CANCER EDUCATION DAY

Palliative Care

Dr. Wendy Kennette

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WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Presenter Disclosure

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Objectives

- At the conclusion on this presentation, participants should be able to:
  - Have a better understanding of palliative care for patients with lung cancer
  - Recognize who/when/where to refer for palliative management in our community

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Case: Mr. L.C.

- 76M with a known history of COPD and current smoker. Presents to ED with worsening SOB, unexplained weight loss and productive cough.
- CT Chest/Abdomen/Pelvis reveals a mass in the RUL with bilateral hilar lymphadenopathy
- Medical oncology consulted to discuss systemic treatment options once biopsy results are available.
- Palliative Medicine is consulted for symptom management.

Metastatic lung cancer

- Common symptoms associated with advanced lung cancer include:
  - Dyspnea
  - Anxiety
  - Malignant cough
  - Hemoptysis (less common)

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Causes of Dyspnea

- Etiology is often multifactorial:
  - Pulmonary causes:
    - pleural effusion, airway obstruction, COPD, lymphangitic carcinomatosis, pneumonia, PE
  - Cardiac causes:
    - CHF, pericardial effusion, anemia
  - Systemic causes:
    - anemia
  - Psychological causes:
    - anxiety

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Management of Dyspnea

- Identify and treat the underlying cause:
  - Thoracentesis, radiation, steroids, inhalers, PRBC transfusions, cardiac medications
- Manage the symptoms:
  - Non-pharmacological (fan, posturing)
  - Pharmacological
    - Oxygen
    - Opioids

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Opioids for Dyspnea

- Low dose opioids are effective and safe
- Work by decreasing the sensation of breathlessness
- Start with low dose PRNs
  - Morphine 2.5mg -5mg po Q2H PRN
  - Hydromorphone 0.5 mg - 1mg po Q2H PRN

***Use lowest dose in frail, elderly patients or those with chronic lung, heart and neurological diseases

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Management of Anxiety

- Dyspnea can be associated with severe anxiety and vice versa
- Benzodiazepines can be useful for patients with severe anxiety that is contributing to their dyspnea
- Long-acting formulations most useful for those with an underlying anxiety disorder
  - Clonazepam 0.25-1mg po Q12H

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Mr. L.C.

- Patient has received systemic treatment and initially responding well but getting weaker and more symptomatic recently.
  - Already using HM contin 3mg po Q12H but requiring more BT doses
- Presents to ED with increased SOB, facial edema and facial flushing.
- On exam:
  - Noted to have increased venous markings on his chest, voice hoarseness and accessory muscle use with respirations.
  - Decreased air entry to his right upper chest on auscultation
- CT Chest reveals an enlarging mass in the right paratracheal region encasing the SVC.

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Management of SVC syndrome

- Insertion of SVC stent as 1st line treatment
- Urgent palliative radiation treatment
- Dexamethasone 8mg IV BID
- Increased scheduled opioids to:
  - Hydromorphone 1mg sc Q4H and 0.5mg SC Q2H PRN

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Mr. L.C.

- Responds well to SVC stent insertion and radiation treatment for SVC syndrome.
- Now presenting with increased SOB especially when lying flat.
- On exam:
  - Decreased air entry to right lung
- CXR demonstrates a large right pleural effusion

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Malignant Pleural Effusion

- Thoracentesis – temporary measures
- Insertion of PleuRx catheter – long-term management

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Mr. L.C.

- Poor performance status and no longer a candidate for systemic treatments
- PleuRx catheter inserted for comfort
  - Orders for PleuRx catheter to be drained every other day up to 1L as tolerated through OHaH
- Continues to be supported at home with family and his palliative care team for symptom management at end of life.

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Palliative Medicine Services in Windsor/Essex County

- Inpatient Palliative Care Consult Service at WRH and HDGH
  - Admitted patients with a life-limiting malignant or non-malignant diagnosis with a prognosis of < 1 year
- Outpatient Palliative Care Clinic at WRCC
  - Ambulatory malignant patients actively followed by oncology at WRCC with a prognosis of < 1 year
- The Hospice of Windsor and Essex County Inc.
  - Home-bound patients with a life-limiting malignant or non-malignant diagnosis with a prognosis of < 3 months

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Question & Answer