



PROGRAMUL DE COOPERARE ELVEȚIANO-ROMÂN  
SWISS-ROMANIAN COOPERATION PROGRAMME

Kantonsspital  
St.Gallen



**IOCN**

The Oncology Institute  
"Prof. Dr. Ion Chiricuța"  
Cluj-Napoca

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# SWISS-ROMANIAN RESEARCH PROGRAM IZERZO

“Integration of medical oncology and palliative care procedures in various institutional and economical settings: Development of tailored interventions based on patient needs and testing of its preliminary efficacy on patient reported outcomes, tumor cont”

*Clinical Psychologist Florina Pop*



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## IZERZO COLLABORATIVE GROUP:

- The project has involved 5 oncology centers from Romania: Alba, Bucharest, Brasov, Iasi and Cluj-Napoca (which has been the Main Investigator next to Kantonsspital St. Gallen, Switzerland and Investigator in the same time)



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## THE AIM:

- To create a reality map of palliative cancer care and associated quality indicators in different institutions for specific population in Romania and Switzerland in order to plan further interventions based on this data.



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## THE OBJECTIVE:

- To prospectively measure, based on original data from advanced, incurable cancer patients from defined, various care settings, the patient perceived need for the **5 Key Interventions** – Palliative Cancer Care, their current appropriate implementation in routine care and defined associated quality Indicators for the involved patients and their family members.
- *We know that Palliative Care (PC) is beneficial and does not harm (T. Smith JCO 2010).*



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## THE STUDY DESIGN:

- prospective, longitudinal, multicentre data collection
- over 6 months or until the patients' death, depending what comes first
- with monthly follow-up's collecting
- demographic data
- data on quality of life
- perceived Key Interventions Palliative Cancer Care
- defined quality indicators



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# THE SCREENING PROCESS

- Selecting random patients from a defined population (patients with stage IV)
- Including BOTH appointed and emergency/unplanned patients
- Screening test used: IPOS scale

## THE TARGET GROUP IN EACH INSTITUTION

- Adult Patients
- Incurable cancer / Stage IV cancer disease at inclusion
- ECOG 1, 2, 3 (not 0, 4)
- Prognosis  $\geq$  1 month (HCP estimate)
- Cognitively apparently adequate



## THE METHODS

- **“Reality Map”** from the centers “has been built” **with monthly follow-up’s** focusing on patient’s perceived needs from the Key Interventions and his own perceived delivery
- **The 7 Key Interventions of Palliative cancer Care are:**
  1. Illness & Prognosis understanding
  2. Symptom screening and management
  3. Decision making
  4. Spiritual needs
  5. End-of-life preparation
  6. Network planning
  7. Family support



## THE MONITORING AND REVIEWING OF THE DATA

- Monitoring consisted of two phases: the first one included the review of Screening Logs and CRFs for a random selection of included patients and designated phone conferences with each of the five Romanian Centers to discuss the selected documents.
- The second phase consisted of the review and monitoring of e-CRF entries for patients selected by the Romanian PI.



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# YOU MAY HAVE A LOOK AT THE QUESTIONNAIRES THAT WE HAVE USED TO COLLECT THE DATA

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## OTHER ACTIVITIES:

- ❖ **Telephone interviews with patients, family/friends for follow up results and even post death interviews with relatives**
- ❖ **Monthly phone conferences between centres**
- ❖ **Team building meetings**
- ❖ **Annual meetings discussing the workload per centre and deciding the following action points and intervention strategies**
- ❖ **Scientific publications based on data collection**
- ❖ **Team members' participation at international conferences**

## PRELIMINARY RESULTS:

- **268** Romanian patients were assessed ( i.e. completed baseline and at least one follow-up)
- The average was 61, 48% were female and main cancer types were gastrointestinal, lung, and gynecological tumors
- There are gaps between the perceived need and the perceived delivery for all of the 7 KI-PCC at baseline and at first follow-up

## PRELIMINARY RESULTS HAS SHOWED:

- About **50%** of the patients have died after 6 months.
- **Our population seems representative for the advanced incurable cancer population in Romania and it is probably generalized for other settings.**
- It is important to consider that we focus on the patient's view of need and remembered delivery of it and not on what really happened;
- Previous researches showed that the **patient's view, representing «what arrived», is relevant, also in terms of influence on quality indicators**
- **We found marked gaps between patient perceived need and patient perceived delivery for all of the KI-PCC at baseline and after 4 weeks.**
- For the Key Intervention illness understanding, at baseline almost  $\frac{3}{4}$  of patients were judged not to have a full illness understanding, though the majority of them perceived an intervention.
- Regarding the intervention symptom management, most patients remembered that part of the symptoms were addressed to them, however quite a number perceived that none of their symptoms were addressed to them.

## PRELIMINARY RESULTS HAS SHOWED:

- About half of the patients remembered anticancer treatment decisions or severe toxicities - a substantial number was not involved in the decision as much as they would have wanted to.
- Spiritual needs were expressed by the majority of the patients, they were only partially addressed.
- Though a delicate theme especially in the Romanian setting, about  $\frac{1}{4}$  of the patients wished to address themes relevant to end of life with someone from multidisciplinary team, again only partially addressed.
- For network planning and family support, again the remembered delivery was lower than the patient perceived need.



## TO DISCOVER RELEVANT GAPS IN THE CARE OF ADVANCED CANCER PATIENTS MIGHT CONTRIBUTE TO IMPROVE THEIR CARE

- Our first results of the patient's perceived needs and patient's perceived delivery of the KI-PCC by HCP for Romanian patients from the 5 centers at baseline and first follow-up **show a marked gap between the need and the delivery.**
- The results of all follow-up's, the data of the St. Gallen patients and data on the quality indicators (inappropriate anticancer care, symptom burden, repeated ER admissions, aggressive EOL-care, and quality of death and dying (country-adapted QODD) will add to a comprehensive insight in the current integration of palliative care interventions to standard oncology care in our settings and help to improve care for these patients.



## THE NEXT STEPS:

- For the Gaps that were observed related to the 7 Key Interventions of Palliative Cancer care, the research team has decided to focus on simple and feasible interventions - still working on it.



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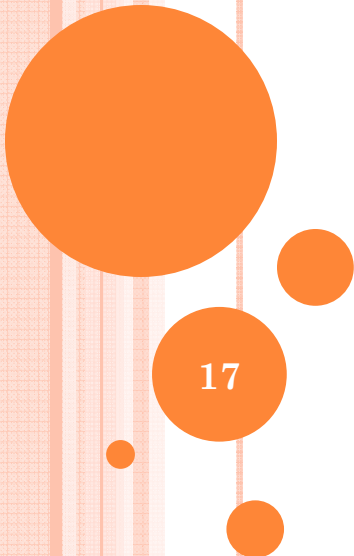


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**THANK YOU!**

