

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. Jose Pereira and Dr. Sharon Watanabe
Guest Panelist: Dr. Aynharan Sinnarajah

Date: May 27th, 2024

Welcome to the Palliative Care Journal Watch!

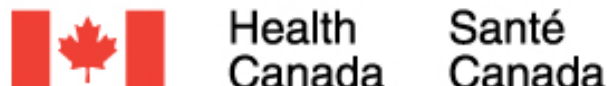
- Keeps you up to date on the latest peer-reviewed palliative care literature.
- Led by palliative care experts from several divisions of palliative care/medicine across Canada and internationally.
 - McMaster University
 - Queen's University
 - McGill University
 - University of Toronto
 - University of Manitoba
 - University of Calgary
 - University of Alberta
 - Hadassah-Hebrew University Medical Center in Israel.
- We regularly monitor over 30 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. Sharon Watanabe, MD, FRCPC

Director, Department of Symptom Control and Palliative Care
Cross Cancer Institute, Edmonton Zone, Alberta Health Services
Professor, Division of Palliative Care Medicine
Department of Oncology, Faculty of Medicine and Dentistry
University of Alberta

Guest Panelist:

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

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. Sharon Watanabe: 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. Bekelman DB, Feser W, Morgan B, Welsh CH, Parsons EC, Paden G, Baron A, Hattler B, McBryde C, Cheng A, Lange AV, Au DH. **Nurse and Social Worker Palliative Telecare Team and Quality of Life in Patients With COPD, Heart Failure, or Interstitial Lung Disease: The ADAPT Randomized Clinical Trial.** JAMA. 2024 Jan 16;331(3):212-223. doi: 10.1001/jama.2023.24035. PMID: 38227034; PMCID: PMC10792473 <https://pubmed.ncbi.nlm.nih.gov/38227034/>
2. Kotwal AA, Hunt LJ, Smith AK. **A Tale of 2 Palliative Care Trials: Developing Sustainable and Transferable Models.** JAMA. 2024 Jan 16;331(3):196-198. doi: 10.1001/jama.2023.26815. PMID: 38227043. <https://pubmed.ncbi.nlm.nih.gov/38227043/>
3. Bange EM, Li Y, Kumar P, Doucette A, Gabriel P, Parikh R, Li EH, Mamtani R, Getz KD. **The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer.** Cancer. 2024 Feb 15;130(4):636-644. doi: 10.1002/cncr.35116. Epub 2023 Nov 21. PMID: 37987207. <https://pubmed.ncbi.nlm.nih.gov/37987207/>
4. Kurisu K, Inada S, Maeda I, Nobata H, Ogawa A, Iwase S, Uchida M, Akechi T, Amano K, Nakajima N, Morita T, Sumitani M, Yoshiuchi K. **Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R).** Support Care Cancer. 2024 Feb 8;32(3):147. doi: 10.1007/s00520-024-08352-2. PMID: 38326487; PMCID: PMC10850172 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10850172/>

Nurse and Social Worker Palliative Telecare Team and Quality of Life in Patients With COPD, Heart Failure, or Interstitial Lung Disease: The ADAPT Randomized Clinical Trial.

Article Reference:

Bekelman DB, Feser W, Morgan B, Welsh CH, Parsons EC, Paden G, Baron A, Hattler B, McBryde C, Cheng A, Lange AV, Au DH. Nurse and Social Worker Palliative Telecare Team and Quality of Life in Patients With COPD, Heart Failure, or Interstitial Lung Disease: The ADAPT Randomized Clinical Trial. JAMA. 2024 Jan 16;331(3):212-223. doi: 10.1001/jama.2023.24035. PMID: 38227034; PMCID: PMC10792473

Selected by: Aynharan Sinnarajah

Presented by: Aynharan Sinnarajah

Introduction

- COPD, ILD, HF cause severe morbidity and could benefit from early palliative care.
- Breathlessness, fatigue, pain and sleep disturbance can all reduce quality of life.
- Advancing Symptom Alleviation with Palliative Treatment (ADAPT) intervention.

Study Goals

Determine the effect of a nurse and social worker palliative telecare team on quality of life in outpatients with COPD, HF, or ILD compared with usual care

Methods

- “Single-blind, randomized clinical trial”
- Outpatients with COPD, Heart failure, Interstitial Lung Disease. High risk of hospitalisation (Top 20th percentile of risk (16% - 98%) using Care Assessment Need score) or death with reported poor quality of life, bothersome symptoms (≥ 1 of pain, fatigue, depression, shortness of breath, trouble sleeping)
- Exclusion criteria: Metastatic cancer, Substance misuse, Current incarceration, Pregnancy, Lack of primary care clinician, living in nursing home, no consistent phone access, prior heart/lung transplant
- 2 Veterans Affairs sites (Colorado, Washington)
- Oct 27, 2016 – Apr 2, 2020
- Intervention: Nurse and SW. **Each** made 6 phone calls (2/month x 6 months). Each received 8 hours of training (RN: Symptom management, communication, motivational interviewing; SW: psychosocial interventions). Then weekly collaborative team meetings (where tests / meds could be ordered) with primary care clinician, palliative care specialist, cardiologist / respirologist.
- Usual care: Educational handout of self-care for COPD, ILD, HF. Care at discretion of clinicians.
- Primary Outcome: Functional Assessment of Cancer Therapy-General (FACT-G) Quality of life (QoL) at 6 months
- Secondary outcomes: Disease-specific health status, depression, anxiety at 6 months

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Selected by: Aynharan Sinnarajah

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Key Results/Findings:

- 306 mostly White (80%), male (90%) veterans. Mean age 68.9 years
- 58% COPD. 22% HF. 16% both COPD and HF. 4% ILD.
- Half hospitalized in prior 12 months with 21% with 2 or more hospitalizations.
- Mean length of intervention: 115 days. Mean of 3.3 intervention calls / patient.
- Most bothersome symptom was shortness of breath (34%).
- Significant improvements in FACT-G QOL of 6 points in intervention group vs 1.4 points in usual care group (met minimal clinical difference threshold of 4 points).
- Included patients with high baseline use of mental health specialists and counseling (57%-62%).
- Clinically meaningful improvements in anxiety and depression and disease-specific QoL.

Discussion:

- One of few early palliative trials in non-cancer showing benefits. Other studies were mixed. This study differed in having collaborative care, nurse + SW, structured counseling, information integrated into ongoing outpatient care.
- Single intervention.
- Effect size on outcomes were comparable or greater than other palliative care interventions in other studies.

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Selected by: Aynharan Sinnarajah

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Strengths:

- Attempted reach out to all potentially eligible patients
- Virtual nature of intervention
- Integration with primary care
- High intervention fidelity
- Reasonably high follow-up rates

Limitations:

- Only 1 nurse did the phone calls at both sites. Is it just the person or can it be generalized
- VA is known to adopt innovative models of care. How realistic that this can be spread to other organisations?
- Only 12% of participants meeting inclusion criteria randomized (50% unable to be reached; 25% not interested; 12% didn't have time....)
- High proportion of men
- Mortality turned out to be low (so sickest patients didn't participate likely) → 3.9% vs 3.3%

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Selected by: Aynharan Sinnarajah

Presented by: Aynharan Sinnarajah

Why is this article important?

- One of few non-cancer focused early palliative care trials
- Generalist palliative care trails. And, also had weekly collaborative meetings with Primary care, Palliative specialist and Cardiologist/Respirologist. Nice model to consider (but need adequate staffing resources)
- Structured counseling and perhaps more easily spread and adhered to.



Discussion

A Tale of 2 Palliative Care Trials: Developing Sustainable and Transferable Models

Article Reference:

Kotwal AA, Hunt LJ, Smith AK. A Tale of 2 Palliative Care Trials: Developing Sustainable and Transferable Models. JAMA. 2024 Jan 16;331(3):196-198. doi: 10.1001/jama.2023.26815. PMID: 38227043

Selected by: Aynharan Sinnarajah

Presented by: Aynharan Sinnarajah

Introduction:

- Editorial of 2 palliative care trials in the same issue (1 already discussed). The 2nd looked at 'default orders' for palliative care consultations (ie automatic) for inpatients (advanced dementia, COPD, kidney disease).
- Palliative care in non-cancer requires more research and hence, the 2 research papers here.
- 1st study was positive showing improvements in QoL, Anxiety / Depression.
- 2nd study was negative with no change in hospital length of stay.

Summary of key points:

- 2nd study might have been negative, because no extra palliative staffing resources. Only 46% of 'default consult' cases not seen by palliative teams. Seemed default consult orders are acceptable (only 9.6% cancelled by attending teams).
- Acceptability and Sustainability are VERY important in implementation projects. So, adequate resources and staffing is needed.
- Palliative care is "NOT FREE"
- No perfect primary outcome in palliative trials.

A Tale of 2 Palliative Care Trials: Developing Sustainable and Transferable Models

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Why is this article important?

- Need more research into palliative care models for non-cancer, which might be different from cancer palliative care.
- Perhaps primary palliative care does work in non-cancer, unlike cancer where primary/generalist palliative care trials have largely failed to show benefit.
- Highlights that we now need to look at implementation projects in real world settings. Still need to evaluate outcomes. Pragmatic trials needed but still no perfect primary outcomes (and would be difficult to measure multiple outcomes (patient burden)).
- Impacting hospital LOS is often not explicit goal for Palliative care teams
- Hospital palliative teams are increasing (US is at 72% in 2019; What is it in Canada?). But outpatient / community palliative teams is much more variable (likely still low for non-cancer in Canada?).

Additional Comments:

- Focusing on seriously ill population as a whole, and funding collaborative models might work.



Discussion

The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer

Article Reference:

Bange EM, Li Y, Kumar P, Doucette A, Gabriel P, Parikh R, Li EH, Mamtani R, Getz KD. The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer. *Cancer*. 2024 Feb 15;130(4):636-644. doi: 10.1002/cncr.35116. Epub 2023 Nov 21. PMID: 37987207

Selected by: Adir Shaulov

Presented by: Jose Pereira

Introduction

- Telemedicine widely used in various clinical settings.
- Not studied much for Advance Care Planning.
- For patients with incurable or “high-risk” cancer, high-quality care requires detailed conversations regarding treatment priorities (ACP) and clinical care to minimize unnecessary acute care (unplanned hospitalizations).

Study Goals

- To assess whether telemedicine affects ACP and unplanned hospitalizations versus in-person clinic visits among patients with cancer at high risk for 6-month mortality.

The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer

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Selected by: Adir Shaulov

Presented by: Jose Pereira

Methods

- Retrospective cohort study
- Pts who presented to USA university system (April to Dec 2020)
- High risk of death within 6 mths (machine learning algorithm)
- Data extracted from EHRs
- End points:
 - Primary end points:
 - ACP (code status discussion and/or detailed serious illness conversations).
 - Unplanned hospitalization documentation
 - Secondary end points:
 - ACP quality –presence of components of the serious illness conversation guide (high quality included: prognosis communication, patient prognostic understanding, and either patient goals or their fears and worries).
 - Patient characteristics (Demographic and disease parameters).
- Follow-up until primary end point occurrence, death or 3 months of follow-up.
- ACP defined per components of SICG
- Also compared telemedicine type (video or phone) vs in-person clinic visits.

The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer

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Selected by: Adir Shaulov

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Results

- 3178 pts identified: 2430 (77%) seen in person, 748 (23%) by telemedicine at first encounter
 - Telemed: 480 (64%) video; 268 phone (36%).
- 37% of pts seen by oncologists, 7.4% by “mixed” clinicians, 56% in subspecialty clinics
- ACP
 - Overall, 6% received ACP during 3-mth follow-up period
 - No meaningful difference between groups
 - For telemedicine subgroup: More documented in video based than phone (7/5% aRR 1.48)
 - 83.4% of ACP conversations were of high quality; similar between groups.
 - For telemed subgroups: Phone less likely than video-based or in-person conversations (not statistically significant).
- For Unplanned hospital admissions
 - Overall, 19% had unplanned admissions during 3-mth follow-up period
 - No meaningful difference between groups
 - No difference between video and phone-based telemedicine).

The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer

Article Reference:

Bange EM, Li Y, Kumar P, Doucette A, Gabriel P, Parikh R, Li EH, Mamtani R, Getz KD. The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer. *Cancer*. 2024 Feb 15;130(4):636-644. doi: 10.1002/cncr.35116. Epub 2023 Nov 21. PMID: 37987207

Selected by: Adir Shaulov

Presented by: Jose Pereira

Discussion

- “In this study, care delivered by telemedicine, compared to in-person clinic visits, produced comparable rates of advance care planning conversations without increasing hospitalizations, which suggests that vulnerable patients can be managed safely by telemedicine”.
- “Overall, our findings suggest that vulnerable patients can be managed safely by telemedicine without negatively affecting key components of their care such as advance care planning and acute care utilization.”

The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer

Article Reference:

Bange EM, Li Y, Kumar P, Doucette A, Gabriel P, Parikh R, Li EH, Mamtani R, Getz KD. The association between telemedicine, advance care planning, and unplanned hospitalizations among high-risk patients with cancer. *Cancer*. 2024 Feb 15;130(4):636-644. doi: 10.1002/cncr.35116. Epub 2023 Nov 21. PMID: 37987207

Selected by: Adir Shaulov

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Strengths:

- Large cohort & clearly defined and measured outcomes

Limitations:

- Single center
- Exposure was defined as first encounter type
- Retrospective study and other confounding factors may limit reliability

Comments:

- Overall, ACP rates very low.
- Telemedicine did not increase hospitalizations, although those exclusively treated over the phone higher risk of hospitalizations.
- Lack of physical examination concerning in some cases
- Limited access to or competency with telemedicine may limit its utility.
- Much to learn about the utility of different forms of telemedicine on pt outcomes,
 - Solely phone-based interventions perhaps less high-quality ACP conversations with a higher risk of hospitalizations.



Discussion

Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R).

Article Reference:

Kurusu K, Inada S, Maeda I, Nobata H, Ogawa A, Iwase S, Uchida M, Akechi T, Amano K, Nakajima N, Morita T, Sumitani M, Yoshiuchi K. Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R). Support Care Cancer. 2024 Feb 8;32(3):147. doi: 10.1007/s00520-024-08352-2. PMID: 38326487; PMCID: PMC10850172

Selected by: Jose Pereira

Presented by: Jose Pereira

Introduction

- Delirium is a common complication in pts with advanced cancer, necessitating effective management.
- Small doses and short-term administration of antipsychotics often recommended for reducing delirium symptoms when they cause severe distress or harm to others.
- However, their effectiveness remains controversial

Study goals

- To explore an effective pharmacological intervention for agitated delirium in patients with advanced cancer in real-world settings.

Methods

- A secondary analysis of Phase-R data; RASS-Pal as the study outcome.
- Previously: Japan Pharmacological Audit Study of Safety and Effectiveness in Real-world (Phase-R): Multicenter prospective observational study in Japan. (Maeda et al. Gen Hosp Psych 2020).
 - Used Delirium Rating Scale-Revised-98 (DRS-R98)
 - Quetiapine associated with improvement.
 - Machine learning model trained with same dataset: selection of drugs had no influence on predicting improvement (baseline delirium severity and specific precipitating factors were influential predictors (Kurusu et al. Pall Supportive Care 2022)

Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R).

Article Reference:

Kurusu K, Inada S, Maeda I, Nobata H, Ogawa A, Iwase S, Uchida M, Akechi T, Amano K, Nakajima N, Morita T, Sumitani M, Yoshiuchi K. Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R). Support Care Cancer. 2024 Feb 8;32(3):147. doi: 10.1007/s00520-024-08352-2. PMID: 38326487; PMCID: PMC10850172

Selected by: Jose Pereira

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Methods

- Agitation: ≥ 1 RASS-Pal
- Study outcome: $-2 \leq \text{RASS-PAL} \leq 0$ (Day 3)
- Logistic regression model with multiple propensity scores adjusted odds ratios (ORs) calculated for haloperidol, chlorpromazine, olanzapine, quetiapine, and risperidone.
- Additional analysis using three categories of antipsychotics:
 - multi-acting receptor-targeted antipsychotics (MARTA; olanzapine and quetiapine),
 - serotonin dopamine antagonists (SDA; perospirone and risperidone),
 - Typical antipsychotics (chlorpromazine and haloperidol).

Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R).

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Kurusu K, Inada S, Maeda I, Nobata H, Ogawa A, Iwase S, Uchida M, Akechi T, Amano K, Nakajima N, Morita T, Sumitani M, Yoshiuchi K. Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R). Support Care Cancer. 2024 Feb 8;32(3):147. doi: 10.1007/s00520-024-08352-2. PMID: 38326487; PMCID: PMC10850172

Selected by: Jose Pereira

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Results

- n=271 with agitated delirium.
- Perospirone and trazadone excluded: too small numbers
- Mean dosages/day on day 3: Haloperidol 7.4mg, olanzapine 6.3mg, quetiapine 60mg, risperidone 1.3mg.
- 87 (32%): $-2 \leq \text{RASS-PAL} \leq 0$ on day 3.
- Propensity score-adjusted OR of olanzapine was statistically significant (OR, 2.91; 95% confidence interval, 1.12 to 7.80; $P = 0.030$).
- Subgroup analysis for pts taking oral meds: olanzapine (large OR)
- OR for MARTA & SDAs not significant.
 - Small effect sizes

Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R).

Article Reference:

Kurusu K, Inada S, Maeda I, Nobata H, Ogawa A, Iwase S, Uchida M, Akechi T, Amano K, Nakajima N, Morita T, Sumitani M, Yoshiuchi K. Effectiveness of antipsychotics for managing agitated delirium in patients with advanced cancer: a secondary analysis of a multicenter prospective observational study in Japan (Phase-R). Support Care Cancer. 2024 Feb 8;32(3):147. doi: 10.1007/s00520-024-08352-2. PMID: 38326487; PMCID: PMC10850172

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Presented by: Jose Pereira

Discussion

- Olanzapine may effectively improve delirium agitation in patients with advanced cancer (RASS-PAL scores day 3).
 - Previous study found quetiapine reduced significant (DRS-98)
 - Another prior study showed no superiority of one drug over another
- Management strategy for delirium may depend on the indicator used
 - comprehensive evaluation of delirium symptoms (DRS-R98) or a specific focus on agitation (RASS).
- Role of olanzapine for delirium in palliative care settings previously investigated but remains unclear.(sedation noted)
- Caution required with interpretation of results

Limitations

- Wide confidence intervals in the ORs observed (? small sample sizes per drug)
- Unmeasured confounders related to facilities
 - E.g. clinicians' preferences for delirium management, prioritizing sedation over cognitive improvement.
- Did not include several factors that may affect the course of delirium (e.g. polypharmacy)
- Did not consider the trade-off between efficacy and safety



Discussion

Honourable Mentions

- Applebaum AJ, Schofield E, Kastrinos A, Gebert R, Behrens M, Loschiavo M, Shaffer KM, Levine M, Dannaoui A, Bellantoni C, Miller MF, Zaleta AK. **A randomized controlled trial of a distress screening, consultation, and targeted referral system for family caregivers in oncologic care.** Psychooncology. 2024 Feb;33(2):e6301. doi: 10.1002/pon.6301. PMID: 38363002. <https://pubmed.ncbi.nlm.nih.gov/38363002/>
- Tate CE, Mami G, McNulty M, Rinehart DJ, Yasui R, Rondinelli N, Treem J, Fairclough D, Matlock DD. **Evaluation of a Novel Hospice-Specific Patient Decision Aid.** Am J Hosp Palliat Care. 2024 Apr;41(4):414-423. doi: 10.1177/10499091231190776. Epub 2023 Jul 21. PMID: 37477279. <https://pubmed.ncbi.nlm.nih.gov/37477279/>
- Hughes A, Oluyase AO, Below N, Bajwah S. **Advanced heart failure: parenteral diuretics for breathlessness and peripheral oedema - systematic review.** BMJ Support Palliat Care. 2024 Feb 21;14(1):1-13. doi: 10.1136/spcare-2022-003863. PMID: 36585222. <https://pubmed.ncbi.nlm.nih.gov/36585222/>
- Braun IM, Bohlke K, Abrams DI, Anderson H, Balneaves LG, Bar-Sela G, Bowles DW, Chai PR, Damani A, Gupta A, Hallmeyer S, Subbiah IM, Twelves C, Wallace MS, Roeland EJ. **Cannabis and Cannabinoids in Adults With Cancer: ASCO Guideline.** J Clin Oncol. 2024 Mar 13;JCO2302596. doi: 10.1200/JCO.23.02596. Epub ahead of print. PMID: 38478773. <https://pubmed.ncbi.nlm.nih.gov/38478773/>

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.



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

Thank You to our Journal Watch Contributors!

McMaster University

Dr. Jose Pereira
Dr. Day Dai
Dr. Aveksha Ellaurie
Dr. Humaira Saeed
Dr. Karim Manji
Dr. Martin Chasen
Dr. Alan Taniguchi
Dr. Jesse Soloman
Dr. Jordan LaFranier
Dr. Andre Moolman

William Osler

Dr. Aveksha Ellaurie
Dr. Humaira Saeed
Dr. Karim Manji
Dr. Martin Chasen

Queen's University

Dr. Julianne Bagg
Dr. Jean Mathews
Dr. Adrienne Selbie
Dr. Aynharan Sinnarajah
Dr. Emma Polle

Hadassah-Hebrew University Medical Center, Israel

Dr. Adir Shaulov

University of Toronto

Dr. Kaya Ebru
Dr. Jacqueline Alcalde Castro
Dr. Nicholas Chin-Yee
Dr. Kirsnten Wentlandt

University of Calgary

Dr. Leonie Herx

Pallium Support Team:

Diana Vincze - Palliative Care ECHO Project Manager
James O'Hearn - Podcast production

University of Manitoba

Dr. Braeden Debroni
Dr. Micheal Volpe

University of McGill

Dr. Harvey Chang

University of Alberta

Dr. Sharon Watanabe
Dr. Vickie Baracos
Dr. Yoko Tarumi
Dr. Noush Mirhosseini
Dr. Gary Wolch
Dr. Janis Myasaki
Dr. Ingrid DeKock
Dr. Daniela Buttenschoen
Dr. Anna Voeuk



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