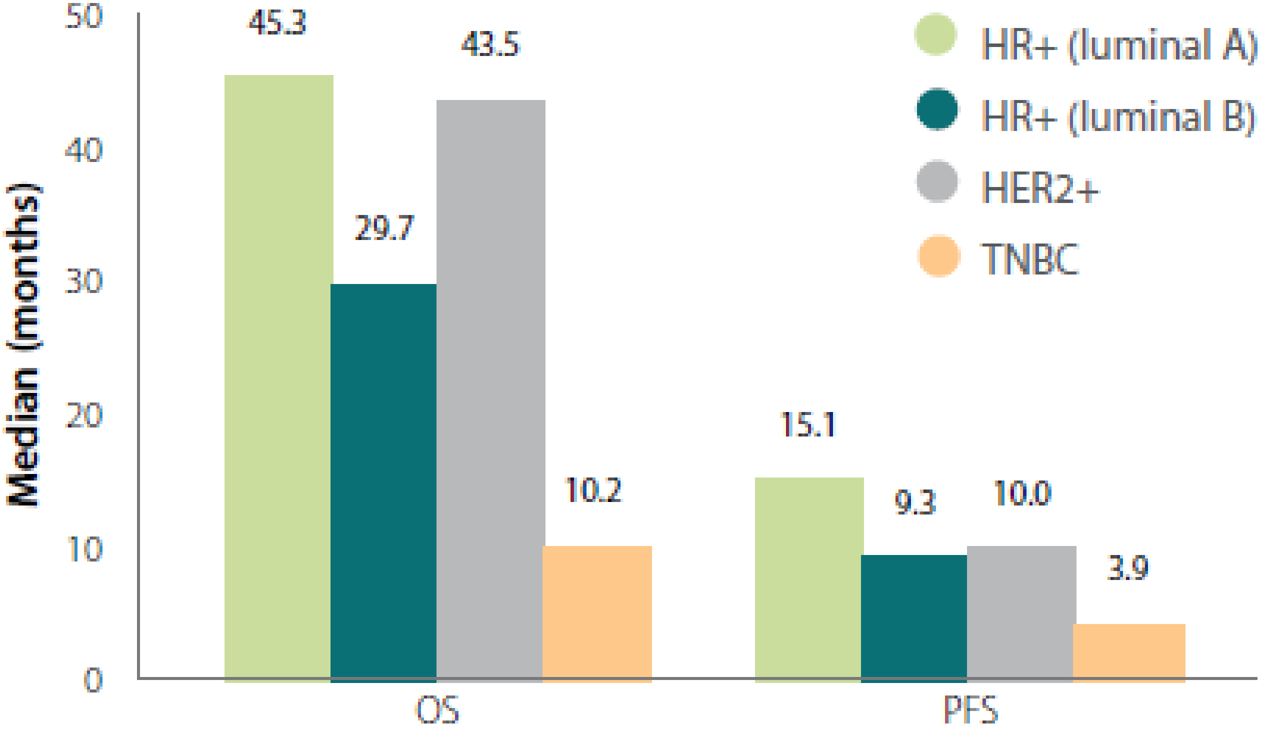
- 直至目前為止，疾病雖無法治癒，但可以治療，治療目標是讓腫瘤縮小或延緩腫瘤生長的速度、減輕症狀、提升生活品質、讓病人活得更久…
- 治療進步讓mBC的病人存活時間變長(中位數:3年)，甚至超過15年，轉移性乳癌可視為慢性疾病…

轉移性乳癌

- 治療更個人化、每一個subtype都有許多治療選擇
- 治療計畫更複雜
- 檢查頻率更高，以監測治療的成效
- 當治療沒有效時，常常需要新的治療
- 有許多臨床試驗在進行中

OS and PFS at First Line of Treatment by mBC Subtypes

2004~2012



ER+ PR+ HER2-

ER+ PR- HER2+

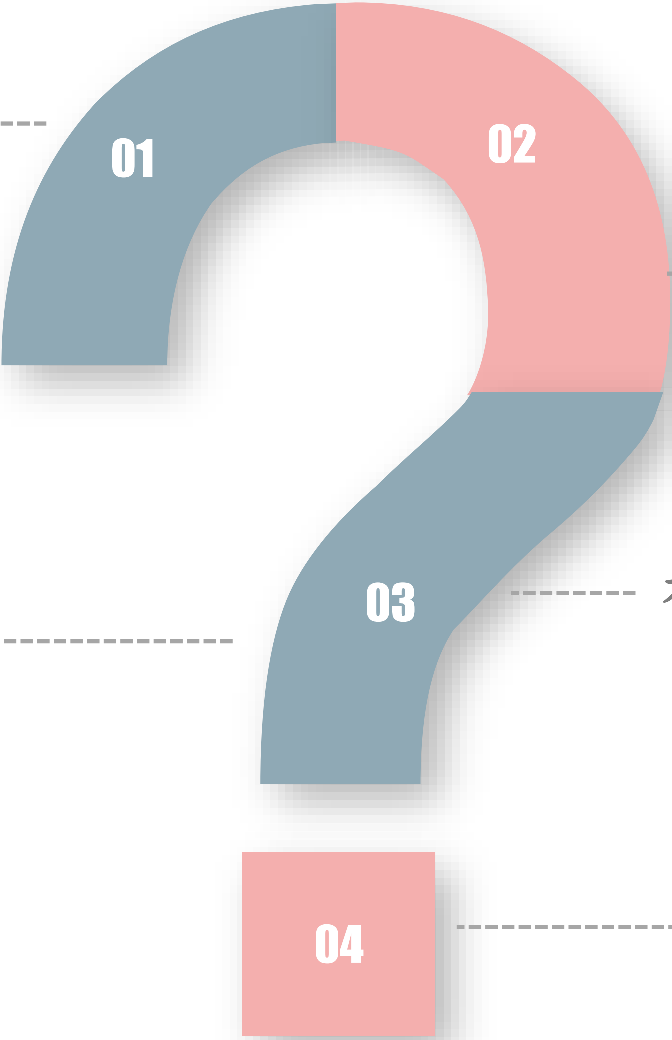
Bonotto, 2014

ESMO Consensus Guidelines

- The management of mBC is complex and, therefore, involvement of all appropriate specialties in a multidisciplinary team (including but not restricted to medical, radiation, surgical oncologists, imaging experts, pathologists, gynecologists, psycho-oncologists, social workers, nurses and palliative care specialists), is crucial.

ESMO 2018

當病人被診斷轉移時



我還能活多久?

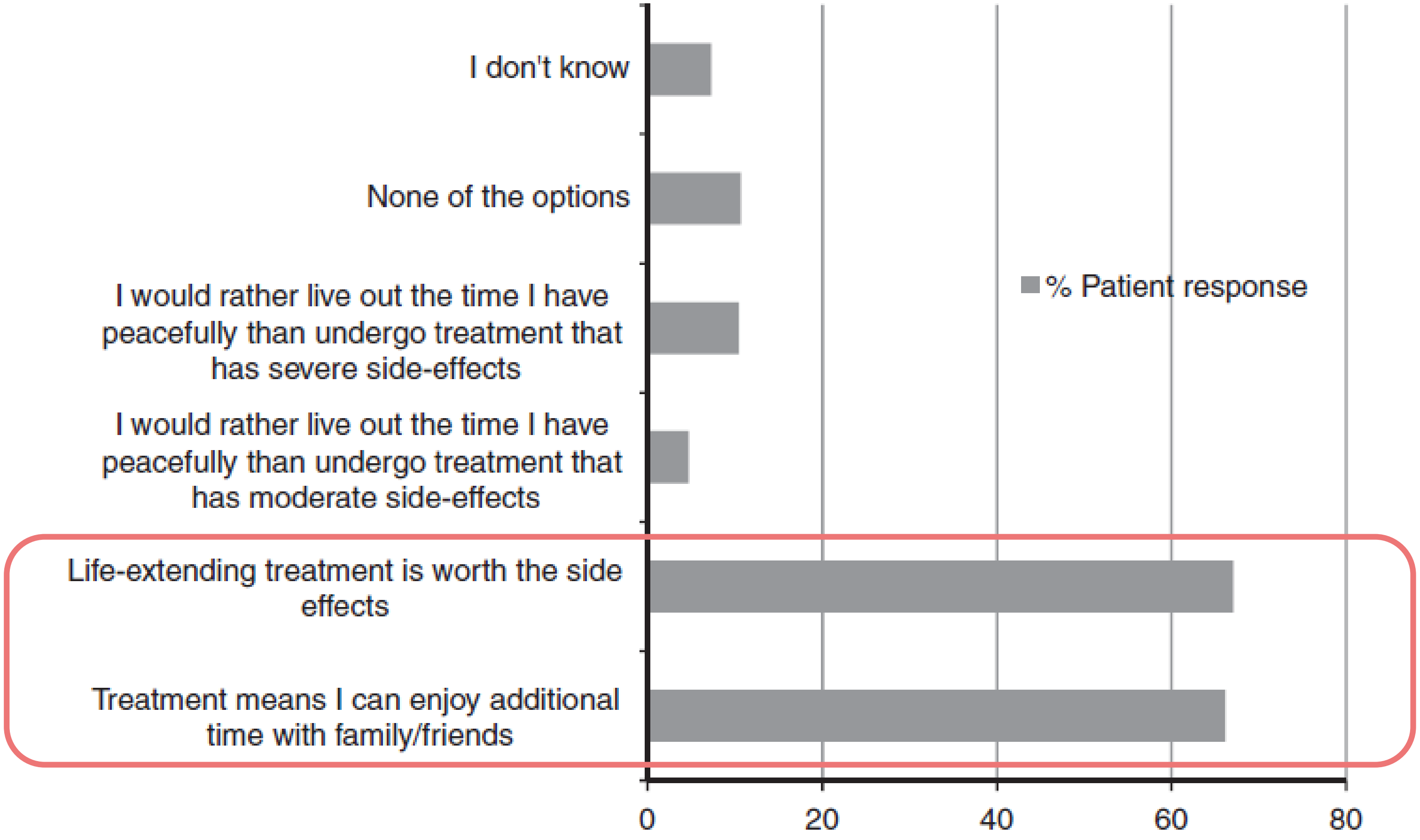
還能做治療嗎?

有什麼最新的治療?

治療會很痛苦嗎?

還要治療多久?

病人的治療意願



Harding V, et al. *Br J Cancer* 2013. DOI:10.1038/bjc.2013.492.

病人通常會有高程度的焦慮

擔心家人

擔心失去控制

感覺不確定感

有關於治療選擇很難做決定

病人想知道些什麼?

- 一項英國的大型研究調查2331位癌症病人發現絕大多數的病人希望
  - 知道他們疾病的進展 (91% vs. 9%)
  - 知道他們治癒的機會 (95% vs. 5%)
  - 知道所有可能的治療 (94% vs. 6%)
  - 知道所有可能的副作用(97% vs. 3%)
- 從這項研究中同時發現，病人通常需要更多有關於他們治療選擇的資訊（相對於他們實際得到的訊息）

Br J Cancer 2001, 84:48–51

病人對治療選擇所知並不多

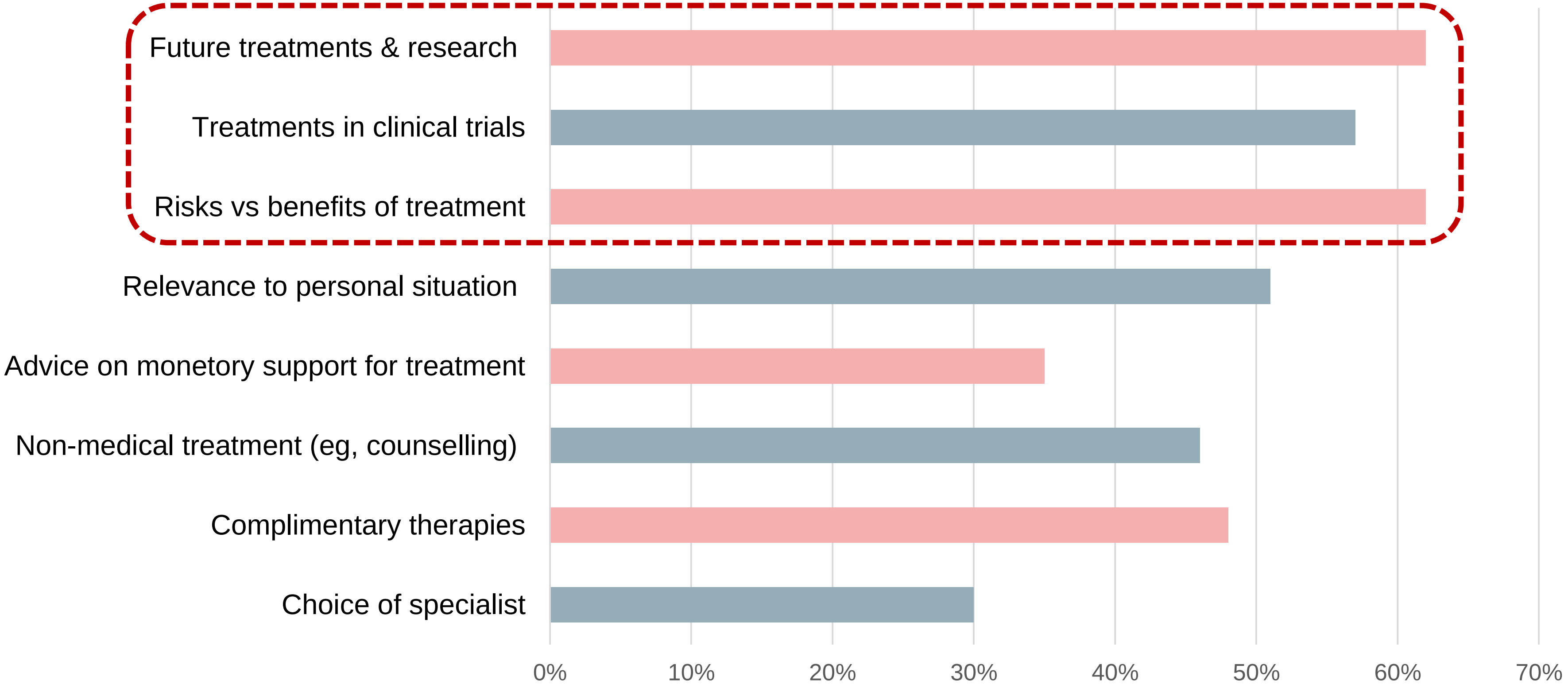
- 研究發現病人想要的資訊、病人想參與決策的意願、和實際的情況是有落差的
- 假如治療效果有較強的實證支持，通常醫師比較可以和病人討論和準備他們一起做治療選擇
- 轉移性癌症的治療通常醫師的對治療選擇會有較高的控制

JCO 2010, 28:4364–70

Information needs of women with mBC

Results from a Pan-European Survey

Treatment information needs of patients living with mBC



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病人需要支持和資訊的程度最高的三個時期

獲知診斷時

疾病進展時

治療計畫改變

病人所需要的
支持最高

良好的溝通很重要

Professional

Point of View

Patient’s

Best Interest

雖然大家都同意應該讓病人參與決策的過程；
但實際上是很困難的？

每個病人都有獨特的需求

- 研究調查高期別的癌症病人，有超過一半(55%)的病人表示生活品質和延長生命一樣重要
  - 需要和病人討論延長生命的治療可能伴隨的副作用毒性是否是超過他可以接受的
  - 假如治療對於存活沒有明顯的幫助時，有關生活品質的訊息就很重要因為可能會影響病人的治療意願
- 研究進一步發現，意願偏好生活品質的病人會有比較低程度的癌症相關情緒困擾(cancer-related distress)，偏好延長生命的病人會有較高的情緒困擾，因此需要較高的情緒支持，同時醫護人員應避免悲觀的溝通方式…

ESMO Consensus Guidelines

- Patients should be offered psychosocial care, supportive care and symptom-related interventions as a routine part of their care from the time of diagnosis of mBC.
- The approach must be personalized to meet the needs of the individual patient.

ESMO 2018

轉移性癌症存活者的照護

對於存活者的照護議題，直至目前為止，我們所了解的並不多…

常見的轉移部位和症狀

Brain metastases

- Worsening headache or pressure to the head
- Vision problems (blurry, double vision or loss of vision)
- Seizures
- Loss of balance
- Vomiting or nausea
- Behavioral changes, confusion or personality changes

Bone metastases

- Severe, progressive pain
- Back, bone or joint pain
- Swelling
- Bones that fracture easily

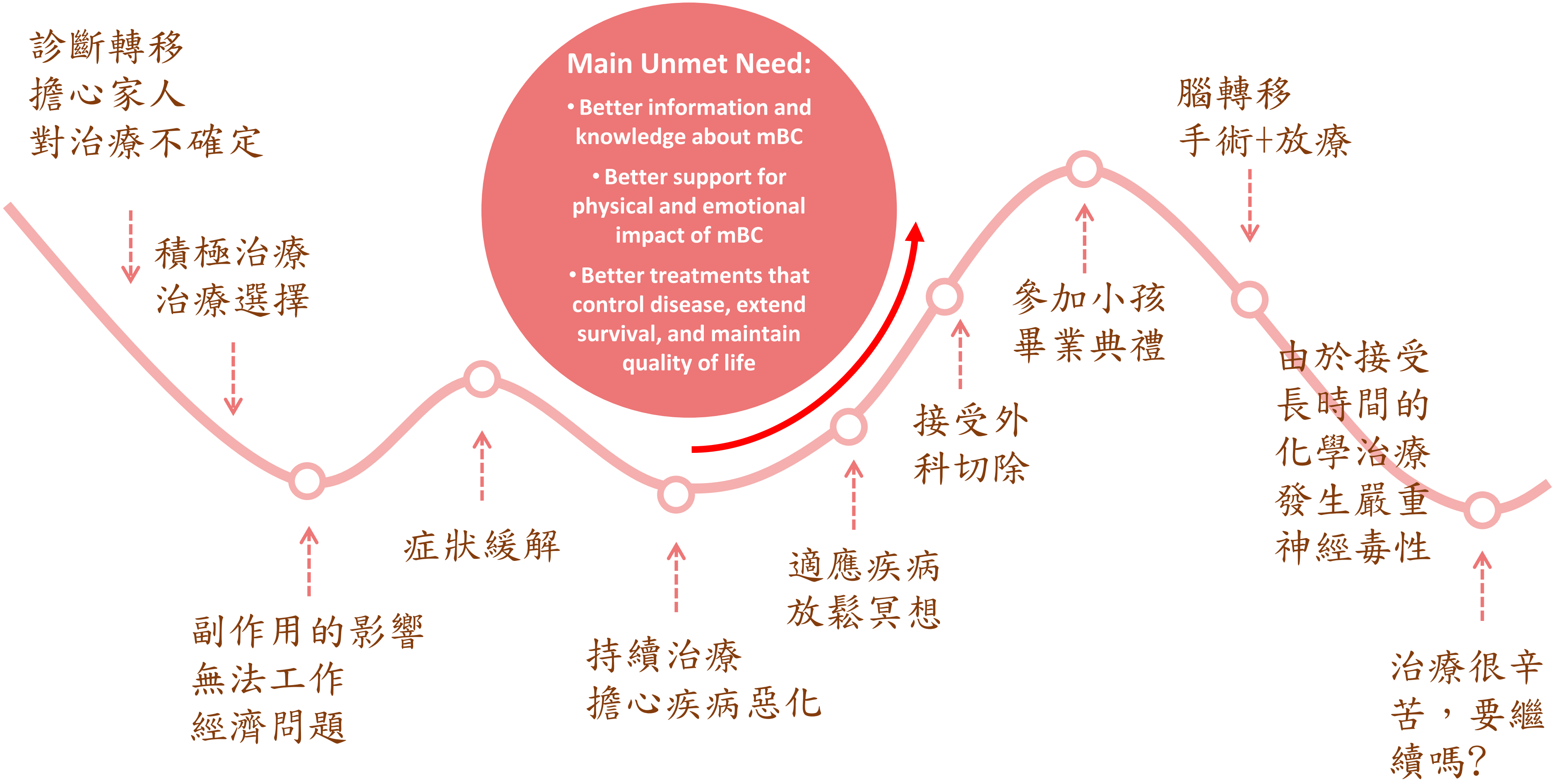
Lung metastases

- Chronic cough
- Inability to draw a full breath
- Chest pain

Liver metastases

- Jaundice
- Itchy skin or rash
- Abdominal pain, appetite loss, nausea and vomiting

從診斷起...病人將經歷高低起伏的治療歷程... 繼續vs.放棄



診斷轉移
擔心家人
對治療不確定

積極治療
治療選擇

副作用的影響
無法工作
經濟問題

症狀緩解

Main Unmet Need:

- Better information and knowledge about mBC
- Better support for physical and emotional impact of mBC
- Better treatments that control disease, extend survival, and maintain quality of life

持續治療
擔心疾病惡化

適應疾病
放鬆冥想

接受外
科切除

參加小孩
畢業典禮

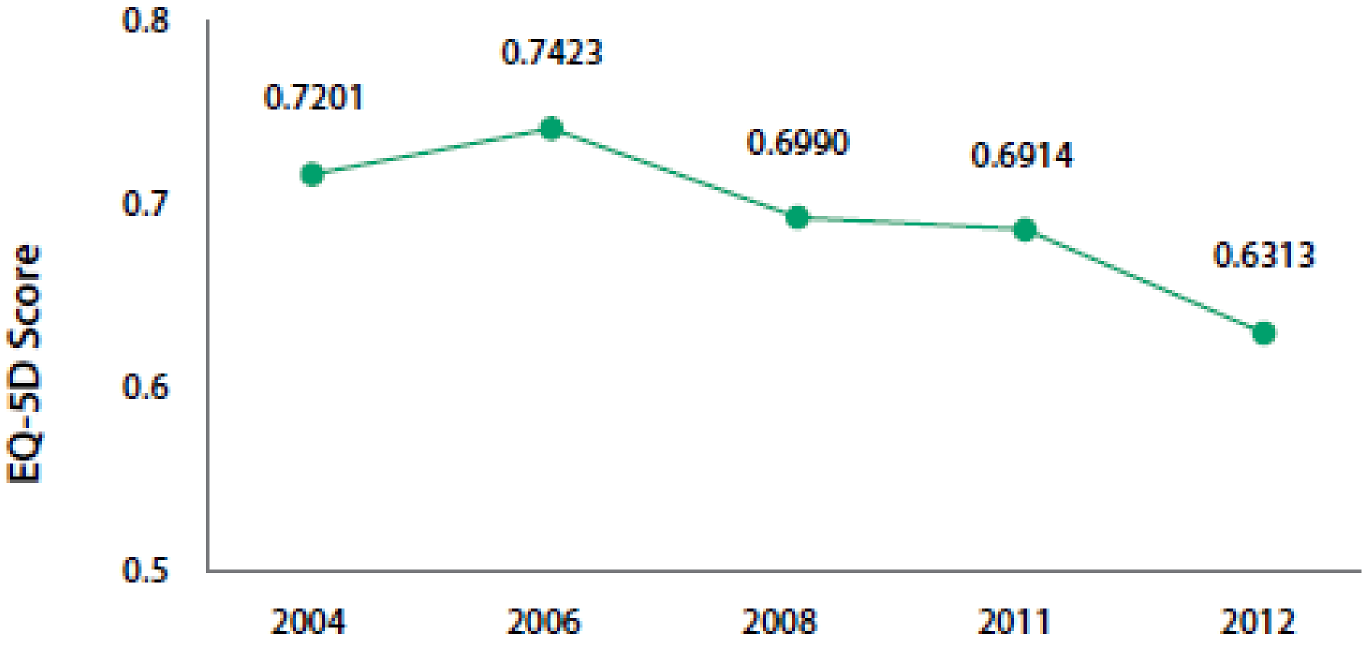
腦轉移
手術+放療

由於接受
長時間的
化學治療
發生嚴重
神經毒性

治療很辛
苦，要繼
續嗎?

Quality of Life in Patients with mBC as Assessed by EQ-5D 2004-2012

- 治療的進步是否有提升病人的生活品質?

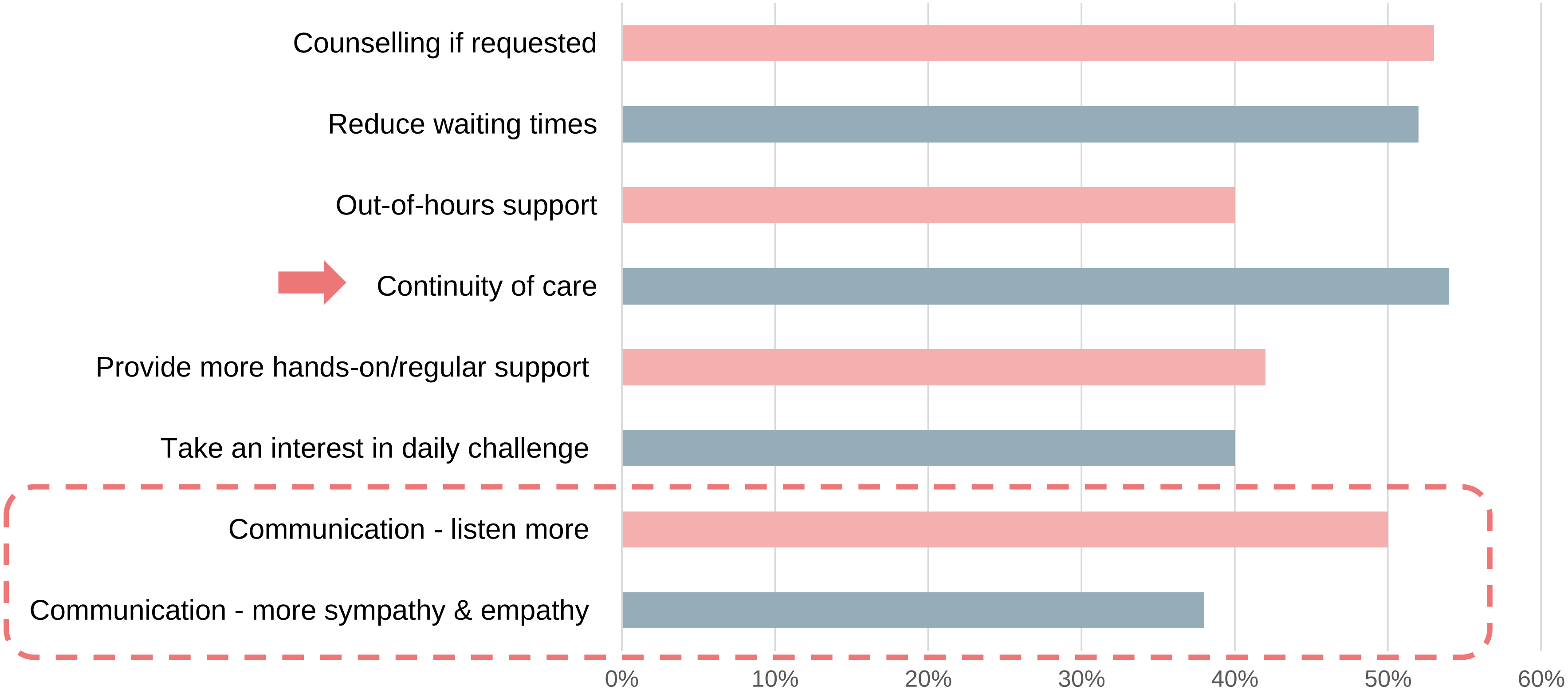


Global Status of mBC 2005-2015 Decade Report

Care gaps for women with mBC

Results from a Pan-European Survey

Patient-identified areas for improvement in care by healthcare professionals



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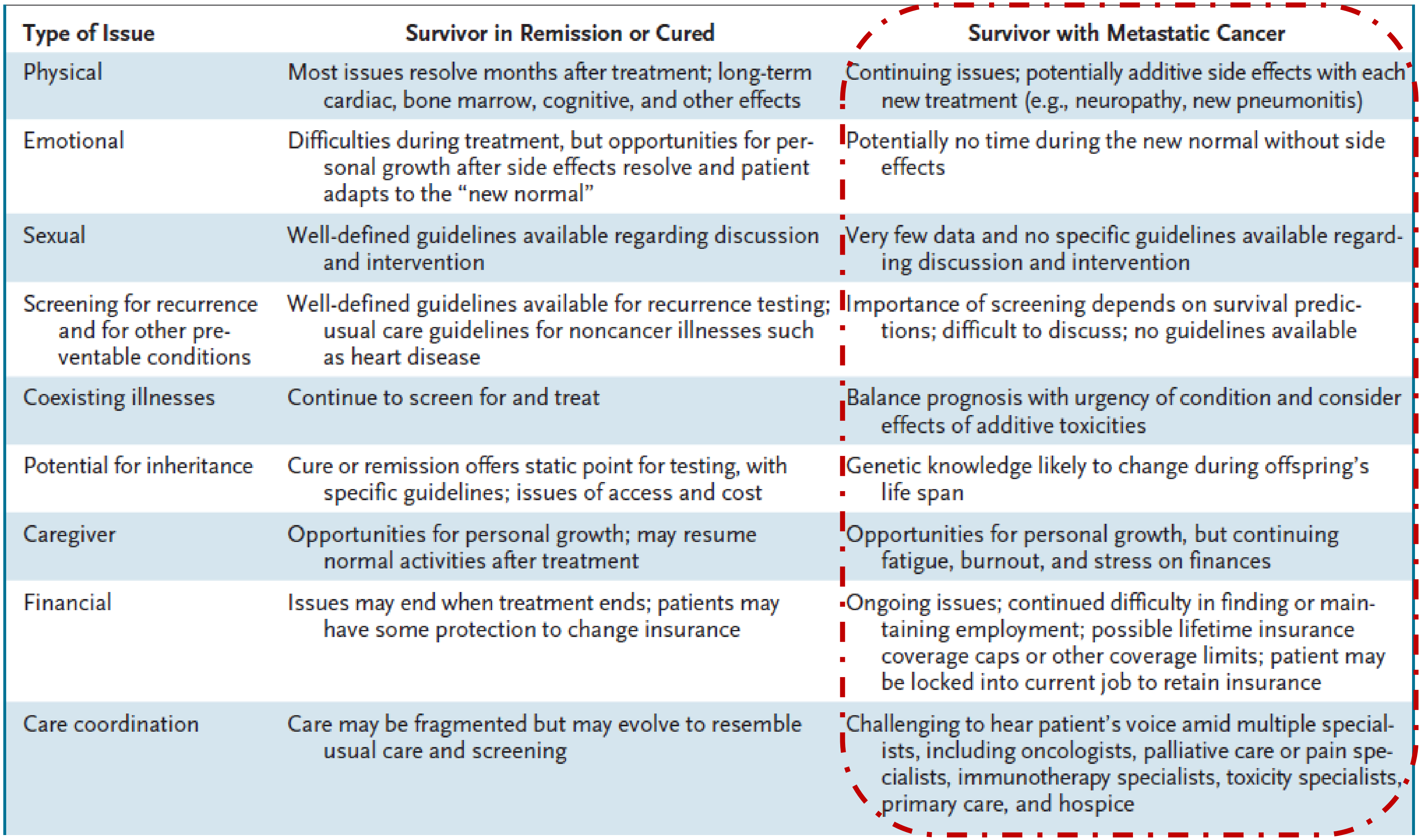
Key Issues Faced by Cancer Survivors Whose Disease Is Cured or in Remission and by Survivors with Metastatic Cancer

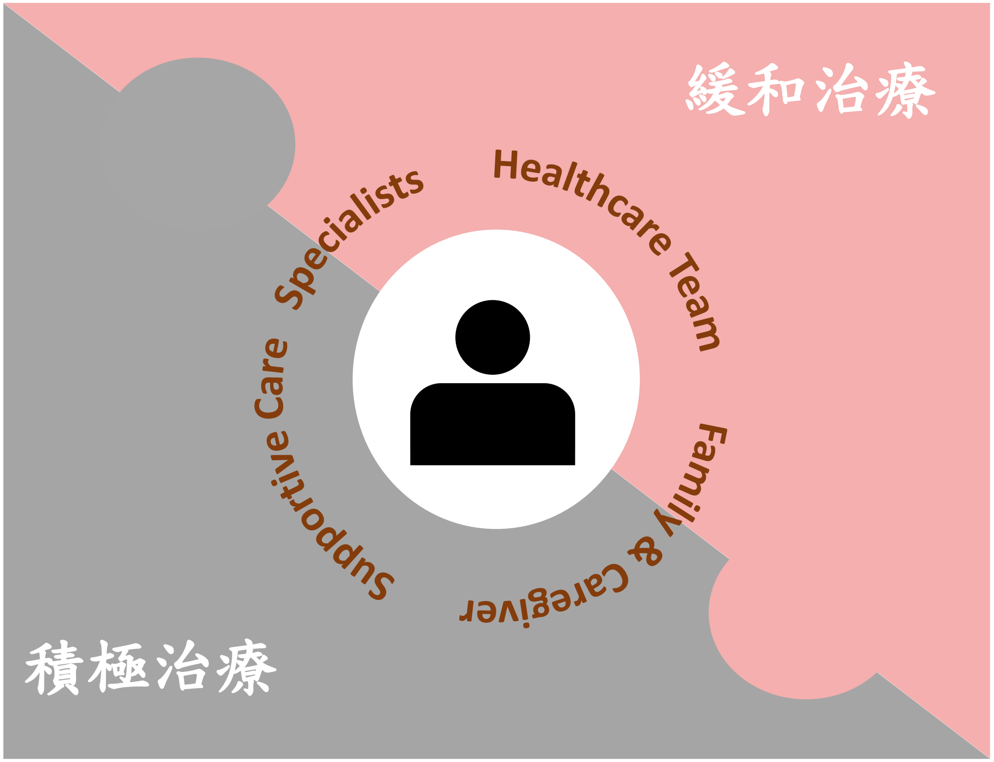


Type of Issue	Survivor in Remission or Cured	Survivor with Metastatic Cancer
Physical	Most issues resolve months after treatment; long-term cardiac, bone marrow, cognitive, and other effects	Continuing issues; potentially additive side effects with each new treatment (e.g., neuropathy, new pneumonitis)
Emotional	Difficulties during treatment, but opportunities for personal growth after side effects resolve and patient adapts to the "new normal"	Potentially no time during the new normal without side effects
Sexual	Well-defined guidelines available regarding discussion and intervention	Very few data and no specific guidelines available regarding discussion and intervention
Screening for recurrence and for other preventable conditions	Well-defined guidelines available for recurrence testing; usual care guidelines for noncancer illnesses such as heart disease	Importance of screening depends on survival predictions; difficult to discuss; no guidelines available
Coexisting illnesses	Continue to screen for and treat	Balance prognosis with urgency of condition and consider effects of additive toxicities
Potential for inheritance	Cure or remission offers static point for testing, with specific guidelines; issues of access and cost	Genetic knowledge likely to change during offspring's life span
Caregiver	Opportunities for personal growth; may resume normal activities after treatment	Opportunities for personal growth, but continuing fatigue, burnout, and stress on finances
Financial	Issues may end when treatment ends; patients may have some protection to change insurance	Ongoing issues; continued difficulty in finding or maintaining employment; possible lifetime insurance coverage caps or other coverage limits; patient may be locked into current job to retain insurance
Care coordination	Care may be fragmented but may evolve to resemble usual care and screening	Challenging to hear patient's voice amid multiple specialists, including oncologists, palliative care or pain specialists, immunotherapy specialists, toxicity specialists, primary care, and hospice

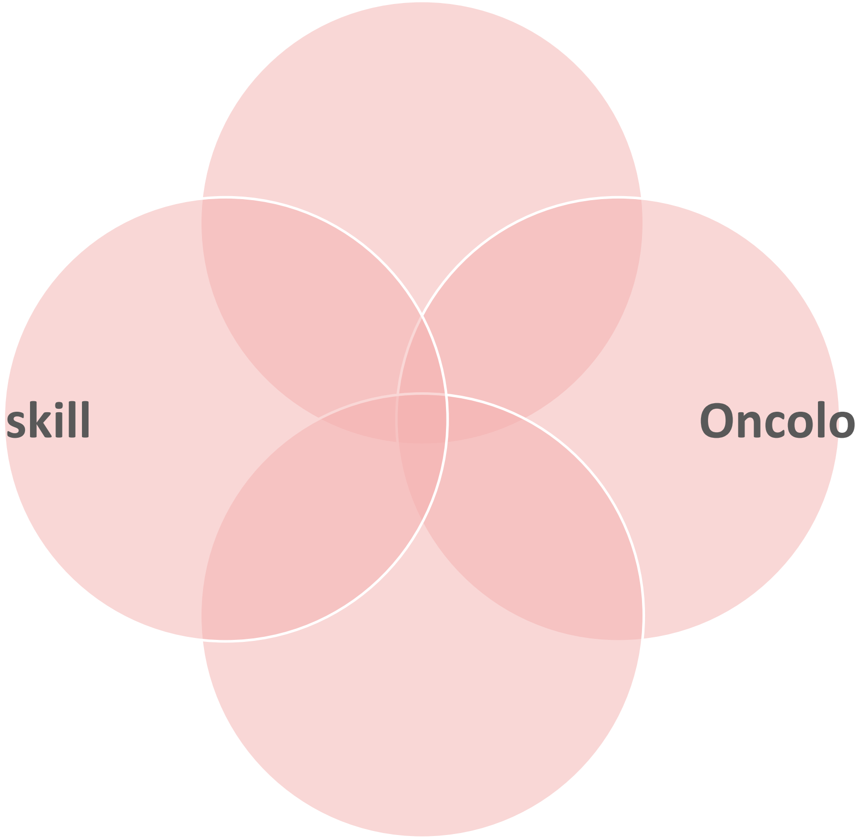
N Engl J Med, 2019,380:14

MBC Care Model

- Five Care Perspectives
  - Information and Communication Needs
  - Decision Making
  - Quality of Life and Daily Living
  - Supportive Care along the mBC Continuum
  - End-of-Life Care



Advanced Oncology Nurse in mBC



Palliative care knowledge & skill

Care management skill

Oncology knowledge & skill

Breast care knowledge & skill

Advanced Oncology Nurse in mBC

Taking on this role may require additional training

Knowledge

- Specialist knowledge of mBC, treatment and the illness trajectory
- Specialist oncology knowledge
- Understanding of the implications of living with mBC
- Understanding of the psychosocial impact of mBC on the patient and their family
- Palliative care knowledge
- Knowledge of symptoms and side-effects management
- Knowledge of current clinical research
- Knowledge of end-of-life care

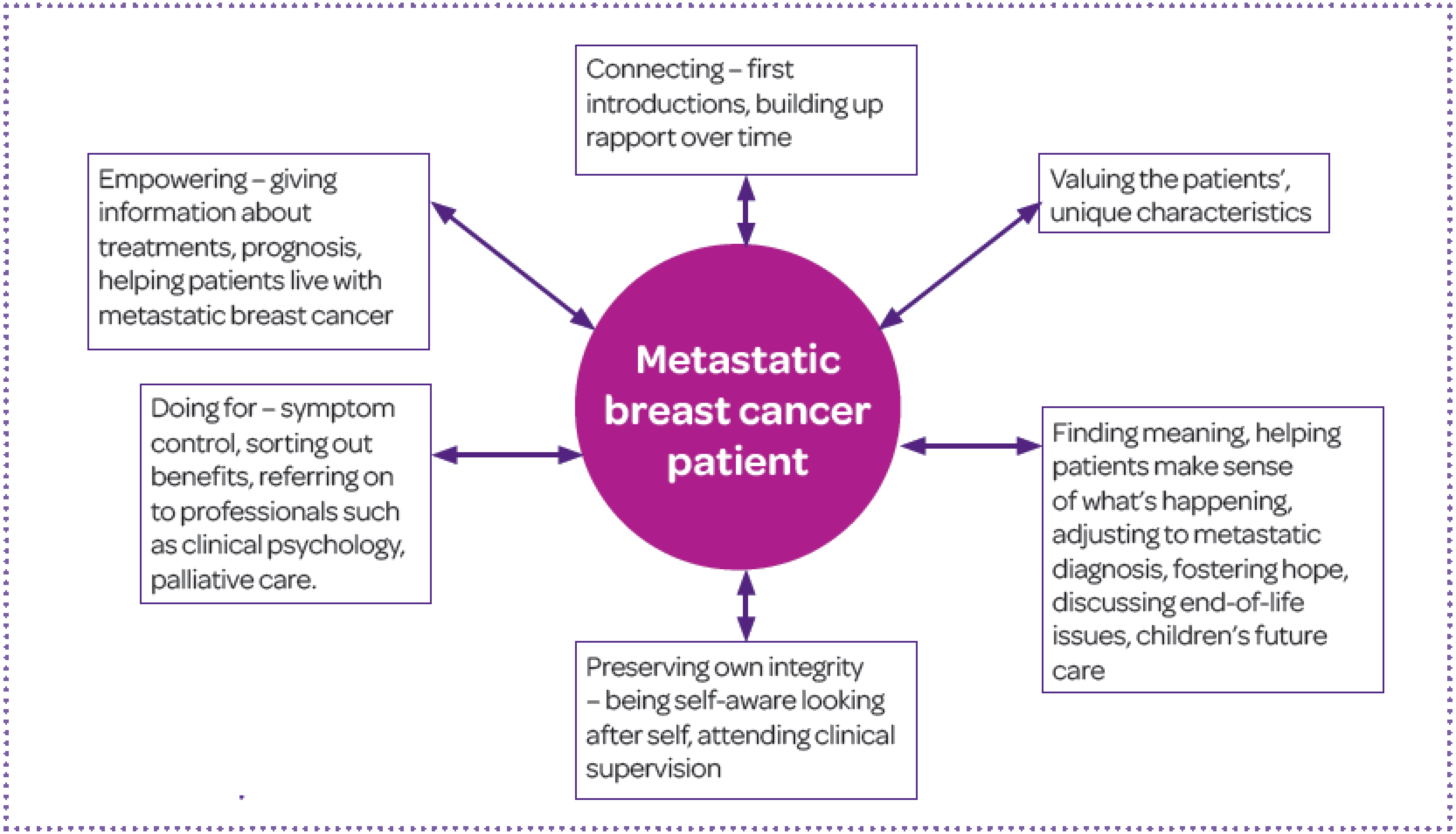
Skills

- Ability to support patients in decision making
- Ability to case-manage complex care, acting as a coordinator for patient care and liaising with all health/ social care and other professionals involved in patient care
- Advanced communication skills
- Advanced assessment skills
- Ability to discuss long-term illness issues, palliative care and end-of-life issues*
- Ability to provide information to the patient using a number of different models and tools
- Ability to support patients with a self-management approach to their care

Other

- Be the patient’s advocate
- Identify patients who may require individual counseling
- Ensure patients are given their contact details at diagnosis
- Have access to relevant information about the patient
- Be available to talk with the patient as soon as possible after a diagnosis of mBC*

Six Dimensions of APN in mBC Care



Metastatic breast cancer patient

Connecting – first introductions, building up rapport over time

Valuing the patients', unique characteristics

Finding meaning, helping patients make sense of what's happening, adjusting to metastatic diagnosis, fostering hope, discussing end-of-life issues, children's future care

Preserving own integrity – being self-aware looking after self, attending clinical supervision

Doing for – symptom control, sorting out benefits, referring on to professionals such as clinical psychology, palliative care.

Empowering – giving information about treatments, prognosis, helping patients live with metastatic breast cancer

Helping Patients Live Well with mBC

THANK YOU