Palliative Oncology as a Team Sport: How to Meet Oncologists “Where They Are” When Chemotherapy Is on the Table (TH312)

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Objectives

- Discuss how to engage oncologists and the oncology team in productive conversations regarding the potential benefits of cancer-directed therapy in advanced cancer.
- Practice and refine scenarios in which productive discussions regarding cancer-directed therapy are needed.

When counseling patients with advanced cancer, palliative care and oncology clinicians sometimes offer conflicting advice about the role of cancer-directed therapy. As concurrent palliative care becomes the standard practice, it is increasingly important that we understand the perspective of our oncology colleagues. Palliative care clinicians often feel they may unintentionally cause tensions between the oncologist, palliative care team, and patient by recommending against chemotherapy in cases where it is likely to improve symptoms and quality of life. This makes it critical for us to better understand how oncologists think and make decisions. This presentation will serve as a primer about the palliative benefits of chemotherapy, highlighting counterintuitive situations that every palliative care clinician should know.

Our panel features a multi-institutional panel of dually trained oncology and palliative care clinicians. The discussion will center around two patients, one with advanced lymphoma and the other with advanced lung cancer, whose palliative care goals could still be met with further cancer-directed therapy. The cases will highlight the different reasons for appropriate (or inappropriate) cancer-directed treatment despite advancing disease, poor performance status, high symptom burden, and/or limited prognosis. The panelist role playing the oncologist will convey the perspective that further cancer-directed therapy will improve the patient’s quality of life, symptom burden, and/or survival. The panelist role playing the palliative medicine physician will discuss why pursuing supportive therapy, including potentially earlier referral to hospice, may be more beneficial. The audience may take either stance; they will be asked to vote by electronic audience response. Through this session, we aim to promote positive relationships between oncologists and palliative care clinicians, so a mutual understanding fosters a harmonious approach in meeting the patient’s goals of care.