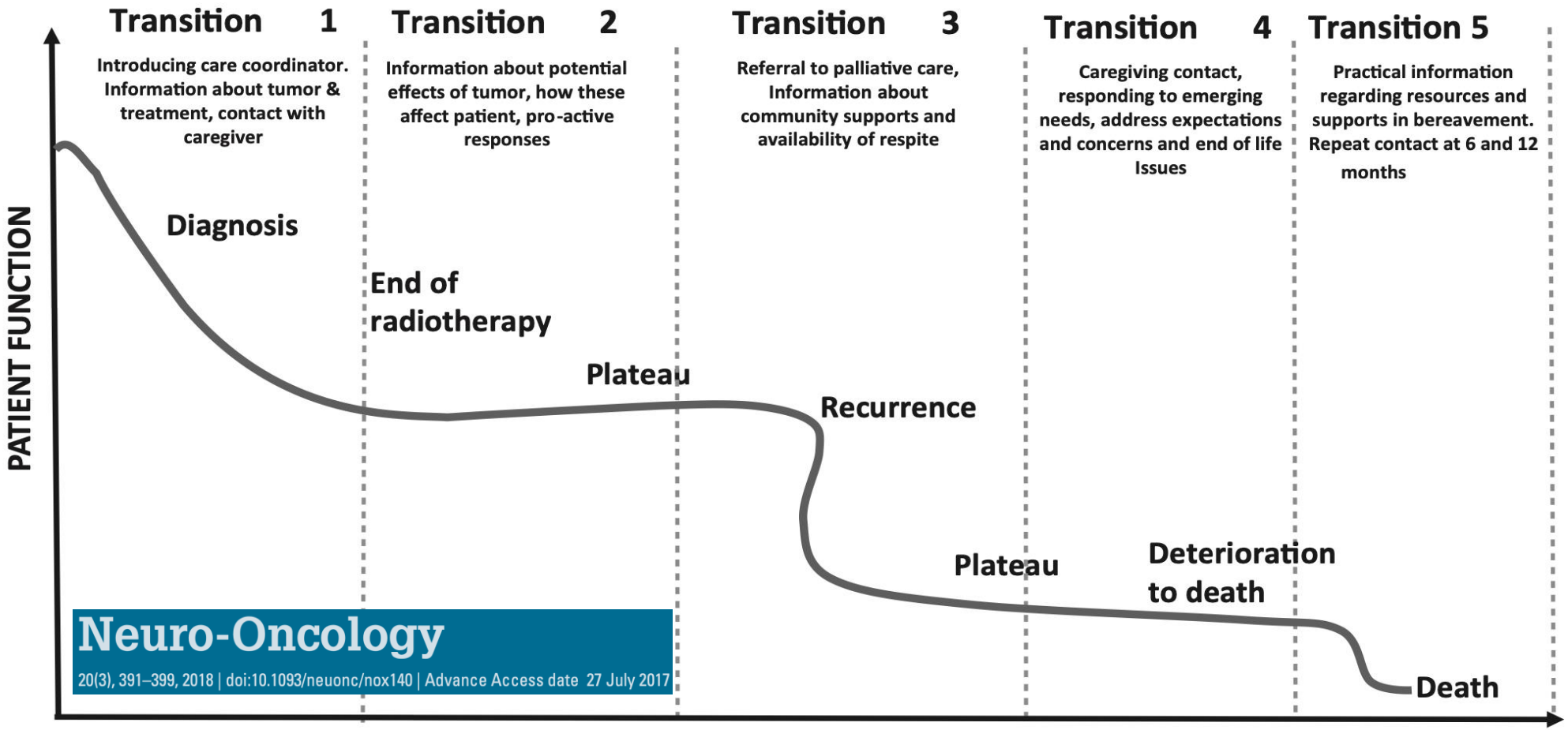
Etica e neuropalliazione in Neurooncologia

Andrea Pace, Roma



Median survival 14-17 months

Developed based upon data from sub-studies [10-14,19]

Principi basilari dell'etica medica

- Autonomy
- Justice
- Beneficence
- Non-maleficence

Criticità nel percorso di cura dei pazienti con tumore cerebrale

- Autodeterminazione limitata dai deficit cognitivi
- Scarso utilizzo di cure palliative
- Bassa qualità di cure alla fine della vita

Neuro-Oncology Practice

Determining medical decision-making capacity in brain tumor patients: why and how?

Andrea Pace, Johan A.F. Koekkoek, Martin J. van den Bent, Helen J. Bulbeck, Jane Fleming, Robin Grant, Heidrun Golla, Roger Henriksson, Simon Kerrigan, Christine Marosi, Ingela Oberg, Stefan Oberndorfer, Kathy Oliver, H. Roeline W. Pasman, Emilie Le Rhun, Alasdair G. Rooney, Roberta Rudà, Simone Veronese, Tobias Walbert, Michael Weller, Wolfgang Wick, Martin J.B. Taphoorn, and Linda Dirven; on behalf of the European Association of Neuro-Oncology Palliative Care Task Force

Primary Brain Tumors: 38-50% of decisional incapacity at diagnosis

Metastatic Brain tumors: 60% of patients with impaired with impaired understanding

XX(XX), 1–14, 2020 | doi:10.1093/nop/npaa040 | Advance Access date 16 July 2020

Medical decision-making capacity in patients with malignant glioma

Table 1 Comparisons between controls and patients with malignant glioma on CCTI consent standards

Measure	Range	Controls (n = 22)	Patients with MG (n = 26)	t	*df*	$p^{\dagger}$
S1: expressing choice	0–2	2.0 (0.0)	1.8 (0.6)	2.7*	2	0.258
S3: appreciation	0–4	3.6 (0.9)	3.0 (1.4)	1.9	46	0.067
S4: reasoning	0–6	4.9 (1.9)	3.3 (2.1)	2.6	46	0.012
S5: understanding	0–40	33.0 (5.0)	24.2 (10.0)	3.9	37.9	<0.001

Neurology 73 December 15, 2009

Capacity to Consent to Research Participation in Adults With Malignant Glioma

Daniel C. Marson, Roy C. Martin, Kristen L. Triebel, and Louis B. Nabors

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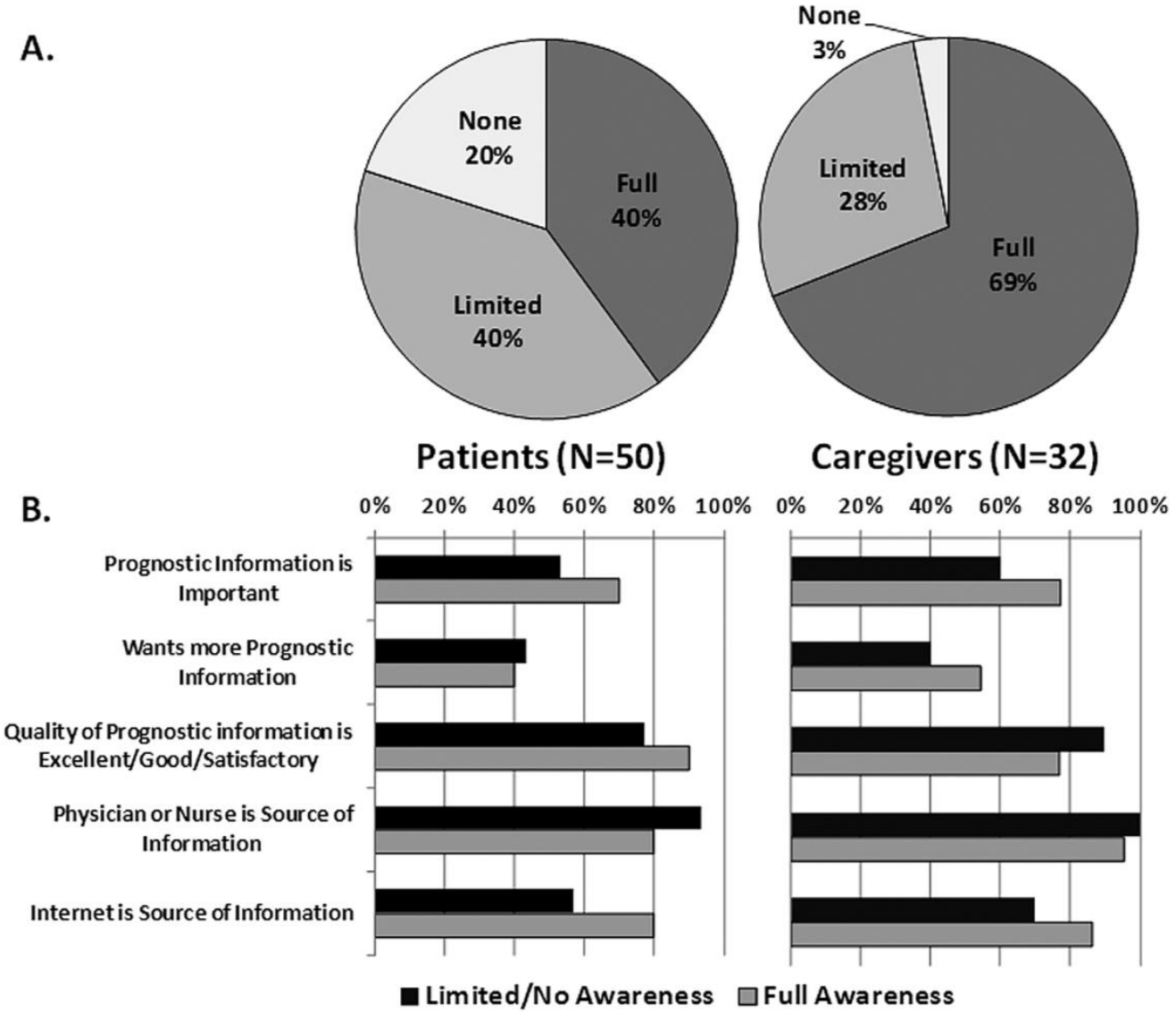
Table 3. Capacity Impairment Ratings for Patients With Malignant Glioma

Parameter	Impairment					
	No		Mild/ Moderate		Severe	
	No.	%	No.	%	No.	%
RS1 (evidencing choice)*	—	—	—	—	—	—
RS2 (appreciation)	18/26	69	0/26	0	8/26	31
RS3 (reasoning)	20/26	77	6/26	23	0/26	0
RS4 (understanding)	16/26	62	6/26	23	4/26	15

*No impairment ratings (all malignant glioma patients evidenced a choice to participate or not).

Prognostic awareness, prognostic communication, and cognitive function in patients with malignant glioma



Neuro-Oncology
19(11), 1532–1541, 2017 | doi:10.1093/neuonc/nox117 |

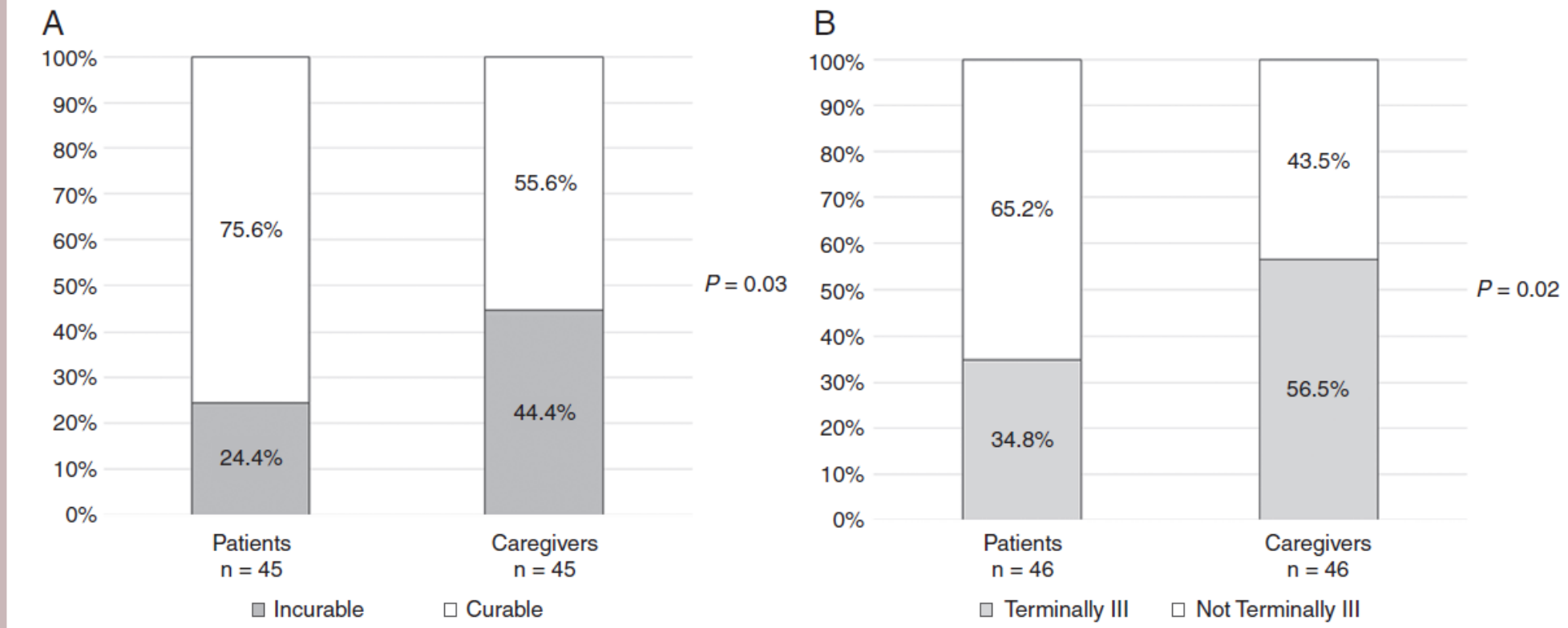


Fig. 2 Patients' and Caregivers' Perceptions About Prognosis. A, Perceived likelihood of cure. In dyadic analyses, significantly more patients than caregivers report that their cancer is curable. B, Assessment of current medical status. Significantly more caregivers than patients report that the patient is terminally ill.

Utilization of Palliative Care Services Among Patients With Malignant Brain Tumors: An Analysis of the National Inpatient Sample (2016-2019)

Jonathan T. Dullea, BS, MPH [‡*], Vikram Vasan, BA [‡*], Alex Devarajan, BS [‡], Muhammad Ali, BA[‡], Noah Nichols, MD[‡], Danielle Chaluts, BS[‡], Phil Henson, MS [‡], Christian Porras, BS[‡], Christine Lopez, BA[‡], Diego Luna, BS[§], Lathan Liou, BA, MPhil [‡], Joshua Bederson, MD[‡], Raj K. Shrivastava, MD[‡]

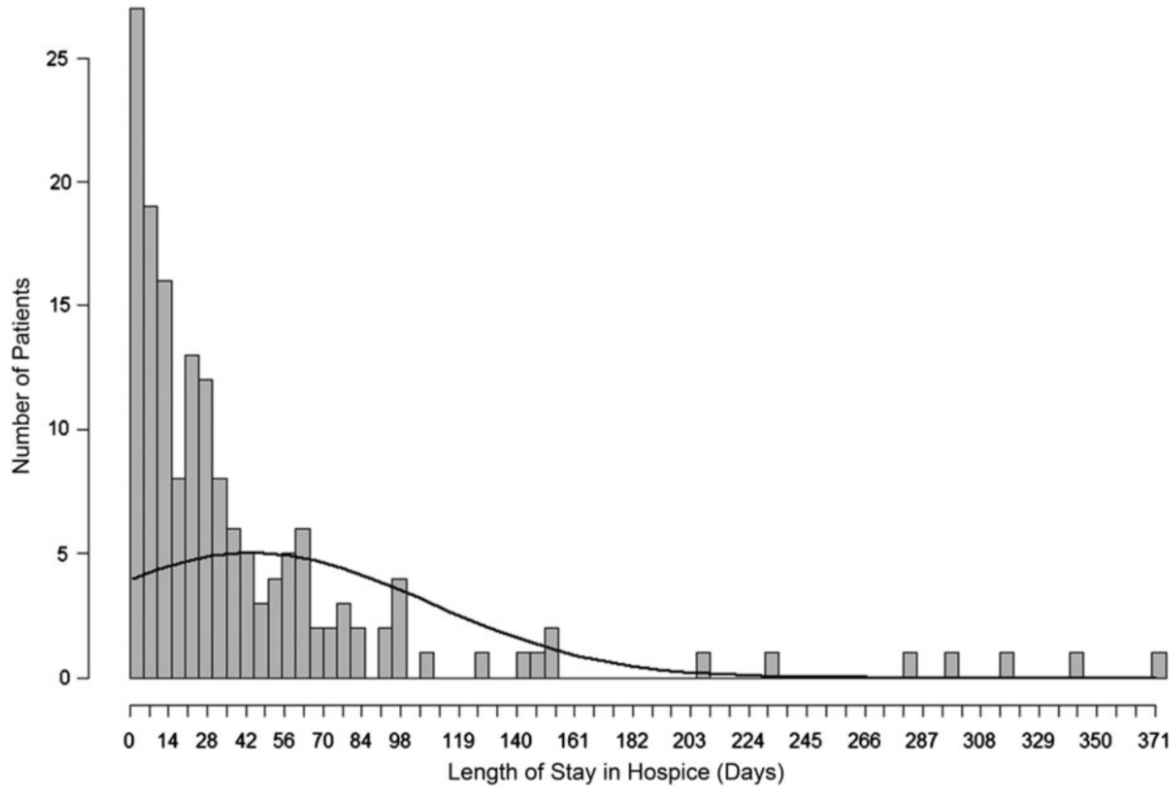
RESULTS: 375 010 patients admitted with a malignant brain tumor were included in this study. Over the whole cohort, 15.0% of patients used palliative care. In fatal hospitalizations, Black and Hispanic patients had 28% lower odds of receiving a palliative care consultation compared with White patients (odds ratio for both = 0.72; *P* = .02). For fatal hospitalizations,

CONCLUSION: Palliative care is underutilized among all patients with malignant brain tumors. Within this population, disparities in utilization are exacerbated by sociodemographic factors. Prospective studies investigating utilization disparities across race and insurance status are necessary to improve access to palliative care services for this population.

Neurosurgery 93:419–426, 2023

Rates and risks for late referral to hospice in patients with primary malignant brain tumors

Eli L. Diamond†, David Russell†, Maria Kryza-Lacombe, Kathryn H. Bowles, Allison J. Applebaum, Jeanne Dennis, Lisa M. DeAngelis, and Holly G. Prigerson



Aggressiveness of care at end of life in patients with high-grade glioma

Rebecca A. Harrison[1] | Alexander Ou[2] | Syed M. A. A. Naqvi[3] | Syed M. Naqvi[4] | Shiao-Pei S. Weathers[1] | Barbara J. O'Brien[1] | John F. de Groot[1] | Eduardo Bruera[3]

Cancer Medicine. 2021;10:8387–8394.

EoL care score

six indicators in the last 30 days of life:

- ≥2 ER visits,
- ≥2 hospital admissions
- ≥14 days of hospitalization
- Intensive care unit (ICU) admission
- **Death in a hospital**
- Receipt of chemotherapy within the last 14 days of life.

Pattern of care of brain tumor patients in the last months of life: analysis of a cohort of 3045 patients in the last 10 years

Andrea Pace[1] · Valeria Belleudi[2] · Antonio Tanzilli[1] · Veronica Villani[1] · Francesca Romana Poggi[2] · Dario Benincasa[1] · Marina Davoli[2] · Luigi Pinnarelli[2]

	last 2 months (%)	last month (%)
H readmission	43	33
ICU admission	4,5	3,7
ER access	38	24
Chemotherapy	24,5	11,4
Radiotherapy	12,1	6

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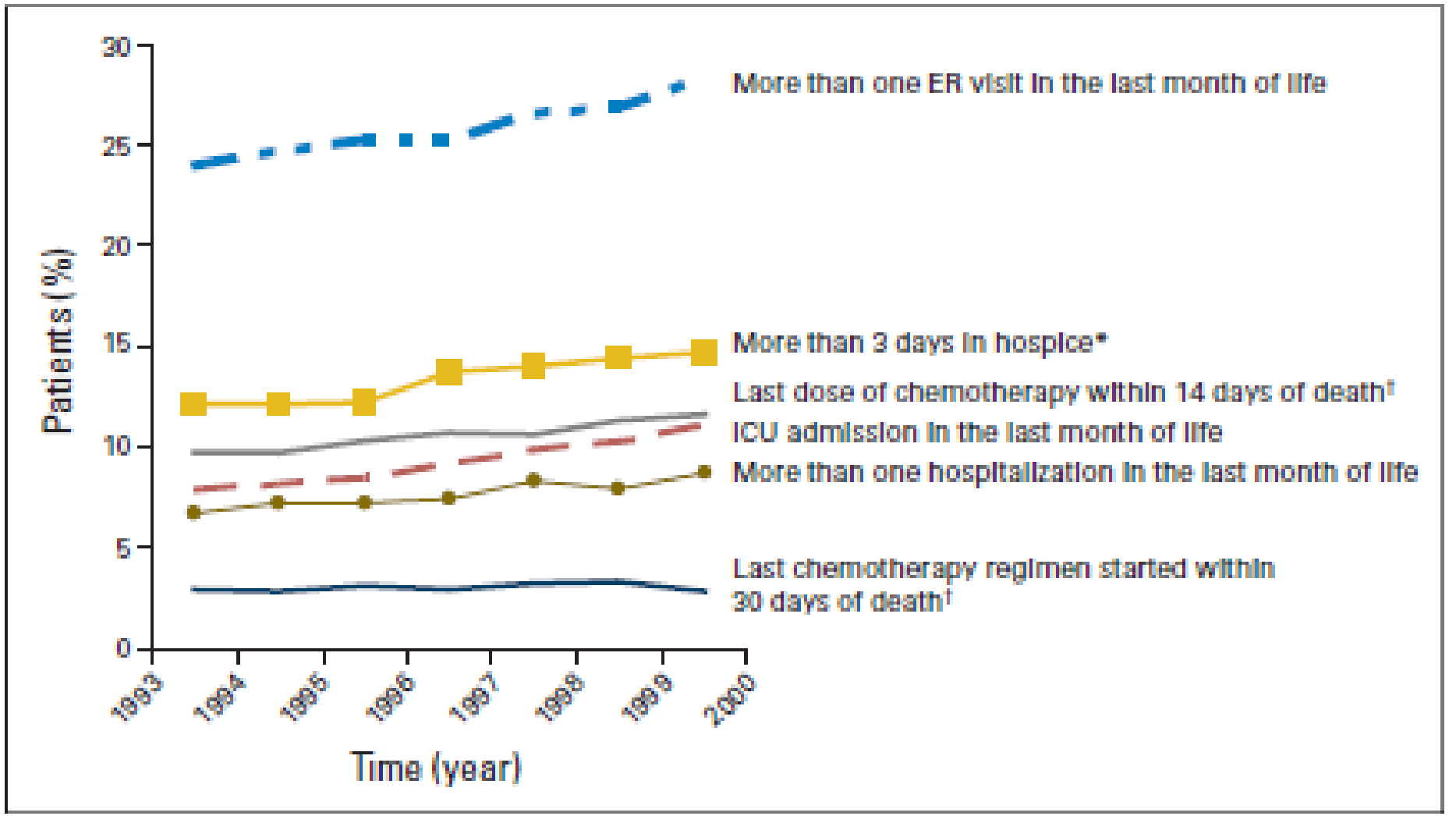
REVIEW ARTICLE

Aggressiveness of Cancer Care Near the End of Life: Is It a Quality-of-Care Issue?

Craig C. Earle, Mary Beth Landrum, Jeffrey M. Souza, Bridget A. Neville, Jane C. Weeks, and John Z. Ayanian



Home care for brain tumor patients (activity 2000 / 2024)

- **1256** patients (median age = 57 y)
  1063 malignant gliomas
  193 other histology (MDB,Ependymoma,PCNSL..)

- **882** deaths
  564 (64%) at home, 143 (16 %) hospital, 178 (20%) in hospice

Days of assistance for patient (mean): 170 days

Finanziamento regione Lazio a funzione dal 2014

Conclusioni

- Le neoplasie cerebrali rappresentano un modello di patologia neurologica che sfida le capacità del Sistema Sanitario

- L'inviduazione precoce dei passaggi di fase e dei bisogni assistenziali emergenti è cruciale per la corretta e tempestiva offerta di cure palliative

- É necessario individuare modelli assistenziali sostenibili e costo/effettivi in grado di dare risposte adeguate ai bisogni di pazienti e caregiver